PART IV.—NOTES AND NEWS.

MEDICAL PSYCHOLOGICAL SOCIETY.

A Quarterly Meeting of the Medical Psychological Society was held on the 9th May, in the Hall of the Faculty of Physicians and Surgeons, Glasgow, Dr. Skae in the chair.

The minutes of last meeting were read and confirmed.

Dr. ROBERTSON, Towns' Hospital, exhibited a specimen of the brain taken from a man who had died of syphilitic disease.

Dr. ROBERTSON afterwards said—In the asylum under my charge there is a young woman 22 or 24 years of age. When admitted she was epileptic, very demented, and very irritable. The defect, I may say, was on the left hemisphere. She had very little articulation or language. These are the principal points, and if you will just pass the specimen round you will see that the hemisphere is very much contracted, and if you will also examine the upper part of the skull you will see the marked hypertrophy of the left side. I think that fact would indicate that the want of development occurred early in life, before the development of the bones had proceeded to any great extent.

The CHAIRMAN—I should be inclined to differ from you. I think it was a congenital defect from the hypertrophied state of the cranium, as I think that the cranium had never been developed in its present form.

Dr. TUKE submitted a specimen in illustration of a paper in the last number of the "Journal of Mental Science," in contradiction of Broca's theory of the localisation of language.

Dr. ROBERTSON—I do not think it is desirable to go into a discussion on the subject of aphasia. I have given a good deal of attention to the subject, and I read with interest Dr. Tuke's paper. It seems to me there is one point which has not been referred to by Dr. Tuke. That is, that the history of the case is not very complete. The disease has been of eleven years' standing, and Dr. Tuke supposes that here speechlessness has been for some time. Now that is an indefinite time; it may have been years. All that can be stated with regard to that is this: that although possibly language, according to Broca's view, may have been associated with a particular part of the brain, yet, by teaching, another portion of the brain may take on that which should have been carried out by the part destroyed. I am not here to defend Broca's view, and my own view is that lesion of conductors is frequently the cause of the aphasic condition. Dr. Tuke seems to think that this view is overthrown. I have not localised the conductors; I do not think there is evidence to do so, either of the one hemisphere or the other. It is possible that the conductors may lie in different parts of the hemisphere. All that seems necessary is that the upper end should be connected with the hemispherical ganglia, and the lower end with the centres of co-ordination. In my paper I referred to that—that it was not essential to the theory defined by me, that the conductor should always occupy the same part of the hemisphere, only the facts before us seem to indicate they were generally to be found in that part of the brain near where Broca alleges the seat of language is. I think it only right to point out these facts in connection with Dr. Tuke's paper; but they may likely be gone into more fully in another way.

Dr. TUKE—It should be stated that it was some weeks—I have since ascertained four or five weeks. It is quite true what Dr. Robertson says, that it is a wide subject, but I cannot help thinking that Dr. Robertson only increases the difficulty by the suggestion of the wide-spread diffusion of language over the whole brain. I am convinced in my own mind that the memory of words is in all probability diffused over the brain, and as the brain suffers by old age, the memory of words does so also.

The CHAIRMAN—The great part of the difficulty of reconciling the cases published, would be by supposing that the corresponding part of the brain on the right side is equally the organ of language. We can imagine that the left side is most constantly used, just as people are more frequently right-handed than left-handed, and that when the one organ is affected by disease the other may take on its action, as has been suggested.

Dr. BOBERTSON afterwards exhibited appliances for applying heat and cold to the head, chest, and spine.

The CHAIRMAN.—The cases where I think heat should be applied are those of acute dementia, or where dementia is threatened after acute mania. I recollect when in general practice the marvellous effects produced in the treatment of a child labouring under hydro-cephalus, by the continuous application of heat in the shape of poultices—a large one over the head and the other down the back. I have no doubt that these appliances, by facilitating the use of heat or cold, may turn out to be most valuable agents, and I hope the members may be induced to give them a fair trial and report progress.

Dr. IRELAND—I have taken some trouble to experiment upon the application of heat or cold, especially on the spinal cord. The latter I did with Dr. Chapman's spinal icebag, but I think Dr. Robertson's appliance, as it keeps up a circulation, has an advantage over Dr. Chapman's. Although in the application of cold Dr. Robertson has an advantage, it strikes me that Dr. Chapman's icebags can be conveniently handled. They do not require to be taken off for a long time at a temperature of 32. I first tried them in two cases of sea-sickness, with, as I thought, considerable benefit. I have also tried them in chest diseases. I think it of considerable value in the stages of pleurisy and bronchitis. When the respiration is very dry I have felt in fifteen minutes it becoming moist, at which time I think that anyone trying the hot water bag on the spine should be able to make out its effects with the stethoscope. I have tried the spinal icebag in epilepsy, but I cannot say that I have ever got any effects with which I was truly satisfied. I have several times introduced the icebag on the spine, and it occurred to me that in these cases it could not prevent the recurrence of the fit. I saw it applied in the Lancaster Asylum by my friend Dr. Shuttleworth in one of the most severe cases of epileptic fits I ever saw. Dr. Shuttleworth considers there is a certain benefit derived from the application of the icebag, but I would like more decided evidence, because there were a great many other remedies applied at the time.

Dr. CLOUSTON—Have you ever seen any ill effects from the application, especially of cold, to the head?

Dr. ROBERTSON—I only tried it in the case I have referred to.

The CHAIRMAN—I am sure we are all very much indebted to Dr. Robertson for his exceedingly interesting communication, and I think the profession is indebted to him for the invention of such an ingenious and simple apparatus, which promises to be so useful.

Dr. IRELAND then read a paper on "*The Classification and Prognosis of Idiocy.*" (Will be published in our next number.)

The CHAIRMAN—I am sure the Association is very much indebted, indeed, by the perusal of the exceedingly interesting paper of Dr. Ireland, which has, to me, and I dare say most of us, thrown a great deal of light on the important subject of idiocy—a subject to which our attention in this special department has been incidentally called, although not so prominently as by Dr. Ireland. The classification which has been produced by Dr. Ireland is certainly calculated to be of great practical value, and of great interest as illustrating the nature of idiocy more fully than I ever heard it illustrated before.

Dr. SHUTTLEWORTH (Superintendent of the Lancaster Asylum)—I am very much obliged by your allowing me to make a few remarks at this time. I will not trespass on that liberty at this time of day, and, indeed, I have very little to say. I am glad to have the opportunity of saying that the paper of Dr. Ireland has given a more lucid account of the subject than I ever met with in my reading in any of the works on insanity. The classification, I think, is very comprehensive, and I am not able to pick any holes in it. There is an idiot at the Broadbent institution, the circumference of whose head is 15½ inches by 14½. It is the case of a girl 14 years of age whose education has been carried on to a considerable extent. She has been able to read and write and make herself useful in domestic affairs, almost to the extent of a girl three or four years older. She has this peculiarity—that she has no faculty whatever for calculation—I do not mean learning the multiplication table by rote, but she has not the slightest idea of adding two and one, or two and two together. There is another little boy at the Albert Asylum, who is very pugnacious, and who will always make himself master of any boy twice his own size, and that, I think, is almost in the three or four cases a constant characteristic. It was also so with the girl. She would take girls older than herself, and carry out her purposes. They seemed to have a good deal of character, and did not look as having brains of bad quality. There is only one other subject which I would like to touch on, that

is regarding epileptic idiocy. We all know the last speaker has introduced the views of Dr. Brown. Of course these are very important to us, who are connected with idiot asylums. As regards certain cases which have been subject to epileptic attacks, my own experience goes against the view that these cases are favourable for admission. At Earlswood, where there was no such rule, there were 80—about 15 per cent. of the whole number—and there was this striking fact, that of these there were between 40 and 50 cases incapable of improvement, whereas of the general mass six per cent. were simply unimproveable. I think that goes to prove the result that taking epileptics into institutions is not to be regarded with any great prospect of improvement.

Dr. CLOUSTON—I quite agree with you as to the value of Dr. Ireland's paper. I must express myself along with you, Mr. Chairman, as one of those who had come to learn. I have learned more from Dr. Ireland's paper than I ever knew before. Though the subject is one so closely allied to that which we practise, yet I fear it is too much neglected. The system of classification that Dr. Ireland has so carefully gone into is obviously an extension of the system of classification so ably wrought out by our Chairman. It proceeds on the same principles. It is surprising to find how closely the class of undeveloped brains seem to follow the class of insane brains. It seems as though there were a very close analogy between a brain deficient from infancy, and a brain that goes wrong afterwards from hereditary predisposition, or other causes. It shows how very valuable Dr. Skae's system of classification is, and that it is not only promising to become universally respected in this country, but also on the Continent, and that it can be now applied to idiocy with evidently the very best results. In regard to my own practical experience it is entirely confined—and I suppose it applies to the most of us to epileptic fits. I think that our experience goes to confirm the opinions of Dr. Ireland, that this is a very unfavourable form of the disease. In two cases I may say, however, that the use of bromide of potassium failed to make any improvement in either of them. It could not be continued for more than four weeks, until the boy's tongue became white, and although his fit ceased and he decidedly improved mentally, yet in that time the dose had to be reduced and reduced until we found he could not stand more than five grains three times a day, and ultimately it had to be discontinued on account of its ill effects. The other case was characterised by an exactly opposite tendency. A boy of 14 years of age, in the Lancaster Asylum, could take one dram of bromide of potassium three times a day with perfect impunity. I never knew a similar example. It had never any effect in reducing the mental excitement—the troublesome and enormous muscular activity. I think I continued it for three months, and gave it up on account of its not producing any marked effect. That was the case when he was 14 years of age, and although I believe he never had another fit, still it had no effect, when tried in these enormous doses, of controlling the mental state. In regard to the size of the heads of idiotic patients, I have been very much instructed and gratified to have heard Dr. Ireland's opinions on the subject. I had laboured for a long time in the common belief as to the size of the heads of idiots, but on paying a visit to the Albert Asylum, Lancaster, I saw the most extraordinary specimen of a human head. It was a little larger than my fist, and yet the little fellow was evidently one of the most active and vigorous of the children in the room. I could not have believed it possible that there was any mental manifestation whatever in the child with a head so small. I can only, in conclusion, express my great gratification with Dr. Ireland's paper.

Dr. IRELAND—I think the perusal of Dr. Tuke's paper first put it into my head to arrange a classification of the kind which I have done.

The members afterwards partook of luncheon, provided by the Faculty. On reassembling,

Dr. CLOUSTON read a paper on "Tumour of the Brain as a Cause of Insanity." *(See Part I., Original Articles.)*

The CHAIRMAN—I am sure all the members concur with me that we are very much indebted to Dr. Clouston for this instructive and elaborate paper on "Tumour of the Brain as a Cause of Insanity." I think it is not a subject easily discussed, and that it is one involving such a knowledge of details and facts, which may not be at the command of those who may be inclined to enter on the subject. So far as my recollection serves me, cancerous tumours of the brain are exceedingly rare, and so far as I remember, in considerably more than 800 cases which I have had, there was only one of tumour of the brain.

Dr. CLOUSTON—I remember one or two quite distinctly.

The CHAIRMAN.—There was an interesting paper, published by Wilde, of Dublin,

upon Dean Swift, who was generally regarded to be insane. An attempt was made to prove that he died of tumour of the brain, which produced symptoms very much like those ascribed by Dr. Clouston as due to tumours of the brain, viz., great irritability. I think, however, an escape of a quantity of pus relieved the Dean, and he recovered his good nature and sanity before his death. The paper is a very interesting one, and I recommend it to Dr. Clouston.

Dr. ROBERTSON.—I think a feature in connection with tumours of the brain is the frequent absence of mental disorder. Sometimes it happens that the symptoms are very slight indeed. I had a case of tumour of the brain under my care, some years ago, and had an opportunity of making a *post mortem*, and confirming the diagnosis which was made previously. The person was never in an asylum at all, but in the sick hospital. There was a degree of confusion of intellect and irritability, and a marked feature, which has not been adverted to in Dr. Clouston's cases, was the exacerbations and remissions, sometimes calm, intelligent, and clear, and free from pain, and at other times suffered considerable pain and considerable confusion of intellect. So far as my reading goes, that is the usual experience, and I should have liked if Dr. Clouston had referred to Romberg's test. He shows that when tumours are at the base of the brain there is greater pain and the uneasiness is greater, and, when the vertex is held, when the chest is full of air, the pain is still greater. Dr. Clouston had not observed that, and I am sorry to say that in my own case I omitted it also. It seems to me that tumours of the brain, taken as a class, affected rather the secondary centres than the primary centres, and this is corroborated by the fact that convulsions are frequent. Now, in Dr. Clouston's cases, convulsions were frequent, with the exception of one which I was doubtful. To produce mental disorder, it seemed to me necessary that the morbid condition from any cause whatever must affect the hemispherical ganglia in part We often find disease, with reference to the brain in part, without any distinct affection of the mind. It does not seem to be inconsistent with the preservation of sanity, when situated at the base of the brain. Tumours, or any other morbid condition, must be regarded for the time as a peripheral cause, and like insanity produced by disease of the genital organs, or some other cause, as acting peripherally upon the hemispherical ganglia.

Dr. GAIRDNER—I have had very few opportunities of contributing to this particular subject. Dr. Clouston has ably treated of the combinations of symptoms of insanity, properly so called, with tumours of the brain. I cannot imagine any one placed in a more favourable position, or more impartial position as it were, than Dr. Robertson, for on the one hand he has the superintendence of an insane department of the Towns' Hospital, and a large accumulation of other patients. I may just state this very curious fact, that in my, I suppose 23 years' hospital experience, night and day, with a considerable ward one, where I was in the way of knowing about such matters as they occurred, I do not remember at this moment of having ever seen in any asylum a case which afterwards turned out to be a case of tumour in the brain. No doubt I have seen a certain number of them, but in no case were there symptoms of anything which turned out to be distinctly called tumour of the brain, and in no case were the symptoms such as to raise in my mind questions of sanity. No doubt many of these patients have been temporarily and at various stages of their disease in a state of coma or temporary delirium; but no one of them had anything like symptoms of general insanity. I consider that the two coming together was merely a coincidence, for the tumour was not the cause of the insanity, but only the incidental concomitant of it. I would extend this one step further. I think the aspect in which this subject strikes physicians in general practice is rather that of wondering how large lesions take place in the brain without symptoms of anything like general insanity, and how there was such an enormous destruction of cerebral matter without any symptoms of general insanity. I remember a case in which Dr. Scott and I were concerned, where this question was put to me. It was that of an old man who had died of symptoms of softening of the brain, and it became me to raise the question whether softening of the brain could agree with the intellect concerned. Every physician could answer that question in a very general sense, but the question was put to me by repeated enquiries from the judge and counsel as to whether I believed that softening of the brain could take place without the brain being affected. Of course I said I did not know; it was difficult to tell when the mind was affected. I said I should presume it was probable, and that probably it would leave its mark on the mind. I said I knew instances where considerable softening took place of a local character without affection of the brain expressly. In answer to another question

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I said the only way to give a reply was by an instance. "A judge who sat in the chair your Lordship does now, died of softening of the brain, extending an inch and a half into the substance. I and others who saw the *post-mortem* appearances were quite satisfied that softening had been there for a considerable time, that he had been appointed a judge only three months before he died, and that I did not believe the question was ever raised whether his mind was in good working order or not." Now that is an instance which it is very seldom we have the means of putting so pointedly, and I only repeat it here just simply to say, in the first place, that I think we must not too rapidly spring to the conclusion that tumours were the cause of insanity in Dr. Clouston's case; and, in the second place, to say, with all due respect for the opinions of my friend Dr. Scott and others, that I think there is a tendency at present to assume too rapidly that the material lesions in the cases of insanity are the causes of the insanity. The tendency on the part of psychology is to form the belief that insanity is a disease of the material part. I have no prejudice, and I am not bound one whit to refute it, but I think we are a long way from the establishment of it, and although it may have a basis of fact, yet to my mind we are no more in a position to assume that insanity is a disease of the material substance of the brain than we are in a position to assume the contrary.

The CHAIRMAN – I agree with what has been said by Dr. Gairdner as regards lesions of the brain. As to the case to which Dr. Gairdner refers, of the judge labouring under softening of the brain, I think there is a little confusion. That case in which Dr. Gairdner and I were examined was not whether there was a limited growing softening of the brain at all. The case was one where the words "softening of the brain" were used in their popular sense to refer to general paralysis, and evidence was led to show this; whereas, the softening of the brain which existed in the judge was a growing softening.

Dr. GAIRDNER—The popular sense being wrong. There was one of my cases bearing a certain resemblance to Dr. Clouston's, where a man had medullary cancer in the brain. He had certainly great eccentricities, and such as made some persons believe that he was shamming. I never believed he was shamming, and ultimately the symptoms turned out to be medullary cancer, with symptoms of sudden aphasia.

Dr. TUKE afterwards read his paper on "The Case of Agnes Laing or Paterson." *(See Part I. Original Articles.)*

The CHAIRMAN—There is a very interesting paper upon a very interesting and important subject. I have no doubt Dr. Tuke is correct in the view which he takes of this case, although I think it is homicidal insane impulse without any other symptoms of insanity.

Dr. ROBERTSON—I would just make a single remark. It seems to me that the difficulty often in cases of law, and of discrepancy between the decisions of medical men and judges is, that judges in their instructions to juries often attempt to draw a hard and fast line between consciousness of right and wrong, between responsibility and irresponsibility. I think if that fact were admitted on the part of judges and juries, and if they said that the person who had committed an alleged crime was responsible, but that there were palliative circumstances of hereditary tendency, ill-moral training and example, these would remove a great deal of the present difficulties, and would help to bring together the decisions of medical men with the findings of judges and juries regarding particular cases.

The CHAIRMAN - That is the opinion I have always advocated.

Dr. GAIRDNER—I think Dr. Robertson has expressed what I would have been inclined to say, and although the idea of a medical assessor advising the judge might lead to some prevention of the miscarriage of justice and some other modifications being made, I do not believe that medical witnesses will ever be placed in a fair position in a court of law in questions connected with insanity until the law more distinctly and frankly recognises the decision that insanity is not a disease but a multitude of diseases. Insanity is a generic name involving all possible different degrees of responsibility and different degrees of power, and we must on the one hand recognise quite distinctly the position that insane people have responsibility in different degrees, and on the other hand recognise the position that these people are people who are not absolutely insane in the sense that they require asylum treatment.

The CHAIRMAN - I quite agree with both of the previous speakers. I think the mistake always made in reference to crimes committed by persons where insanity is alleged, is in their not being able to distinguish between right and wrong, and that the person found insane is no longer responsible. I have put it very strongly: but how could any man manage a large asylum of 5000 or 6000 patients, who were

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not amenable to discipline, and who were not able to do what was right and wrong. We have certain limits, and it is curious that lawyers who do not recognise degrees of responsibility in regard to crimes, recognise degrees of capacity in regard to civil acts.

Dr. CLOUSTON—Judges and juries have to come to a definite decision on a given case, and supposing it is admitted that any given case is on the border land between responsibility and irresponsibility, what are they to do?

The CHAIRMAN—Let the jury bring in a verdict of culpable homicide, and leave the judge to pass sentence. It is no more difficult for a judge to pass sentence on a lunatic than in any other case of culpable homicide.

On the motion of Dr. ROBERTSON, a cordial vote of thanks was awarded the Chairman for presiding.

A similar compliment to the Faculty of Physicians and Surgeons, brought the proceedings to a close.

CORRESPONDENCE.

APHASIA.—LETTER FROM DR. WILKS.

To the Editor of the Journal of Mental Science.

SIR,—The last number of your Journal contains a paper by Dr. Batty Tuke and Dr. Fraser on "A Case with a Lesion, involving Broca's Convolution without Broca's Aphasia." The authors say "it is one in which the posterior half of the third left frontal convolution was completely destroyed, both as regards the grey and white matter, and the only defect in language was partial verbal amnesia," and they finally declare that the case is "a complete testimony to the erroneous nature of Broca's convolutional localisation." I have read the case with care, and have come to a conclusion totally opposed to that of these gentlemen. This fact I was content to record in my note book, but having had on more than one occasion the case brought before my notice as an evidence of the incorrectness of the prevailing theory, and to which my own opinions incline, I have felt bound to state publicly that the case by no means warrants the inference which Drs. Tuke and Fraser have drawn from it; indeed, on the contrary, I regard it as one eminently valuable in proof of the truth of Broca's and his followers' views.

The authors of the paper give the various meanings which writers have attached to the term aphasia, and they then allude to the different opinions amongst observers as to the exact seat of the lesion which causes the phenomenon; they thus lead the reader to believe that much confusion of ideas exists in relation to the whole subject. This, however, is not the case, for the term aphasia is now generally understood in a tolerably defined sense, and the seat of the cerebral lesion associated with it is pretty well marked out. Most medical men understand by the term aphasia *amnesic aphasia*, the case where there is no marked paralysis of the organs of vocalisation, but the memory of words, with the object of expressing ideas in language, is gone. The patient may understand what he hears or reads, but he cannot express himself in language until the word is suggested to him, when he readily recognises it and repeats it. Such cases are usually met with in connection with right hemiplegia, and it is found that the convolutions on the outer and under side of the corpus striatum are injured.

It is consequently thought that the aphasia is an accident of the hemiplegia, in consequence of the proximity of certain convolutions to the corpus striatum, and that it is merely associated with it because one convolution is no more likely to become diseased than another, whilst the corpus striatum is especially liable to morbid changes. Should, however, the convolutions be alone affected and aphasia occur without hemiplegia, it would be an instance eminently selected to prove the correctness of Broca's theory. This seems to be exactly the case we have here. The patient, a woman, had softening and destruction of part of the under surface of the left anterior lobe, involving rather more than half of Broca's convolution, and her symptoms during life were as follows: "Her hesi-

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