

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of Medico-Psychological Association was held on Wednesday, March 19th, at the Rooms of the Medico-Chirurgical Society, in Berners Street, the President (Dr. Crichton Browne) in the chair.

Dr. SAVAGE read a paper on "The Use of Hyoscyamine." (See Original Articles, p. 177.)

The PRESIDENT remarked that he was convinced that Dr. Lawson fully understood the difference between the two preparations of the drug. He thought that Dr. Lawson had pointed out that that which Dr. Savage had referred to by the name of "Alkaloid," might sometimes be more correctly described as an ash. The true Hyoscyamine had yet to be discovered. Dr. Lawson employed the name because he found it already in use, and not because he regarded it as scientifically accurate. The white ash Dr. Lawson had found sometimes almost inert, and sometimes very potent. He (the President) thought that Dr. Lawson had himself taken considerable doses of it, without suffering any inconvenience. He had watched Dr. Lawson's experiments with great interest, and, he might say, very carefully. The criticism of a gentleman in another institution was doubtless severe and crucial, but a severer criticism even than that was the criticism of a candid colleague such as himself. For a long time he was exceedingly dubious as to the benefits to be derived from Hyoscyamine, but at last he was thoroughly converted, and obliged to admit that in some cases of chronic mania—particularly in those of a criminal type—the effect of the drug was most valuable. In those cases in which Dr. Savage had applied it, viz., cases of acute mania, it would, he thought, be not only useless, but injurious, in consequence of its action in drying the throat and impairing appetite. It was in chronic mania—criminal mania—and not the excitement of general paralysis that the beneficial effects of the drug had been most strikingly manifested. In one of Dr. Savage's cases the benefit accrued simultaneously with the appearance of menstruation. In three of Dr. Lawson's cases, if he remembered aright, the benefit of Hyoscyamine followed upon hæmatemesis, and, in three cases in which this was produced, the most marked benefit resulted. Dr. Lawson's experiments were conducted with the greatest care, and his elaborate investigations would bear comparison with any that had hitherto been instituted.

Dr. MICKLEY stated that he had only used a very small quantity of the alkaloid, which the President had designated the "ash." Dr. Lawson was to be congratulated upon the fact of his having taken as much as one grain of it and recovered. The speaker gave one-twenty-sixth of a grain to a patient, and even that minute quantity had a most alarming effect. Probably the article that he used was exceedingly strong. At all events, he was convinced that a grain of it would kill any one. In the case he referred to, it produced dryness of the tongue and very marked effects.

Dr. THOMPSON had noted Dr. Savage's statement that blindness was nearly produced after giving Hyoscyamine to a general paralytic. If the treatment had been persisted in, it would have produced death. With a contracted pulse, which is typical of general paralysis, the experimenter gave a drug which was known to dilate the pupils, and, therefore, further contract the vessels. The wonder was that the patient did not die.

The PRESIDENT remarked that he understood Dr. Savage to say that the Hyoscyamine reduced the blood pressure, and did not contract, but dilate the arteries and arterioles.

Dr. SUTHERLAND expressed his regret that such attacks had been made upon strychnine, which he had himself recently used very successfully.

Dr. OGLE asked what further effects had been observed in regard to a very troublesome feature, viz., hæmatemesis?

Dr. CLAPHAM asked whether any observations had been made as to temperature?

In reply, Dr. SAVAGE stated that, in looking through Dr. Lawson's papers, it struck him rather differently than it appeared to have struck Dr. Crichton Browne. It was stated that recurrent cases have been the most satisfactory, but he (Dr. Lawson) holds out the prospect that Hyoscyamine would be also most useful in nearly all cases of acute mania; and it was from reading this that he (Dr. Savage), knowing that he had no field for recurrent cases, tried the drug upon the cases which he had mentioned. It was unsatisfactory—that was all he could say; but he fancied that Dr. Lawson himself believed that acute mania in many forms would be relieved by it. As to strychnine, he repeated that he could not conscientiously stimulate an over-worked nervous system. If he saw that a person was suffering from the paralysis of excess, he could not give him strychnine. As to hæmatemesis, the only case was one in which uterine hæmorrhage followed during the treatment. He had fancied that possibly something else had established the menstrual flow, and that, therefore, the woman had got well. He had not recorded temperatures, because, as Dr. Crichton Browne had intimated, the work of Dr. Lawson was, so to speak, classical. The way in which he had recorded the temperatures—the registration of the pulse, and the like—made his papers fit for an encyclopædia. As far as his own (Dr. Savage's) observations went (but he could not speak dogmatically upon the subject) the temperature rises for the first two or three hours after the administration of the drug, and then slowly falls to the normal, or it might even be to a sub-normal temperature.

Dr. HACK TUKE then read "Notes of a Case of Paralysis of the Insane, in which Amendment Commenced during an Attack of Erysipelas," communicated by Inspector-General W. Macleod, M.D. Also "Notes of a Case of Traumatic General Paralysis," by the same observer. (See Original Articles, p. 199.)

The PRESIDENT remarked upon the fact that out of 200 cases at the Yarmouth Hospital, 50 were cases of general paralysis, and although a number of these were in the most advanced stage of the disease, and confined to bed, yet there had been no cases of bed-sores in that institution for years past, a fact which indicated what could be done by scrupulous care, and bore testimony to the admirable management of the Yarmouth Hospital under the enlightened superintendence of Inspector-General Macleod. As to the case in which the disease had been arrested by erysipelas, they were all aware that the occurrence of any acute disease usually had a striking effect. At Northampton, an outbreak of small-pox resulted in curious modifications of the mental symptoms in many cases.

Dr. SAVAGE remarked that the treatment of general paralysis by counter irritation was not particularly new. In certain books of medicine by French authors, there was a good deal about blistering, slightly salivating, and bleeding. French physicians talked much and forcibly about the great importance of shaving the heads of general paralytics, and keeping up large open sores for one, two or three months. If such were the case, the chances were that the French physicians must have a good many cases of erysipelas. Certainly, erysipelas had a very beneficial effect upon some cases of insanity. The question seems to arise whether the benefit is only very temporary or for a long period. He should like to know from Dr. Tuke whether he had seen in the French asylums any remarkable cures of general paralysis from their treatment. At Bethlem, the majority of the cases admitted in an acute stage would pass into the condition alluded to, but after being kept quiet for a few months, they would get as bad again as ever.

The PRESIDENT observed that Dr. Macleod was not at all hopeless as regards cure. He had, at that very time, between twenty and thirty patients with their heads shaved, and it was improbable that he would mistake real amendment for that kind of arrest with which all present were acquainted. It was to be hoped that the Government would carry on this admirable institution at Yarmouth, which there was some talk of closing.

Dr. ROGERS cited the case of a woman who had had an attack of erysipelas in the scalp. She was discharged perfectly recovered, as far as her mental faculties were concerned, and he was enabled to keep her in observation for some time.

Dr. THOMPSON thought that Dr. Macleod had pointed out that in general paralysis there was a low degree of temperature in the morning, and a very high one in the evening. It was doubtful if counter-irritation could be regarded as quite analogous to erysipelas. If it was desired to obtain something analogous to erysipelas, it must be by the administration of some drug which would get the body into a feverish condition, similar to erysipelas. He was glad to find that Dr. Savage had shown that hyoscyamine caused dilatation of the vessels, for in this he recognised one more drug which would possibly prove of service in the treatment of general paralysis. Calabar bean would take the place of erysipelas if it could not be induced in any other way; and hyoscyamine might also. He was, however, convinced that erysipelas would not do it.

Dr. RAYNER stated that he had seen many cases in which a very great improvement had followed an attack of carbuncles or severe eruptions of boils, and he believed he was correct in stating that there were on record some cases of recovery after such attacks. In some cases of erysipelas, he had witnessed very considerable improvement, but he had not seen any cases which had completely recovered. They had certainly improved, and their mental symptoms had seemed to be in abeyance for a time, but the disease had always ultimately progressed. With regard to the series of cases quoted, in which there had been treatment of general paralysis in the most advanced stage without the occurrence of bed-sores, this he could quite endorse. With sufficient care, bed-sores might be entirely avoided.

Dr. FLETCHER BEACH had had no experience in general paralysis, but he had witnessed improvement by acute disease among children. In one case, a child of a very low type, who never spoke, had an attack of acute pneumonia, and, at the end of the disease, began to speak. He had certainly been surrounded by nurses, who had been speaking, but the acute disease may have had some effect in causing the improvement, which was sustained.

Dr. SUTHERLAND said that, in private practice—a field, perhaps, not so extended, but in which there were sometimes great advantages of clinical observation—he had witnessed the great benefit produced in cases of puerperal dementia by the use of a blister to the nape of the neck, and the application of camphor liniment to the shaven scalp. He cited the case of a man at the West Riding Asylum, who met with a serious accident, after which he began to speak and act coherently. At St. Luke's Hospital, a woman recovered completely from dementia after spreading the contents of a mustard-pot over her thighs. Of course, it would be very interesting if they could ascertain the *raison d'être* of all this. It appeared that a certain morbid energy in the brain was transmitted to a more distant centre, and there took up its place as a local bodily disorder. In some cases a great deal might be laid to the patient's laziness, who has, perhaps, had everything done for him for years, until this particular outbreak of disease which, arising suddenly, wakes him up. There are many cases, especially in private practice, where it is found that a person, from mere self-study and vanity, will give way to his laziness to a most disgusting extent, until he has his thoughts diverted into another direction by some severe disease. In 1869, Dr. John Ogle gave some lectures at the

College of Physicians in which he explained how frequently skin diseases are developed from nervous disorders, and a reference to these lectures would throw considerable light upon the reason why all this takes place. The lesson to be learnt was that, in asylum life, they had masses of patients to deal with, who had not the individual interests which they themselves had. Now, however, they succeeded in getting a temporary suspension of the mental aberration, full advantage should be taken of it. Let there be brought before the patient some old amusement or game to which he had been accustomed in youth, some old friend with whom he had been associated in his more healthy moments. His memory should thus be brought back to those times when he knew better days.

Dr. HACK TUKE said that Dr. Macleod would, he was sure, be gratified when he heard how much interest his cases had occasioned, and he had no doubt that he might convey to him the thanks of the meeting (applause). With regard to the remark of Dr. Savage as to the French hospitals, he (Dr. Tuke) had seen a great number of cases of general paralysis in the asylums in Paris and other parts of France, but he could not say that what he saw, left any particularly favourable impression upon his own mind as to the ultimate effects of treatment by counter irritation—in fact, he was not aware of any cases presenting more favourable results than some under Dr. Macleod's care at the Yarmouth Hospital. He had notes of some of these, and they were very remarkable in their relation to their apparent recovery. Some of Dr. Macleod's cases left as recovered, and remained apparently well for years, and continuing to draw their pension. Dr. Macleod made careful inquiries from year to year—for four or five years, certainly—and found that the cases remained apparently well. He (Dr. Tuke) did not know of any cases in his own experience which had done so well as those to which he now referred. In regard to one of the cases described this evening, it would be observed that it appeared to commence—taking the epileptiform attack as an early symptom of the disorder—at least five years before admission. The case was, at all events, under actual observation for two years, and the erysipelas occurred a year ago. A considerable number of cases had been known in which erysipelas had caused an attack of insanity, and, therefore, it was very interesting to hear of some in which erysipelas had cured or alleviated it. As to the occurrence of a trance-like condition in the other case—was it a state of true trance, or one arising out of an hallucination? If the latter, part of its interest arose from the fact that, as some French alienists have pointed out, there is a comparative rarity of vivid hallucinations in general paralysis.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—QUARTERLY
MEETING IN GLASGOW.

A meeting of the members of the Medico-Psychological Association was held in the hall of the Faculty of Physicians and Surgeons, St. Vincent Street, Glasgow, on Wednesday, 26th March, 1879.

Professor GAIRDNER was called to the chair.

Professor GAIRDNER—I think it might be of considerable interest to the gentlemen here to see one of three cases which I recorded in the Journal for 1876. They were recorded under the title of "Two Cases having certain points of resemblance to General Paralysis of the Insane, but without insanity; and occasional memoranda of a third." In regard to the two cases, the men are still living. The first, S.D., is, I believe, physically a good deal weaker, but I do not know much about his mental state. He was a watchmaker, about fifty years of age, and I find he is now down about Alexandria and cannot easily be got. The other called on me yesterday, was formerly a miner, and is 45 years