PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The seventh quarterly meeting of the Medico-Psychological Association was held (by permission) in the rooms of the Medical Society, George street, Hanover-square, on Tuesday, January 31st, 1871, ROBERT BOYD, M.D., President, in the chair.

The members and visitors present were:—Charles Davidson, W. Clement Daniel, W. B. Kesteven, Joseph Seaton, H. Sutherland, Thos. Harvey Lowry, H. Maudsley, Harrington Tuke, James Sabben, Crichton Browne, R. Boyd, J. Murray Lindsay, J. B. Turner, H. Stilwell, Alonzo Stocker, Edward H. Byas, J. O. Adams, G. Fielding Blandford, W. Wood, J. H. Paul. Visitors—H. Swainson, Balfour Browne.

Upon the question that the minutes of the last meeting (held at Glasgow) be confirmed, the Honorary Secretary drew the attention of the Association to the somewhat irregular proceedings that had taken place there, passing beyond the bounds of "scientific discussion," to which the business of the quarterly meetings should be confined.

As there were no other than printed minutes before the meeting, it was moved by Dr. WOOD, and seconded by Dr. SEATON, "That a minute of the quarterly meetings of this Association, held for scientific discussion, be made by the Secretary, and submitted by the President for confirmation at the next meeting."

This was carried, and, after some further discussion, it was determined to proceed with the scientific business of the meeting.

The PRESIDENT then read his paper on "General Paralysis of the Insane." *(See Part I. Original Articles.)*

In the discussion that followed,

Dr. ADAMS said that there were two points that struck him as being of singular interest in General Paralysis, which the paper just read had touched upon. First, the greater tendency to epilepsy and paralysis in the male than in the female sex, which he had occasion to verify in his own experience. Secondly, as to the duration of the disease. It is stated as lasting about two years; but he should be inclined to put it two years or eighteen months beyond that time He would further ask whether any explanation could be given of the extraordinary remissions that were observed in the course of the disease? With regard to the treatment, he thought that more use might be made of the indications furnished by the thermometer. His own observations had led him to the conclusion that, in General Paralysis the temperature of the body was very considerably increased.

Dr. CRICHTON BROWNE could not think that the previous speaker was correct in stating that epilepsy was so much more prevalent amongst males, as his own recent experience proved that, in asylums at least, the two sexes were affected by that disease in nearly equal proportion. At any rate, no comparison could be instituted between epilepsy and general paralysis, with reference to the relative liability of the sexes to suffer from them, as general paralysis was probably five times as frequent in the male as in the female sex. So great was the disparity that it had led some authorities to doubt whether women ever suffered from general paralysis. His own observation, however, embracing several hundreds of cases, induced him to conclude that, as he had stated, the relative liability of the sexes to that terrible disease was as five to one. These figures seemed to be borne out by the statistics contained in Dr. Boyd's exceedingly interesting and elaborate paper to which they had just listened. It had been asked by Dr. Adams what explanation could be offered of the special partiality of general paralysis for the male sex, and this question opened up a wide field for speculation and discussion. It was obvious that it must be considered along with the singularly unequal distribution of general paralysis throughout the country, and with those causes which seemed to be most influential in producing it This disease – one of the pestilent camp followers of civilization—one of the penalties which we paid for our boasted progress – seemed to be more than keeping pace with our advancement, and to be attaching itself especially to

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certain forms and phases of our civilization. There was reason to believe that it was if not of modern origin, at least of modern growth, and that modern habits and modes of life had something to do with its propagation. This was essentially a feverish and a fidgetty age, in which an unappeasable restlessness pervades all ranks and classes. The struggle for existence had become a *mêlée*, and the recommendation to "commune with your own heart in your chamber and be still," was looked upon as an obsolete adage. We had lots of Ranters, but no Quietists, now. The result of all this ceaseless agitation and ambitious striving was, that the nervous centres often gave way under the strain imposed upon them, and frequently passed into a terrible, morbid exaggeration of their prevailing style of functional activity. By a hideous kind of poetical justice general paralysis becomes a distorted reflection of the follies of the age. It is the miserable *otium cum dignitate* of the man of business. This being so, it is of course obvious that women, hedged in as they are by the domesticities, and still in subjection, are less exposed to those influences and vicissitudes which incline towards general paralysis. They partake also in a less degree of those diathetic tendencies with which general paralysis is usually found associated. After touching on the earliest symptoms of general paralysis, Dr. Browne went on to express his belief that it consisted really in a diffuse periencephalitis, preceded by repeated and long continued cerebral hyperæmia, induced in its turn in many instances by excessive and ill-regulated functional activity of the brain. This periencephalitis, he said, resulted in degeneration in the vessels and membranes, in atrophic changes in the cortical and medullary substance, and perhaps in an excessive formation of connective tissue. It had some claims to a specific character, and presented one or two varieties. In examining the brains of general paralytics dying in the West Riding Asylum, he had been much struck by the constant, decided, and universal thickening of the pia mater and its adhesion to the convolutions beneath. It had been his practice for some time past, with a view to some investigations which he was pursuing, to strip the brains examined in the West Riding Asylum entirely of their membranes, and this process had enabled him to notice the tenacity of the attachment of the pia mater to the subjacent cortical substance, which he could only compare with the adhesion of the capsule to a small contracted kidney. In many cases the pia mater could only with great difficulty, and in shreds, be separated from the surface of the convolutions, which were left rough, torn, and abraded after its removal. The degree or extent of adhesion of the pia mater could not be properly estimated by the ordinary plan of tearing off a small portion near the fissure of Rolando, as in that quarter of the brain the adhesions are always least firm and numerous. Dr. Browne next referred to the treatment of general paralysis, and ventured to assert that this subject was generally approached in too hopeless a spirit. An idea was abroad that this malady was absolutely incurable, and consequently those suffering from it were relegated to dreary, effortless, pathological limbo. He could not assent to any such view. He recognised no element in general paralysis which placed it permanently beyond the reach of therapeutic agencies, and he anticipated with some confidence the time when we shall be able to arrest its advance, and even to make it retrace its steps, when submitted to treatment in its earlier stages. Laennec pronounced pulmonary consumption as incurable as carcinoma; and yet we can now claim under certain conditions to cure that disorder, and perhaps a similar change will before long take place in professional opinion respecting general paralysis. At any rate, the conspicuous absence of treatment now prevalent was to be deplored. Guided by some successful experiments in the treatment of acute hydrocephalus carried out, if he remembered correctly, in the Children's Hospital in Edinburgh, he had two years ago applied counter-irritation by means of croton-oil, liniment or tartar emetic ointment, to the shaven scalps of four patients in whom the symptoms of general paralysis, bodily and mental, were well pronounced; small doses of biniodide of mercury, and iodide of potassium being at the same time administered. The results obtained in these four cases, although the counter irritation was only maintained for a short time—about a month—were assuredly such as to encourage further experiment in the same direction. Of the four patients thus treated, three were still alive, while all the other inmates of the asylum, noted as having been at exactly the same stage of the disease at the same time, had died long ago. The one man treated by counter-irritation who had died, displayed a singular improvement in intelligence after being thus treated. His delusions left him, and his perspicuity returned, but at the same time all the motorial symptoms of the disease became intensely aggravated, and at length produced

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fatal exhaustion. In the other three men submitted to counter-irritation the rancour and speed of the disease have been remarkably moderated. It unfortunately happens that general paralytics are rarely sent to County Asylums until the disorder has fastened firmly on the brain, and has grown down through the system. Under such circumstances, treatment is carried on at a great disadvantage. Could the disease, however, be recognised and attacked at its outset, Dr. Browne believed that important results would be secured by the kind of treatment which he had indicated. He, therefore, recommended it to the attention of those engaged in private practice. He added, that he had recently employed the Calabar bean - that valuable medicine brought before the profession in this country by Dr. Fraser—with marked benefit in those attacks of excitement which chequer the course of general paralysis, and which have been hitherto so intractable. In these, as well as in some other forms of organic cerebral disease, the extract of physostigma venneosum, in doses varying from a quarter of a grain to a grain, had a rapid and powerful calmative action. Excitement and muscular tremor abated under its use, and some degree of general and permanent improvement followed. The action of the neurotic remedy might be due to its power of diminishing excitability in the motor endorgans and conductivity in the motor nerves, or to its action upon the tension and calibre of vessels aided by its sedative influence on the heart. But, however that may be, Dr. Browne had no doubt that it would prove eminently serviceable in the treatment of general paralysis and cerebral disorganisation. His friend, Dr. Sabben, had visited the West Riding Asylum in the month of December, and had seen several of the patients who were being treated with Calabar bean, and heard the testimony of those around as to the amelioration that it had wrought in their conduct and condition. Dr. Browne would only refer to one other point—an important one in differential diagnosis. He had remarked that the muscle earliest and most decidedly affected in general paralysis was the great zygomatic, the trembling of which as a primary symptom must be familiar to every one present. Well, this was classed by Duchenne as the muscle of benevolence *par excellence*, and it was curious to detect in this the intimate union of the mental and motor symptoms. But trembling of the lip was also an evidence of emotion,—as in the child about to cry, and as in the agitation of incipient mania, which it was sometimes not easy to distinguish from general paralysis. The emotional movement of the zygomatici, however, was bilateral. Those of the two sides trembled consentaneously, whereas in general paralysis the movement was unilateral or alternative, limited to one side, or passing from the one to the other. Dr. Browne concluded by apologising for the length of time which he had detained the Society, pleading the interest of the subject, and the rareness of any opportunity of discussing it, as an excuse for the fullness with which he had dealt with it.

Dr. TUKE—I entirely concur with my friend, Dr. Crichton Browne, in his remarks, as to the great error that is too commonly made of considering general paralysis an absolutely incurable disease. To describe it as *nullis medicabilis herbis*, is, indeed, to make it an opprobrium to medicine; and, although we must acknowledge the almost constantly fatal nature of the malady, yet the frequently very long remissions in its course, and its occasional cure, may lead to the hope that we may yet be able to control its progress. I have as yet had no experience in the use of the Calabar bean, which Dr. Crichton Browne has mentioned, and it evidently deserves careful trial. In my own practice I have found the bromides useful, and Dr. Lockhart Robertson's combination of morphia and digitalis, in the occasional paroxysms of violence, is very efficacious; but the remedy that seems to me, in well-selected cases, of the greatest value is mercury. This was the treatment recommended by the late Dr. Alexander Sutherland; and I am glad to remember that his very considerable experience negatived the statement that general paralysis is to be considered as invariably incurable. A case of general paralysis in an early stage which was under my care last year, has recovered perfectly under the use of sedatives and a prolonged course of calomel baths. Of course it is yet too soon to say positively that this recovery is not simply one of those remissions that are so singular a characteristic of the malady in question; but the patient is still under my observation, and I trust to be able to count him among the few permanent recoveries. The probable duration of life in a patient attacked by general paralysis, in my experience, is about four years. Calmeil, I think, states three years as the mean duration. It is probable that the modern treatment in England has somewhat improved upon the treatment in the French asylums at the time when M. Calmeil's excellent monograph was published. Statistics showing the disease to be apparently

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more rapid in its progress, have probably dated the origin of the malady only from the entrance of the patient into an asylum, and not from the first appearance of its symptoms. The valuable paper of our President deals so much with statistics, that it is difficult to speak upon it without the actual figures. On one interesting question I understood him to say that the proportion of males to females is about four to one. I have found it at Hanwell to be much more than this, and the cases there were in the relation of at least eight to one. I agree with Dr. Browne in thinking this disproportion of great importance in the study of the malady. On what it depends, in the present state of our knowledge, must be a matter of conjecture only. Almost still more extraordinary is the fact that while men in the higher ranks of society are especially liable to the attacks of general paralysis, it must be very rarely that women of the same class suffer from it, for in a practice of twenty-five years, and in a life time spent among the insane, I have only seen one case of general paralysis in the rank of a gentlewoman. Dr. Crichton Browne will remember visiting this lady with me about seven years ago. There are several physicians present whose experiences we should like to hear on this subject. It is a fact, as far as I know, perfectly inexplicable, except on a theory the exposition of which may as well be delayed till the fact itself is more definitively proved.

Concerning recoveries, Dr. BOYD stated in reply that recoveries sometimes take place in general paralysis, and referred to cases given in his paper. Cases 1 and 3 were discharged recovered, but after several months both relapsed. Case 4 has quite recovered from the paralysis, but is still in a state of dementia, in the asylum. The proportion of males to females was as 4 to 1.

On the motion of Dr. TUKE, seconded by Dr. BLANDFORD, a vote of thanks was proposed to Dr. Boyd, and carried unanimously.

The meeting then adjourned.

Appointments.

RUTHERFORD, JAMES, M.D. Edin., F.R.C.P. Edin., has been appointed Medical Superintendent of Argyl District Asylum, *vice* John Sibbald, M.D., appointed Deputy Commissioner in Lunacy for Scotland.

DOUGLAS, W., M.D., L.R.C.S. Ed., has been appointed Deputy Superintendent of the Criminal Lunatic Asylum, Broadmoor, *vice* Wm. Orange M.D., M.R.C.P.L., promoted to Resident Medical Superintendent.

GELSTON, R. P., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Assistant Resident Physician at the Clonmel District Lunatic Asylum.

MARSH, J. W., M.R.C.S.E., late Resident Clinical Assistant at Bethlehem Hospital, and formerly House Surgeon at the London Hospital, has been appointed Assistant Medical Officer at the Lincoln County Asylum, *vice* W. Douglas, M.D., L.R.C.S. Ed., appointed Deputy Superintendent of the Criminal Lunatic Asylum at Broadmoor.

MURIE, J., M.D., L.F.P. & S. Glas., has been appointed a Resident Medical Officer at the Bethnal House Lunatic Asylum, Cambridge Road, *vice* C. Davidson, M.R.C.S.E.

LYLE, T., M.B., C.M., has been appointed Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne.

WICKHAM, R. H. B., L.R.C.P. Ed., F.R.C.S Ed., Assistant Physician to the Royal Edinburgh Asylum, has been appointed Resident Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum, *vice* H. G. Stewart, M.D, L.R.C.S. Ed., deceased.

WEATHERHEAD, Mr. J. F., has been appointed Assistant Medical Officer to the City of London Lunatic Asylum, Stone.

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