THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Second Quarterly Meeting of the Association was held on the 28th January, in the rooms of the Royal Medico-Chirurgical Society, Dr. Sankey, F.R.C.P., President, in the chair.

The minutes of the former meeting were taken as read, and confirmed. After some discussion as to the order of procedure, the President called upon Dr. Maudsley, who proposed the following resolution:

"That the Medico-Psychological Association cannot allow its first meeting, since the death of Professor Griesinger, to pass, without earnestly expressing its sincere recognition of his high moral qualities, his distinguished scientific labours, and his energy and humanity as a reformer of the treatment of the insane in Germany; and desires to convey to his widow its heartfelt sympathy with her in the heavy bereavement which she, in common with medical science, has sustained."

The resolution was seconded by Dr. L. Robertson, and unanimously adopted.

Clinical Discussion.

Dr. BOYD exhibited the crystalline lens of a woman, a patient in the Hampshire Asylum, under the care of Dr. Manley, in whom spontaneous evolution of the lens had occurred, in consequence of abscess in the cornea; she had suffered from anœmia, and much prostration of strength, and the lens had started out, upon her making a sudden attempt to rise from bed. Dr. Boyd mentioned that another instance of sudden expulsion of the lens, had been communicated to him as having occurred at Hanwell, the result of a blow inflicted by one patient upon another.

Dr. BOYD then exhibited two preparations, shewing atrophy of the cerebral hemisphere. In the first case that of Mrs. A. C., a female, there had been hemiplegia of the right side for nearly twenty years, the wrist, arm and ankle of that side were contracted and shrivelled, there was a difference of two inches in circumference between the limbs of the affected and unaffected side, the patient had frequent epileptic fits, and her mental symptoms were those of imbecility in the second degree; she could read a little, and was fond of music and singing. The case was mentioned in the xxxix vol. of the Medico-Chirurgical Transactions, and the preparation, shewing marked atrophy of the left hemisphere, and especially of the middle lobe, was now in the possession of Dr. John Ogle, by whom it had been lent for the examination of the members.

The next specimen, taken by permission from the Museum of the Royal College of Physicians, shewed a remarkable degree of atrophy of the right hemisphere, with corresponding hemiplegia of the opposite side. In this case also there were frequent epileptic fits, and a mental state approaching to idiocy. The defect seemed congenital. There was the same wasting of the limbs of the affected side. The patient died of lumbar abscess. This case had also been recorded in the Transactions of the Medico-Chirurgical Society, and the diagnosis of atrophy of the brain had been made during life.

Dr. TUKE drew attention to the marked deficiency in the middle lobe and to the almost entire absence of the convolution of Broca in the first case, and he asked as to the power of speech in that patient.

Dr. SANKEY remarked upon the depressions existing in the left hemisphere, and asked Mr. Kesteven if he had examined them.

Mr. KESTEVEN stated that there was very considerable resemblance in this specimen to a brain exhibited at the last meeting by Mr. Lockhart Clarke, that much of the interest of the case depended upon the internal condition of the brain structure, but that without Dr. Ogle's permission it was thought better not to make any examination that would spoil the preparation. He undertook to procure Dr. Ogle's permission, and to report to the next meeting.

Mr. WARWICK asked as to the exterior of brain, and size of head.

Dr. BOYD replied that there was no loss of speech, in the first case; in the second

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articulation was imperfect, indeed almost lost. There was smallness of the head in both, no change in external configuration.

Dr. CHRISTIE exhibited the membranes of the brain of a man who during life exhibited the usual symptoms of general paralysis. The case was admitted into the North Riding Asylum, in Sept. 7th, 1867, labouring under all the symptoms of general paresis; he was 60 years of age; by occupation an agricultural labourer, married, and the father of twelve children. The disease was of one year's duration, and the apparent cause appeared to have been his dismissal from his situation. He had the character of a sober, steady man, and for some time was a total abstainer. None of his relatives are known to have ever been affected mentally, but some years back he had an attack of phrenitis. Till just lately was quiet, but during the last month has threatened violence to his wife. No evidence of a fit of any kind can be got.

On admission he presented the peculiar symptoms of speech with delusions of optimism and possession of property; the motor power was affected, and the tongue when protruded was tremulous; these symptoms continued till December 22nd, when he became totally helpless and had to be fed, noisy at night, and extremely dirty. He was ordered Tinct. Digitalis 3ſ̄ three times a day with the best result. About May, 1868, he regained a good deal of power and was again about the ward, but in July the disease advanced rapidly and from this time he kept his bed, passing fœces and urine under him; gradually the symptoms increased and he died on January 4th, 1869.

Post-mortem examination. Calvarium dense, with a dark spot about the size of a sixpence within the plates of the right parietal bone, evidently blood; membranes very thickened, with exudation between the dura mater and arachnoid, occupying the length of the right hemisphere, and about one and a half inch in breadth. The substance of the cerebrum was dense and heavy; a great deal of serosity within the membranes and ventricles; convolutions flattened, and water-logged, with depression corresponding to the tumor within the membranes; the grey matter was plentiful; cerebellum generally healthy, with slight softening at base of left lobe.

Microscopical examination did not reveal anything.

The case was interesting as showing a complication of general paralysis, with meningeal apoplexy—a not very common occurrence.

Dr. RHYS WILLIAMS mentioned the case of a female who had recently been admitted into Bethlem Hospital, suffering from mania. Her hair had been carefully dressed and plaited by the nurse in charge, and, on being visited, after an interval of about fifteen minutes, she was found with the entire head of hair lying on the bed, evidently pulled out at one effort, and the scalp bleeding in several places. No one could have had access to her in the interval. She apparently suffered no pain.

The PRESIDENT then called on Dr. Robertson for his paper ON THE ALLEGED INCREASE OF LUNACY.—Dr. Robertson, stated that in 1844 there were 20,611 lunatics in England and Wales, or 1 in 802 of the population. In 1868 this number had risen to 50,118, or 1 in 432 of the population. The statistics of lunacy in France showed a similar increase in the total number of the insane, having risen from 1 in 796 of the population to 1 in 444 between 1851 and 1861. Dr. Robertson argued that this apparent increase was simply the result of more accurate registration of the insane, and the consequence of opening of the county asylums; and that all recent lunacy legislation tended directly to increase their recorded numbers. In examining the question at issue statistically, Dr. Robertson confined his observations chiefly to the numbers of the insane in asylums, and showed that the yearly increase observed had been in a decreasing ratio, passing in quinquennial periods, since 1844, from an annual rate of increase of 5·6 per cent. to one of 3·8 per cent. in 1867. He showed that the same result followed in France; and he argued that this increase only represented the difference between the yearly admissions and the discharges and deaths. Among the private lunatics there is a decrease during the decennium 1857-67, despite the increasing population of the country. The proportion of pauper lunatics to the

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population also remained nearly stationary, being ·016 in 1857, and ·019 in 1867. Tested by the admissions into the asylums during the same period (1857-67), the rate of increase is also in a yearly decreasing ratio, falling from 11·7 per cent. to an annual average of 3 per cent. From these facts, which were enforced by many elaborate statistical tables, Dr. Robertson deduced that the alleged increase of lunacy is a fallacy, and not borne out by the experience of the last decennium, 1857-67.—[*This paper is printed in full as the first article of Part I., Original Articles, of this number of the Journal of Mental Science.*]

The PRESIDENT said that the members must all feel deeply indebted to Dr. Robertson for his valuable paper; it was almost impossible to follow the statistical tables given by Dr. Robertson, but they appeared to prove his position, and that the fear of any very large increase in the material numbers of the insane to the population was unfounded.

Dr. TUKE said that he felt happy to second a vote of thanks to Dr. Lockhart Robertson for his valuable paper. He felt with the President the great difficulty of dealing with the details of the paper, in the absence of any tables before them. With regard to the alleged increase of insanity, Dr. Tuke had paid special attention to the question, and was able to say positively that in his opinion, in the upper class, at least, there had been no increase. That the absolute relative number of the insane poor now living had been increased there could be no doubt, but this arose from the improved modern treatment of the insane poor, whose life had been prolonged by the superior skill and care shewn in their treatment in the public asylums. The examination of the question as to the alleged increase of lunacy should be based upon the number of new cases occurring; the present frequency of cure, and prolongation of life, would fully account for the apparent relative increase of the pauper insane. In the upper and middle classes, in which the death rate had been always at a minimum, the number of the insane, according to the returns of the Lunacy Commissioners, had not increased. A member of the association had some four years ago read a paper upon the increase in the number of the insane, the conclusions of which he, Dr Tuke, and Dr. Christie, had both challenged at the time. Dr. Lockhart Robertson's paper was most useful, as bringing the issue directly to the test of figures. Dr. Tuke quite agreed with Dr. Robertson's views.

Dr. BOYD remarked upon the tendency in the large public asylums to prolong life, rather than to cure the disease; he thought massing together large numbers of the insane interfered greatly with their proper medical treatment, and tended to diminish the number of cures.

Dr. CHRISTIE recollected the paper and discussion to which Dr. Tuke had alluded. As far as it was possible for him to follow the figures in Dr. Robertson's paper, he quite agreed with him. He had himself carefully watched the numbers in his own division of the county, and during a period of more than seven years, there had been no increase; in the last year (1867) there had been an absolute decrease.

Mr. WARWICK thought Dr. Lockhart Robertson's paper valuable, as tending to dissipate the idea that the increase of civilization had any influence upon the increase of lunacy. He thought statistical inquiry in this direction very valuable, and that government inquiry should be directed to the subject; accurate records of cases of lunacy were kept, and they should be accessible in a convenient form.

Dr. RHYS WILLIAMS agreed with Dr Tuke as to the importance of estimating the existence of lunacy by the amount of recent cases as opposed to merely numbers resident. From his own observations, he quite coincided with Dr. Robertson's opinion, that there had been no relative increase in the number of the insane.

A vote of thanks to the President and Fellows of the Royal Medico Chirurgical Society, for the use of their rooms, terminated the meeting.

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