PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, on Friday, the 26th October, 1883, Dr. Manley, the President-Elect presiding, in the unavoidable absence of the President, Dr. Orange.

Dr. MANLEY said that before proceeding with the business on the Agenda, he had to propose for adoption the following Resolution in reference to the late fatal fire at Southall Park, at which Dr. Boyd had lost his life:—

"That this Association, meeting for the first time since the event referred to in the Resolution, desires to record its profound sorrow and regret that one of its oldest and most estimable members, Dr. Boyd, has been removed by a lamentable accident, and to express its sense of the services which Dr. Boyd had throughout his life rendered to the insane poor and to psychological medicine—more particularly the pathology of insanity. This Meeting desires at the same time to convey to the sorrowing members of Dr. Boyd's family its deep sympathy in their bereavement, rendered still more distressing by the circumstances under which it occurred."

Dr. Boyd had been his (Dr. Manley's) oldest friend, and it was under Dr. Boyd that he had begun his work. He had seen Dr. Boyd a very short time before his death, and had seen a letter which had been sent to Dr. Boyd by Lord Carlingford, thanking him for suggestions he had made in regard to the insane poor, and promising attention to them. One of Dr. Boyd's suggestions was as to sending patients to asylums without waiting for an order from the Justice; probably the same clause as that in the Scotch Bill.

Dr. HACK TUKE said that he had much pleasure in seconding this resolution. He had known Dr. Boyd for many years, more or less intimately, and had learnt to appreciate his sterling character, his worth, his sincerity, and his kindliness of heart. In their own department Dr. Boyd had, during a long period, done very good work. Those who referred to the earlier numbers of the Journal would find papers of Dr. Boyd's on subjects of great importance to their own department of medicine, especially in regard to what the resolution mentioned—cerebral pathology. Dr. Boyd was one of the earliest in the field, pursuing his researches in the post-mortem room with unwearied energy, and in recent times also he always expressed the greatest interest in the subject. His papers on General Paralysis were marked by original observation and retain their value. Within the last two or three years, Dr. Boyd had contributed a useful practical paper in regard to the proper provision for the insane poor, and in one of the weekly journals—the "Medical Times and Gazette," he had recently written a paper on the "Relative Weight of the Heart in Sane and Insane Persons," showing how much he had retained his interest in subjects which had engaged his attention in his younger years. In an evening which he (Dr. Tuke) had pleasantly spent with him not long before the lamentable fire at Southall Park, Dr. Boyd had referred with great interest and zeal to several subjects connected with medico-psychology, and altogether Dr. Boyd's career had been an example for them all in regard to retaining in advanced life a warm interest in the subjects which ought to occupy their attention. A tribute had already been paid to Dr. Boyd's memory in the Journal, and he should be repeating what appeared there if he said more. He cordially seconded the resolution.

The resolution was then carried unanimously.

The following gentlemen were elected members of the Association, viz:—

P. W. Macdonald, M.B., C.M.-Abd., Asst. Medl. Officer, Dorset County Asylum, near Dorchester; R. Brayn, L.R.C.P. Lond., Med. Off. H.M. Invalid Convict Prison, Woking, Surrey; E. L. Rowe, L.R.C.P. Edin., Asst. Med. Off.,

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Gloucester County Asylum; C. E. Brunton, B.A., M.B., Asst. Med. Off., Colney Hatch Asylum.

Dr. RAYNER brought under the notice of the Association two cases which were of interest from a therapeutical point of view, in which patients had attempted to swallow large foreign substances, these lodging in the œsophagus just below the larynx. One case was that of a stone; the other a potato. In the first case Dr. Rayner was afraid to use any force, as he did not know whether the stone might have angles, and there was so much retching going on that extraction by the forceps would have been difficult. He injected into the rectum half an ounce of bromide of potassium with a few drops of opium. Very soon after the injection the throat became completely anæsthesic, retching ceased, and the stone passed away into the stomach. In the potato case, using the same treatment, the retching did not cease altogether, but the potato was expelled. Probably in both cases the removal of the foreign body was due to the anæsthesia produced in the œsophagus. The reflex irritation of the foreign body in the æsophagus would set up such an amount of irregular contraction that the expulsion of the substance would be impossible. These two cases were interesting as showing that by the treatment adopted, a great deal of trouble was saved by not having to force these foreign bodies down or get them up.

Dr. SAVAGE said he should like to know whether chloroform had been tried in cases of this sort. Of course that would be much more rapid, but whether one dared to administer it to a man appearing to be struggling for his breath was questionable. Then, too, were Dr. Rayner's cases both general paralytics?

Dr. RAYNER—No.

Dr. SAVAGE—Because his experience was that where patients had tried to destroy themselves, or, like the ostrich, had eaten all kinds of rubbish they had frequently, from the time of subsequent illness due to the swallowing, again to recover. He had published a case of a woman who swallowed a lot of screws, bottle corks, &c. She was seized with a most terrible pain across the abdomen. In this case he profited by the advice of Dr. Murchison, who had said—"give ten grains of calomel—if that does not do give more." This woman only required 10 grains of calomel. She passed a huge stool. Sometime afterwards she came to him and said she had seen the report of her case, and she was pleased to find that he had given a good prognosis. But the whole thing was whether such cases were benefited by the severe shock—and that led up to this, viz:—whether other members of the specialty were reverting to the old lines, as he felt most distinctly that he was doing. He would like to shave many more heads and apply many more counter-irritants than he did. There was a general feeling against it, and it did not look ornamental, but there were a few cases of intractable mania which he thought would be improved greatly by counter-irritation. Cases had been most markedly palliated by it.

Dr. RAYNER said that he might mention one point in regard to the stone case, which was, that the stone which was swallowed was passed very rapidly. Although it was a large stone, it was passed by the bowel within twenty-four hours, and it had occurred to him whether the rapid passing through the pylorus might not have been produced by the anæsthesic effect of the bromide on the mucous membrane of the stomach. If so, in cases of patients who had swallowed large substances it might be worth while to try the effect of a large dose of bromide, with the view of enabling them to pass the pylorus rapidly. He had been using blistering very extensively for the last year or two, with very satisfactory results, particularly in cases of stupor.

Dr. HACK TUKE thought it would be a great pity if Dr. Savage, from the idea of there being a general feeling against shaving patients' heads, should be deterred from applying so excellent a remedy as a blister or some form of counter irritation. The cases which improved after a long period of insanity, often owed their recovery to counter irritation induced either by man or nature.

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Dr. MANLEY said that with regard to foreign bodies he might refer to a paper in which an emetic was recommended. He remembered seeing a patient who had swallowed in the airing ground four ounces and a half of flint stones, and they were all passed after a dose of castor oil, and without the least difficulty. He had the stones in his possession at the present time. This statement, bearing upon fish-bones, would be a very useful thing if it were a fact that fish-bones were ejected after an emetic, because now that fish dinners were used it was possible that patients might be choked. In regard to choking, he thought that in the case of a simple idiot they would very often find recovery directly after the body impacted had been removed, but it was very different with general paralytics, because they suffered so from the shock that they often died directly afterwards, although the body had been removed from the larynx.

Dr. MICKLE read a paper "On Rectal Feeding and Medication."*

Dr. FLETCHER BEACH said that for three or four years past he had been in the habit of using rectal feeding in the case of imbecile children. Some years ago he was called to see a child in the status epilepticus, and injected twenty grains of bromide of potassium, and in twenty minutes the retching ceased. Since then he had been in the habit of using it in all cases in which it had been impossible to administer by the mouth, more especially in two cases which he had reported. In some cases he had had to administer food by the rectum even as long as a week. The only thing he had found it necessary to observe was this, the less stimulant given the better. A child would retain milk or beef tea, but, if brandy were given, it seemed to act as an irritant. He had not yet used Carnrick's Peptonoids, which were very extensively used in America.

Dr. HY. LEWIS mentioned a case in which peptonized food had been administered per anum for a whole month, at the end of which time the patient on being weighed, was found to have gained one pound in weight. He also referred to a case which had occurred in the Convalescent Home at Folkestone, in which a patient with organic disease of the bowels was treated in the same way for six weeks. During that time she gained strength and flesh, and the medical officer found that when the peptonized food was only retained for an hour it was returned in the form of chyme, which would be found in the upper part of the intestines.

Dr. MANLEY said that he had used rectal feeding a great deal, but not peptonized food. He used a preparation of arrowroot made with the strongest beef tea, and used two ounces. He had found it useful in cases of cut-throat, and during the coma of epilepsy.

The SECRETARY stated that the paper promised by Dr. Bonville Fox was not forthcoming, Dr. Fox himself being ill and unable to attend.

Dr. SAVAGE said that the members would perhaps like to hear that during the last two or three days the electric light had been on trial at Bethlem Hospital. It was only an experiment, and if those who could not then stop to see the lighting-up, would care to see it another time, he should be very pleased if they would look in any evening during the next five or six weeks to see it and say what they thought of it. A certain company had undertaken for a certain sum of money, to make use of the engines at Bethlem and illuminate for a certain time. At present there was no accumulator, and the engines were not suited to the work, so that the light was not absolutely steady. The company said that the fitting-up of the whole apparatus, including the putting down an engine, &c., for the whole place would be £900, and that then there would be a saving of £300 a year in the gas bill. If that were true—if they could thus recover themselves in three years and have a thoroughly good light it would be a great success. But there were other points to be considered at Bethlem. With the large number of gas jets in each gallery, they were dependent to a very large extent on gas for heating. There was a great amount of heat given by gas in comparison with electricity. He could not at present speak definitely as to the amount of the difference. Up to the present

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time the temperature in the wards had been about the same since the electric light was introduced as when gas was used, but that might be to a very great extent owing to the recent warm weather.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

The first meeting of the session was held at St. Thomas's Hospital, on Oct. 24th: Dr. C. J. HARE, President of the Metropolitan Counties Branch, in the chair.

Dr. BRISTOWE read a paper on Masked Cerebral Tuberculosis.

Dr. G. H. SAVAGE read a paper on the case of Gouldstone, and on the Evidence of Insanity in Criminal Cases.

In the debate to which it gave rise, Drs. R. Fowler, Hack Tuke, Nicolson, and Bucknill, and Mr. S. Benton took part.

Dr. NICOLSON described the present condition of Gouldstone, who is now in Broadmoor, and confirmed the opinion formed by the writer of the paper. No doubt he was insane.

Dr. HACK TUKE said that he hoped some practical good would result from the paper, and the discussion, and to this end he should conclude with moving a resolution. Nothing could more clearly prove the necessity of some reform in the mode of examining prisoners in regard to whom the question of insanity arose. What could be more absurd and unsatisfactory than that the examination of the murderer should have been made by the principal medical witness at the eleventh hour, and for only twenty minutes. What had been done after the trial should have been done before. He had brought this subject under the notice of the Medico-Psychological Association several years ago, and made a proposal in accordance with this view, which was warmly supported, but nothing had yet been practically done to remedy the evil. At the last annual meeting, however, in August, the President, Dr. Orange, had revived the question, and a resolution had been unanimously passed advocating a change. He should now propose a resolution almost identical with it, and he hoped to obtain the support of this branch of the British Medical Association. It was as follows:—"That persons charged with crime, respecting whom there is any suspicion of insanity, shall be examined at the expense of the Treasury, by three medical men—namely, the prison surgeon, the superintendent of the asylum in the neighbourhood, and a medical man of repute practising in the vicinity, and that their joint report shall be handed to the counsel for the prosecution."

Mr. S. BENTON seconded it, and it was supported by other speakers.

Dr. BUCKNILL was not able to support the resolution. He thought that the course pursued in the United States was preferable. With regard to the case of Gouldstone, he sympathized with Dr. Savage, in having to give an opinion after such limited opportunities of observation. He demurred to making use of the fact that he had insane ancestors or relatives, as an argument in favour of his insanity. If that was a cause, all his brothers and sisters ought to have been insane. The question is not, are a man's parents insane, but is the man himself insane? He (Dr. Bucknill) had hoped to hear from Dr. Nicholson more than a confirmation of Dr. Savage's opinion, for he had not mentioned any facts which proved him to be insane at the present time. He should very much like to see Dr. Orange's report. It was due to the public that these reports should be published.

Dr. SAVAGE, in briefly replying, said he was quite satisfied with the discussion his remarks had elicited. He would support Dr. Tuke's resolution. The present state of things was most anomalous. With regard to what Dr. Bucknill had said on insane inheritance, he would reply that if a man had webbed fingers and had a family, although only one child had webbed fingers he should consider the two facts stood in causal relation and not coincidentally. He

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