became every day stronger, the urinary secretion increased, the watery exudation was absorbed, and in three months the jaundice was completely cured. Maniacal excitement returned three times, and on each occasion had a strengthening influence upon the general health of the patient. Dr. Snell remarks that this is in no respect an isolated occurrence. He has seen a number of chronic diseases removed by maniacal excitement, especially the first stages of consumption, chronic liver disease, gout and rheumatism, failure of digestion and nervous affections of a hypochondriacal, hysterical, or neuralgic character.

It must strike every observer how, at the beginning of a maniacal attack, patients, who had become very relaxed and delicate, would not face a draught, and had to be most careful in their diet, would suddenly defy cold, leave their beds with bare feet and scanty clothing, and swallow all kinds of food without injuring their health. It seems as if, with the mania, they got a new body, new wants, and new capabilities. The respiration becomes strong, the organs of digestion develop a heightened activity, and the voluntary muscles are capable of the greatest exertion.

Dr. Snell knew an official who had reached middle age, and had sunk into hypochondria on account of liver disease and loss of digestion. His physician repeated to him the words of "Mephistopheles" in *Faust*, that the best way to be healthy is to go into the fields to hew and dig.

The distressed patient actually followed this counsel; gave up all the promises of his calling, bought a little estate, and worked from morning to night like the poorest hind. He is now a healthy and contented man, and has reached a great age. What is marvellous in this case is, that the advice was followed, not that it was beneficial. Several physicians gave instances in other bodily diseases following upon the supervention of insanity.

## PART IV.—NOTES AND NEWS.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held on Wednesday, November 27th, at the Rooms of the Medico-Chirurgical Society, in Berner's Street, the President, Dr. Crichton Browne in the chair.

Dr. SAVAGE read a paper on the use and abuse of the "Chloral Hydrate."

Dr. BLANDFORD said—That he differed altogether from the views of Dr. Savage. He believed that chloral was a most valuable remedy in the treatment of insanity, nay, he would go so far as to say that the treatment of this disorder was a different thing since the introduction of the drug, and by treatment, he did not mean the procuring of quiet during the day time. His practice was to give chloral solely for the purpose of causing sleep, and so given it was of the greatest service, in his opinion, in numerous cases. One group he might name, patients suffering from acute delirium, where sleep is often altogether absent, and the patient dies exhausted for want of it. Formerly such deaths were not rare. No remedies were of any use; morphia made matters worse, prevented sleep, and if pushed even produced death by narcotic poisoning. Since chlora

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had come to our aid, he had seen no case of death from this kind of delirium. From his experience, however, he had learned that chloral, in combination with other drugs, was more efficacious than when given alone. As the majority of recent cases might be roughly divided into cases of depression and cases of excitement, so he found that the former derived benefit from a combination of chloral and morphia; the latter were sent to sleep by chloral, given with bromide of potassium or ammonium. He had under his care last year, one of the most violent cases of puerperal mania he had ever witnessed. Chloral alone procured no sleep, but half a drachm of chloral with the same quantiy of bromide of potassium caused sleep every night to a greater or less extent, and the patient left the asylum cured in eight weeks, which result he believed would never have been attained if all remedies had been withheld. As for the cases mentioned by Dr Savage, in which insanity supervened after chloral had been taken for a long period, it might be doubted whether the disorder was not the outcome of the natural proclivity existing in the patients.

Dr. ROGERS expressed himself as holding views intermediate to those of Dr. Savage and Dr. Blandford. He believed that chloral had a negative effect for good by obtaining sleep, but did not think it had any directly curative action. In delirium tremens he considered it to have the good effects of opium without the evil; the digestion not being interfered with.

Dr. PARSEY considered chloral a very useful adjuvant in the treatment of insanity, but did not believe it to have any directly curative action. He was in the habit of combining it with the bromide of potassium or with morphia. He found that persons who could not take morphia alone, were tolerant of it when combined with chloral. He utterly objected to its use as chemical restraint, as a means of obtaining quietude; that quietude was a bad test of the efficiency of an asylum. The use of such a test offered a temptation for the abuse of chloral.

Dr. HACK TUKE remarked that we could not draw a hard and fast line between the directly curative and the indirectly curative action of chloral hydrate. If it sent a patient to sleep and by that means gave a chance to the vis medicatrix naturæ which it otherwise would not have had, then it was useful as a curative agent, although it might not itself cure. In cases of insomnia not in asylums, he had given the chloral with advantage. In evidence that its use might be prolonged without evil effect, he quoted the case of a gentleman, who for several years past had taken twenty grains at bedtime nightly, and had by this means been enabled to attend to his business. It was often a choice of difficulties, either work could not be done or some risk must be run by taking the drug.

Dr. CRICHTON BROWNE believed that the suspicion and disrepute into which this drug had fallen, was due to its unphysiological administration. Its potency must be acknowledged by any one who had witnessed its action in physiological experiments. It acted directly on the higher centres, and might also act as a derivative to the brain by its action on the lower centres. It produced anæmia of the brain, and was therefore contra indicated in melancholia and dimentia. The adulteration might also affect its action. In epilepsy he had seen it most useful by injection into rectum, arresting the convulsions and averting after-excitement.

Dr. NICOLSON considered it useful in warding off threatening attacks of insanity, and in aiding the later stages of convalescence from mania.

Dr. STEWART had found that where the chloral had been taken for a prolonged period extreme restlessness, with a mental condition bordering on insanity, had been produced.

Dr. SAVAGE said that sleep was not the absolute cure of insanity, that some of the speakers seemed to think. That sleep might be absent for a long period and recovery follow even more rapidly than where sleep had been obtained by drugs. In his experience in the treatment of disease he had not found chloral produce the effect which, physiologically, should be expected. It required great discrimination in its use. It does injure the appetite, and he had seen

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several professional men fall out of the ranks, simply from using chloral to obtain sleep. In his paper he had specially dwelt on the abuse of the drug, hoping that in the debate its uses would be pointed out by those who advocated it.

Dr. SUTHERLAND read a paper on "The Varieties of General Paralysis," especially in reference to Dr. Mickle's groupings of this disease, as given in an article in this Journal for April, 1878.

Dr. W. JULIUS MICKLE—In reference to a point upon which Dr. Sutherland has laid great stress, in the paper just read by him—namely, the *duration* of the general paralysis in the five groups of cases described by myself—I would mention that the duration recorded in each group is the *average* duration of the several cases constituting it; the duration of the individual cases, of course, varying more or less. I do not hold the view, expressed by Dr. Sutherland, that the principal, or possibly the only, useful end to which my paper, in the "Journal of Mental Science," for April last, may be applied is to afford aid in the prognosis of various cases of general paralysis. In the groups I have described the morbid changes varied so much in their locality, extent, relative proportions to each other, and in the final results of the pathological process in the nervous structures, that they may fairly be held to indicate the existence of sub-divisions, or even varieties, of general paralysis, from a pathological point of view. It is only claimed that in my paper a step has been taken towards the establishment of these. The clinical features of the several groups I have described also show considerable differences between themselves. The first group may be taken as a standard with which to compare the other groups, inasmuch as it includes, perhaps, the more typical cases of general paralysis. (Dr. Mickle then described the various groups, and showed how distinct are the clinical features of each.) With reference to the third and fourth groups, and the differences in the symptoms according as the left or the right is the cerebral hemisphere principally affected, I have only stated what I have found. I had no prejudice or theory on the subject, and only became fully aware of the facts after a careful analysis of my cases. The cases belonging to these two groups are not rare, but are *comparatively* infrequent; for the most part the lesions in general paralysis are fairly symmetrical in the two cerebral hemispheres. (The facts of aphasia, and the statistics of Dr. Brown-Séquard, and of Mr. Callender, were then referred to as showing certain of the different pathological relationships of the two cerebral hemispheres; as well as the views of Dr. H. Jackson.) Bearing these in mind, it is not at all incredible that in general paralysis, the symptoms should differ greatly, as I have described, according as the left or the right cerebral hemisphere is mainly affected in that class in which one cerebral hemisphere is very decidedly more diseased than the other.

Dr. CRICHTON BROWNE remarked that general paralysis was, undoubtedly, a pathological entity, the varieties depending on the distribution of the lesions. The varieties, however, cast little light on the treatment of the disease; in the early stages of which, he might remark, that he had found small doses of the chloral hydrate useful.

A paper by Dr. Fletcher Beach, was then read, on "Two Cases of Temporary Aphasia from Shock after a series of Epileptic Fits."

Dr. SUTHERLAND remarked that he hoped the opportunity would not be lost of impressing on the Association the necessity for determining by some exact method the proper medico-legal position of cases of aphasia. Dr. Hughlings Jackson had recently published an essay on this subject, in which he took an empirical or practical view of the disease, in preference to a scientific view, which he intended to refer to in a later paper. Dr. Sutherland referred to the mental gymnastics for healthy intellects, invented by Sir H. Holland, and believed that a similar series of exercises might be applied to cases of aphasia, by means of which the capabilities of the patient might be measured, and his civil responsibility determined. By these means his power of recognizing his friends, his deficiency of memory, his ability or inability to write, to copy

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writing, to sign his name, his amount of emotional language, as expressed by pantomime and many other interesting points, could be ascertained, which would materially assist his physician in determining his medico-legal position and capacity.

## QUARTERLY MEETING IN EDINBURGH.

A quarterly meeting of the Medico-Psychological Association was held in the Physicians' Hall, Queen Street, Edinburgh, on Thursday, 14th November, 1878. Amongst others present were Dr. Jamieson (Aberdeen), Dr. Clouston (Morningside), Dr. Cameron (Lochgilphead), Dr. Brown (Cupar-Fife), Dr. Inglis (Morningside), Dr. Clark (Melrose), Dr. Fairless (Bothwell), Dr. Ireland (Larbert), Dr. Rutherford (Lenzie), Dr. Brodie (Liberton), Dr. Bower (Saughton Hall), Dr. McLeod (Carlisle), and Dr. McDowall (Morpeth). Dr. Jamieson in the chair.

### PATHOLOGICAL SPECIMENS.

Dr. Clouston showed two cases of cancer of the brain—one primary and the other secondary—a case of syphilloma of the brain, with an erosion through the skull cap, and a case of slow atrophy of a large part of the occipital lobe of the right hemisphere from within outwards, leaving a number of single convolutions as detached islets attached to pia mater, and otherwise floating loose in serum, but with the nerve structure normal.*

Dr. McLeod showed a fresh specimen of apoplexy in a syphilitic brain (see Clinical Notes and Cases, p. 617).

Dr. Jos. J. Brown exhibited and shortly described microscopic specimens of a new and hitherto undescribed deposit in the brain, of which he hoped to give a full account at next meeting.

Dr. Clark showed a brain in which there had existed very extraordinary malformations and changes, and read a most careful description of it.†

Dr. Inglis read a paper on two cases of Hystero-Epilepsy,‡ which gave rise to an animated discussion, chiefly as to the case of Simon Fraser, the somnambulist.§

The CHAIRMAN said that this was a paper that might occasion a great deal of discussion. He was utterly sceptical that a metal put on any part of the body should produce such effects. He thought it was wiser to discredit all that (laughter). They were, however, exceedingly indebted to Dr. Inglis, and he did not want to interfere with his belief (laughter). It seemed to him to be insanity to believe that putting metal on certain parts of the body would cure anæsthesia.

Dr. IRELAND said that somnambulism was an extremely interesting subject—entering into some very interesting connections between mind and body. It had thrown much light on the extraordinary state of double consciousness which had certainly been proved to have actually occurred, by the labour and observations of physicians generally. In regard to the case of the man Fraser, that man had had the misfortune to kill his own child, and the question was raised whether he should be incarcerated for life. The decision of the Court was helped very much by the finding of the Judge, that under certain precautions, such as that he should not sleep with any one, he should be liberated. He thought that there were certain grounds for objection to the finding; but if the other alternative had been taken, and the man locked up all the rest of his life as a dangerous lunatic, he must say that the objections would have been stronger. He read the report in the newspapers; and it struck him that, taking it all in all, and taking everything into consideration, the finding was a

* The description of these cases is postponed from want of space
† This we hope to publish in next No. of the Journal.
‡ See "Edinburgh Medical Journal" for December.
§ See October No., p. 451.

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