A meeting of the Scottish Division of the Medico-Psychological Association was held within the Hall of the Faculty of Physicians and Surgeons, St. Vincent Street, Glasgow, on Friday, March 23rd, 1906.

The following members were present: Drs. Campbell, Carlyle Johnstone, Clouston, Easterbrook, Ford Robertson, Havelock, Hotchkis, Ireland, Kerr, Latham, Macdonald, Marr, Parker, G. M. Robertson, A. Robertson, Turnbull, Wallace, Watson, Yellowlees, L. C. Bruce (Divisional Secretary), and others.

Dr. Watson was called to the chair, which was later occupied by Dr. Carlyle Johnstone.

As at the last meeting of the Division fourteen members of the Division had not received notice of the meeting it was decided to read the items of the business contained in the minute of the meeting held in November, 1905, and vote for confirmation or reversal.

The minute was agreed to excepting the clause which reads as follows:

"Dr. Lewis C. Bruce moved 'That this meeting of the Scottish Division decline to adopt the new Statistical Tables.'

"Dr. Carlyle Johnstone seconded.

"Dr. OSWALD moved an amendment 'That this meeting decline at present to give an opinion as to whether the Scottish Division accept the new Statistical Tables or not, until the opinion of the members of the Division be ascertained by circular to be issued by the Secretary.'

"Dr. MARR seconded.

"After Drs. Urquhart, Carlyle Johnstone, Clouston, Marr, Oswald, Keay, and others had spoken to the motion and amendment, a vote was taken.

"Four members voted for the amendment and eight for the original motion, which was declared duly carried."

Dr. CLOUSTON moved "That this portion of the minute be reversed."

Dr. TURNBULL seconded.

Dr. URQUHART moved "That this portion of the minute be confirmed."

Dr. L. C. BRUCE seconded.

Six members voted for the amendment and fifteen for the motion, which was declared carried.

Drs. Yellowlees and Turnbull were appointed Representative Members of Council and Dr. Lewis C. Bruce Divisional Secretary.

The SECRETARY read the report of the Retiring Allowances Committee.

Dr. LEWIS C. BRUCE opened a discussion on "The Clinical Significance of Indoxyl in the Urine" (see p. 501). Drs. Yellowlees, Clouston, G. M. Robertson, Parker, Urquhart, MacDonald, Baugh, Easterbrook, and others took part in the subsequent debate.

The Report to the Council *re* the Union of the Medical Societies was considered. The Division expressed disapproval of the Union, but would be prepared to reconsider the proposal upon hearing further details regarding the scheme.

A vote of thanks to the Chairman terminated the meeting.

The members afterwards dined together in the Windsor Hotel.

IRISH DIVISION.

The Spring Meeting of the Division was held at the Central Criminal Asylum, Dundrum, by the kindness of Dr. G. T. Revington, on Tuesday, April 24th, 1906.

Before the meeting the members were taken round the institution and were then entertained at luncheon by Dr. Revington.

The chair was taken by Dr. Revington, and there were also present Drs. F. E. Rainsford, H. M. Eustace, J. A. Oakshott, M. J. Nolan, T. Drapes, R. R. Leeper, and W. R. Dawson (Hon. Sec.).

The minutes of the previous meeting were read, confirmed, and signed.

Votes of sympathy with the family of the late Dr. John Molony, and also with Dr. Oscar Woods on the death of his daughter, were passed unanimously.

The Secretary reported on matters arising out of the minutes.

P. J. Irwin, L.R.C.P.I., L.M., L.R.C.S.I., Assistant Medical Officer, District Asylum, Limerick (proposed by Drs. E. D. O'Neill, F. O'Mara, and W. R. Dawson), was unanimously elected an ordinary member.

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Dr. W. R. Dawson was elected Divisional Secretary, and Drs. M. J. Nolan and T. Drapes Representative Members of Council, for the ensuing year.

The dates of the meetings of the Irish Division for next session were agreed on as follows: November 5th, 1906, April 22nd and July 4th, 1907.

It was decided to ask Dr. West to allow the Summer Meeting to be held at Kilkenny District Asylum. Failing this, Dr. Nolan invited the Division to Downpatrick.

The report of the Committee of the Division with reference to State provision for imbeciles in Ireland was received and adopted.

The question as to the desirability of the Association joining the Union of London Medical Societies was discussed and the following resolution unanimously passed:

> "That the Irish Division is of opinion that it is not desirable for the Association to join the Union of London Medical Societies as at present proposed to be constituted."

A letter from Dr. Fletcher Beach was read, asking for the opinion of the Division on points connected with Lunacy Law reform, and after discussion the following recommendations were arrived at: (1) Increase in the number of commissioners; (2) legalisation of the admission of voluntary boarders into public asylums in England and Ireland and into chartered hospitals and private asylums in Ireland; (3) permission for certifying medical men to visit the patient together; (4) removal of disabilities of private asylum medical officers in connection with appointment as Commissioners or Chancery Visitors; (5) legalisation of the principle of the boarding-out system for Ireland; (6) extension of the provisions of the Idiots Act (England) to Ireland. The meeting declined to express any opinion as to (*a*) provision for treatment of incipient cases outside of asylums (in the absence of further information); (*b*) the pension scheme of the Association (the question of superannuation being already in the hands of a special committee of Irish asylum officials); and (*c*) transfer of licenses from one jurisdiction to another (this being a matter which does not concern Irish asylum officials).

Dissatisfaction was expressed as to erroneous information which had been furnished concerning the examination for the certificate of the Association.

Communications.

(1) Dr. Revington read some "Notes on the Central Asylum," which were discussed by Drs. Drapes, Oakshott, and Nolan.

(2) Dr. Leeper read notes of the following cases and exhibited naked-eye and microscopic specimens from them:

Case 1.—The patient, upon admission to the hospital, suffered from a number of exalted delusions, and coupled with these she believed her food was poisoned and that nothing was offered to her at meal-times but food impregnated with arsenic. She said she distinctly tasted poison in her tea and other articles of her diet. She ate her food at times very ravenously, and at other times it was difficult to get her to take sufficient. She gradually lost weight and became more delusional. No physical disease was diagnosed. Her walk, eyesight and movements were normal, and at no time was there any symptom suggestive of gross brain disease. She suffered from a hæmorrhage from the bowel which was so slight and transitory that it was not thought to be of any very serious moment.

It was noticed that a small, blue-coloured tumour appeared on one side of her neck. This was freely movable and in the subcutaneous tissue; it was quickly followed by the appearance of another in the left forearm, and within a fortnight the entire abdomen and chest were covered with these dark-blue-coloured tumours, varying from the size of a pea to that of a large marble or small tangerine orange. Her feet became swollen, and she suffered from frequent hæmorrhages from the bowel. The urine was normal and did not appear stained with pigment. She died of exhaustion.

Post mortem.—The abdomen contained a melanotic sarcoma, situated in the centre of the great omentum. This mass was composed of a number of small spherical bodies of the size of marbles, like scybala, and would be mistaken for

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this condition if felt through the abdominal wall. The bowel was largely impregnated with small, shot-like sarcomatous growths and the peritoneum appeared as if splashed over with ink-spots. All of these little black spots were melanotic sarcomata. On examining the brain a melanotic growth occupied the left cerebellar lobe, and there were at least ten similar growths in the right and left hemispheres. The growths occupied the grey matter and were placed at different distances from the brain-surface, but all were in the grey matter except one, placed, as already mentioned, in the cerebellum. The membranes were normal, and no deposits were observed in them.

In a section of one of these sarcomatous growths the cells are of the "round-celled" variety and there are numerous scattered granules of melanin; some of these are arranged in small spherical groups and some impregnate the pyramidal cells and neuroglia cells, and others are scattered throughout the typical cells of the new sarcomatous growths.

The points of interest in this case are the following:

(1) The presence of delusions of poison co-existing with the presence of the primary sarcomatous growth in the great omentum.

(2) The existence of melanotic sarcoma as springing from no pigmented area or from the eye, or other usual points of origin. There were no ocular symptoms developed in the case, and no secondary melanotic growth occurred in the eyes.

(3) The extraordinary malignancy of the growths and the fact that, although the cerebrum was extensively affected by secondary deposits, and also the cerebellum, no motor symptoms were noticeable, and little, if any, change in the patient's mental state resulted therefrom.

The presence of melanin in the normal brain, both with locus niger and locus cœruleus, is a fact of considerable interest. What is the function of this substance in normal mentalisation? The appearance of many of the pyramidal cells in the region of the sarcomatous growths is exactly similar to that observable in the locus niger. The melanin is arranged around the cell nucleus, as are the Nissl granules in normal cortical cells. The locus niger in this case was normal in appearance, and there was no increase of its usual amount of pigment. If one may form an opinion as to the significance of this observation, we might be led to think that the production of melanotic substance was a function of the healthy brain, and its decrease or increase productive of some psychical changes. From this case also it would appear that an increase of this substance is not toxic, as the brain-functions were active and fairly normal when undoubtedly the hemispheres were extensively infiltrated with melanin. The patient's general condition up to the time of her death was one of exaltation and expansiveness. There was no slowness or retardation of her cerebral functions. Her conversation was at times most interesting, and she was always most careful of her appearance, and her manner was always that of a royal personage of unbounded wealth and importance. If melanin be secreted from the hæmatin of the blood, then the presence of an excess of this vascular product makes for exaltation, or rather, a complacent cerebral state, rather than a melancholic or depressive condition.

Case 2.—A young woman who was admitted to the hospital suffering from acute delirious mania. Before admission she had been allowed to remain in her bedroom with an open fire, almost untended and unwatched. She had jumped out of bed and into the fire, and she was extensively burned prior to her admission to St. Patrick's Hospital, and died forty-eight hours afterwards.

The *post mortem* was one of peculiar interest. The entire cortex was intensely congested, the appearance of the pia-arachnoid being very striking, bright patches of congestion the size of a shilling piece or larger being observed in either side of the longitudinal fissure. This young woman's illness was of very short duration. She appeared perfectly well two days before she jumped into the fire in her own bedroom, and the friends had noticed nothing unusual in her manner or conduct except that she appeared distressed, quiet, and sleepy. The practitioner who attended her found her temperature at this time slightly raised, and believing she was hysterical, took no special precaution or believed she was in any danger of a maniacal seizure of such an intense kind. The disease was ushered in by a period of depression of short duration, with high fever, culminating in a sudden outburst of maniacal fury. The cortical cells I found to be extensively chromatolysed and

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the chromatolysis in this case was of an unusual kind. The disintegration was very irregular throughout the cells, one cell, say, almost completely disintegrated by fine dust-like chromatolysis and its neighbours not so affected. In all there was marked nuclear displacement.

The entire brain-substance, both grey and white matter, was extensively infiltrated with leucocytes. Staining the cortex by the Gram-Weigert method, I was able to bring out a number of cocci, arranged in circles round the smaller cerebral capillaries.

I much regret I was unable to make cultures of these or have the brain bacteriologically examined in the fresh state.

This is the second case I have seen of sudden onset of maniacal frenzy with no very well marked or defined prodromal symptoms; in both there was an antecedent period of torpor or drowsiness.

The proceedings terminated with a cordial vote of thanks to Dr. Revington for his kind hospitality.

THE AFTER-CARE ASSOCIATION FOR BEFRIENDING PERSONS DISCHARGED FROM ASYLUMS FOR THE INSANE.

By Robert Jones, M.D.

History.—Inaugurated in 1897 in the house of the late Sir John Bucknill (Mr. Justice Bucknill's father), and started by the late and venerated Rev. Henry Hawkins, chaplain of Colney Hatch Asylum, the Association is a national one, for it helps, when it can, cases from all parts, although London alone could more than supply it with cases, as one in every ten persons discharged from the London asylums is friendless, and the friends of another one out of ten are too poor to afford help. There is, however, at the disposal of the London asylums the "Queen Adelaide Fund," which, in the discretion of the committee, may provide a money gift as a small charity to needy patients upon their discharge as *recovered*.

Help for those discharged "*not recovered*" from the asylums is acknowledged as desirable by the State, for by Statute the Lunacy Act, 1890, sec. 55, enacts that committees of asylums for the insane are empowered to make a weekly grant, equal in amount to the cost of maintenance in the asylum to patients, upon their provisional discharge on probation, *i.e.* those *who have not fully recovered*. This power is frequently exercised for a period, usually of about four weeks. This grant, however, does not apply to those who have been absolutely *discharged "recovered"* from the asylum.

(It may be explained here that there are practically three methods of discharge from lunatic asylums. (1) *Recovered*—for whom "after-care" is needed, and it is for some of these that the Queen Adelaide Fund is eligible. (2) *On probation* or *trial* "NOT RECOVERED," and these may obtain the money for about four weeks referred to above. (3) *Not recovered* and *not on probation* nor trial, when friends request the care of those insane, and who may thus, by the Lunacy Act, 1890, sec. 79, be given to their charge.)

The Association has never been in debt, and possibly this may be a demerit; but its funds are very inadequate to support the numerous cases—all deserving—that appeal for help. It has had the direct patronage of H.R.H. Princess Christian, and the personal help and pleading of the Archbishop of Canterbury, of Cardinal Manning, the Earl of Meath, the late Lord Shaftesbury, the late Sir Andrew Clarke, Sir William Church, and more recently Sir R. Douglas Powell, also the great Dr. Hack Tuke; also for the last twenty years it has had the experienced assistance of Mr. Thornhill Roxby as organising Secretary.

It is the only Society which exists for the housing and for finding occupation for those who have been discharged from the asylums as recovered. Unfortunately, unless brought prominently forward, such a society makes no appeal to public benevolence, owing to unjustifiable popular prejudice against mental illness; but, in spite of being a society unlikely to achieve popularity, it has, since its establish-

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