

Dr. RUTLEDGE (Londonderry District Asylum) read a paper on "Photography as an Aid in the Diagnosis of Mental Disease." He conclusively showed the value of this method of recording the various conditions of insane patients. He referred to the difficulty of describing a face, an attitude, a gesture, and claimed for photography that it conveyed a tenfold more truthful conception of the condition. Dr. Rutledge also showed the value of being able to preserve in permanent form these pictures for the purposes of study and comparison. He held that by this method of observation we are able to roughly classify cases and follow each out to the ultimate issue. There was also the great advantage of future workers having access to graphic delineations, which give vigour and reality to the formal case books. Dr. Rutledge concluded by demonstrating the simplicity and cheapness of modern photography; and showed a large collection of most interesting photographs of the patients in the Londonderry Asylum, mostly taken by himself, developed by the head attendant, and printed by one of the nurses.

Dr. HETHERINGTON read notes of a case of cervical caries (see page 102).

The afternoon was spent in the wards, when Dr. Hetherington gave demonstrations on several interesting cases.

#### MEETING OF THE SOUTH-WESTERN DIVISION.

A meeting of the South-Western Division was held on the 20th October, at Fisherton House Asylum, Salisbury, by kind permission of Dr. Finch. The chair was occupied by Dr. Mickle (President), and there were also present Dr. Corbin Finch, Dr. E. Finch, Dr. Benham, Dr. Wade, Dr. Manning, Dr. Fox, Dr. Davidson, Dr. McBryan, Dr. Stewart, Dr. Brunton, Dr. Stratton, Dr. Cardale, Dr. Boddie, Dr. Briscoe, Dr. Macdonald (Hon. Secretary), and Dr. Lee (as visitor).

#### NEW MEMBERS.

The following new members were elected:—Andrew Davidson, M.B. and C.M., Senior Assistant Medical Officer, County Asylum, Dorchester; William Boddie, M.B., C.M., M.A., Assistant Medical Officer, Fisherton House Asylum, Salisbury; Henry J. Cardale, M.B. and C.M., Assistant Medical Officer, Fisherton House Asylum, Salisbury; C. R. Stratton, F.R.C.S.Ed., etc., Medical Visitor, Fisherton House and Laverstock Asylums.

#### THE NEXT MEETING.

The HON. SECRETARY announced that he had received from Dr. Soutar, Gloucester, an invitation for the members of the South-Western District of this Society to meet next (spring meeting) at Barnwood House.

On the motion of Dr. STEWART, seconded by Dr. BRISCOE, it was unanimously decided to accept Dr. Soutar's invitation, and it was left to the Secretary to arrange the most convenient day.

Dr. J. F. BRISCOE read a paper on "Constipation in the Insane." He defined the term in its various senses and gave an account of the processes involved in normal digestion. Dr. Briscoe then pointed out how constipation is increased and auto-infection set up by voluntary opposition to defæcation, and detailed the symptoms arising—such as mental apathy, irritability, perverted moral feelings, melancholia, suicide, mania, etc., which, if not cured, could certainly be considerably relieved by Epsom salts, the emperor of purgative medicines. He held that ordinary constipation is a troublesome and intractable symptom of insanity, owing to the insensibility and torpor of the whole system. Dr. Briscoe showed how the defective elimination of faecal putrid products favours absorption and the intoxication of the ultimate constituents of the nervous system, giving rise to mental aberration. He further held that there is a tendency on the part of some physicians not to devote sufficient attention to the functions of the digestive organs and their chemical reactions; and emphasised the facts of recoveries from mental diseases owing to complete evacuation of the bowels. Dr. Briscoe showed that constipation in the insane

might be either owing to nervous or mechanical causes, and advised careful investigation into such conditions as hæmorrhoids, pelvic diseases, etc., and suitable treatment. He urged that the same care should be exercised in regard to excretæ as in regard to food; and that careful chemical and bacteriological investigations should be undertaken. Dr. Briscoe concluded by stating that it is no longer sufficient to diagnose dyspepsia, but that we ought to be able to prove the particular form of defect by analysis, and to obviate the risks of disturbance by the poisonous elements produced by the organism.

The PRESIDENT said that Dr. Briscoe had read them a paper on a very important and a very practical subject. Everyone who had anything to do with the insane knew that constipation was a most difficult and trying symptom to deal with. There was an enormous variety of conditions under which constipation occurred in the insane, and he must confess to some feeling of disappointment that that was not pointed out in the paper. They had patients who were constipated because they neglected the every-day requirements of health, which included regular defæcation. There were those who were so wrapped up in delusions, hallucinations, and so on, that they entirely neglected the normal functions of the body. Again, they had constipation in the insane due to certain kinds of delusions—one, for example, where a patient had the delusion that it would be a detriment to himself if he should have a motion of the bowels. There were cases where constipation ensued in the paralytic condition, owing to the nonfulfilment of functions by the muscular coatings of the bowels. Then they had an important set of causes, which comprised several different forms of insanity in which constipation occurred as part and parcel of the physical condition which originally caused the whole malady. Mental symptoms arose out of purely physical conditions, and constipation arose as a collateral effect of the general cause. He needed only to cite the condition of melancholia, in which the patient lost, more or less, the power of performing every bodily function. When they came to consider the various origins of constipation in relation to treatment, surely that necessitated in the first place very accurate and minute investigation of each particular case. It called upon and exhausted the powers of the most clever among them to thoroughly diagnose and properly treat the cases that came under his care. He did not know anybody who could do it with perfection. That perfection was not likely to come in their day. No two cases of constipation could be treated exactly alike. If they took a case in which it arose as part of the physical condition, it was perfectly useless to treat it until they had removed the general condition of which it was a collateral effect. What they ought to do was to attract the attention of the patient to the need of properly exercising his bodily functions, and create regularity of habit. So far as concerned this matter, habit was everything.

Dr. STEWART said their Secretary would bear him out in regard to a fact which came under his notice at the Dorset Asylum some years ago. There was an extremely small number of cases of constipation there in contrast with other asylums. He attributed that to the circumstance that a very large quantity of vegetables entered into the diet as arranged by the late Superintendent (Dr. Symes).

Dr. BENHAM said he was quite in agreement with what Dr. Stewart had said as to the desirability of vegetables entering largely into the dietary of the insane, but they had cases in which the use of drugs was desirable. They had seen cases who had entered an asylum suffering from constipation become comparatively sane after a strong purgative. In such cases, no doubt, the habit of constipation was largely responsible for the condition in which the patient was when admitted, and by preventing a recurrence of that condition it practically meant the sanity of the patient in the future. He was a little disappointed that the subject of treatment was not gone into. He was quite in agreement with the statements that had been made as to the value of Epsom salts in places where more expensive remedies could not be afforded. There were cases of

acute constipation in which the patients were intractable, and would take nothing. It was necessary that the bowels should be relieved, and he had found that one or two drops of croton oil, say in their tea, had the desired effect.

Dr. FOX said that he had under his care a patient whose condition was such that he was allowed to walk about by himself, and seemed as capable of feeding himself as anyone. But he got into an extremely low condition, and became very emaciated. He was taking plenty of food. Several physicians saw him, and it was at length found that he was suffering from scurvy. As soon as they put him on the ordinary diet for scurvy he began to mend, and now he was just as well, if not better, than before. Taking a lesson from that experience, the most strict supervision was now exercised over the food of the asylum.

Dr. MACDONALD said that quite recently he saw a most interesting case of mental disease in which constipation played a most important part. It was that of a lady suffering from acute melancholia, who, up to the period of becoming insane, was attended by a very able physician. On admission to the asylum it was stated that in all probability there had been no proper action of the bowels for nearly two weeks. It was soon discovered that the patient was suffering from obstinate constipation, and though several remedies were employed it was finally found necessary to give croton oil. As invariably happens, this remedy had the desired effect, but the subsequent history of the case was disappointing. The exhaustion which followed the action of the bowels was so severe that the patient did not rally, and gradually sank and died. Now this might be an extreme and rare case, but it teaches the necessity of carefully and minutely examining and regulating the various systems. Several years ago he was concerned with the treatment of a long-standing case of melancholia, with persistent dirty habits, more particularly by night. This patient underwent every conceivable course of treatment, as well as individual nursing. All having failed, after rectal examination a huge collection of large scybalous masses was removed. From that date the constipation and dirty habits ceased, and the man made an uninterrupted recovery. This second case was a good illustration of the need there is for individual treatment in the case of the insane. They were sometimes scoffed at for suggesting hospital treatment in large asylums, especially by those who have only a few patients under their care. Individual treatment, he feared, is impossible, except in a superficial and haphazard manner, in many of the ungovernable asylum mammoths of recent construction. Very little had been said regarding treatment, and he could not name any specific, but of this he had no doubt, that a carefully regulated diet and proper exercise would produce better results than all the drugs in the pharmacopœia.

Dr. BRISCOE said that in the time allowed they could not go into the question of treatment. With regard to hospital treatment, patients in large asylums did not get individual attention, and could not be so well looked after as in private institutions, and frequently if those patients were made to go to closet in a more systematic way many troublesome cases of melancholia so treated would recover very much quicker. In private institutions they could watch patients more carefully. In regard to drugs, each case must be treated on its merits. One man liked one thing, and another man another. He agreed that croton oil was a useful drug. When he (the speaker) was assistant to the late Dr. Sankey, the latter had one drug which he said was *par excellence*, viz., aloin. Croton oil was a dangerous drug, and he should not give it to every patient. In his own asylum the patients had vegetables every day. Porridge was also a very useful form of diet. All his private patients had a bunch of grapes every morning. With vegetables and fruit they found the bowels kept all right. In regard to the discussion, the one chief thing that disappointed him was that the chemistry of the subject had not been discussed as much as he had hoped, for instance, as to the injurious effect created by the retention of the fœces.

Drs. MACDONALD and DAVIDSON then read a paper on "Mental Symptoms (not General Paralysis) associated with *Tabes Dorsalis*" (see page 68).

Thereafter Dr. H. T. MANNING read notes of "Cases in Lunacy Practice," which will be published in a subsequent number of the Journal.

On the motion of the PRESIDENT, a hearty vote of thanks was accorded to Dr. Finch, who had received them with noble hospitality, and had ensured the success of their meeting.

#### MEETING OF THE SCOTTISH DIVISION.

A meeting of the Scottish Division was held in the Hall of the Royal College of Physicians, Queen Street, Edinburgh, on Thursday, 12th November, 1896. Dr. McDowall, President Elect, occupied the chair, and there were present Dr. Beadle, Dr. Bruce, Dr. Cameron, Dr. Clouston, Dr. Ford Robertson, Dr. Edgerly, Dr. Havelock, Dr. Hotchkiss, Dr. Ireland, Dr. Keay, Dr. Mitchell, Dr. A. E. Turnbull (secretary), Dr. Urquhart, Dr. Watson, Dr. Wilson, and Dr. Yellowlees.

The minutes of the previous meeting, held in Glasgow, were read and approved.

Charles Macpherson, M.D., Deputy Commissioner in Lunacy for Scotland, was elected a member of the Association.

Dr. FORD ROBERTSON read "Notes on the Structure of the Neuroglia," (see page 67).

Dr. URQUHART read a "Note on the Department for the Insane in the Communal Hospital of Copenhagen." He stated that the hospital contained 900 beds, and was in constant touch with the University; and described the two pavilions, each containing about sixty beds, under the care of Dr. Pontoppidan. These pavilions receive the nervous and mental cases belonging to the city—that on the west such cases as paralysis, locomotor ataxia, and so on; that on the east the insane sent for observation and report after criminal offences or provisionally admitted for treatment to recovery or transfer to the large asylum at Roskilde. Dr. Urquhart drew special attention to the fact that for eight years the nursing of the insane has been done by women, three nurses and one attendant in each of the two male wards, containing eleven patients each. During that time only one case had proved impossible for female nursing. He concluded by referring in detail to the nature of the cases under care, and commended the system in use at Copenhagen as beneficial to the patients and the public. He deprecated estrangement in the study of nervous and mental diseases, and urged that the medical school and the asylum should be in intimate contact.

The CHAIRMAN said that twenty years ago he had been at two Danish asylums—Roskilde and Wortenberg—and these two places presented remarkable contrasts in their treatment of the patients. The Roskilde institution was managed upon the English method, and the other on the French method. These asylums were managed on Danish lines with great ability and perseverance. The number of hours spent by the physicians in the wards would astonish most of them very much indeed. Ten hours a day would be rather more than most of them could stand, but that was what was done.

Dr. YELLOWLEES said he had been contrasting in his own mind Denmark with Damascus, where every patient in the hospital was shut up in a stone cell, and had an iron chain round his neck.

The CHAIRMAN said that he had observed that they had had a meeting in Edinburgh on that very subject, and that the insane in Syria seemed to be very badly treated.\*

Dr. IRELAND remarked that in Mohammedan countries they allowed a great deal of freedom to lunatics. That was begun a long time ago, and was a step in the right direction. Lunatics were allowed to wander about at will, and

\* Dr. Clouston will gladly receive any subscriptions in aid of these unfortunates.—Ed.