

a fit, and it is quite true that in some cases there is no distinct frontier between these attacks and epilepsy, but usually there is no loss of consciousness, and in the majority of cases these fits are merely violent emotional crises; though neither epileptic nor hysterical, they are distinctly morbid. By far the greater number of simulators, however, feign dementia in its most severe forms, especially complete stupor and extraordinary incoherence, either because this is easiest to see and observe, or because it is really most related to the psychic organisation of the criminal.

In discussing the diagnosis of feigned insanity Penta refers to its rapid and sudden appearance, and to the equally sudden manner in which the symptoms disappear, leaving no trace behind them, no phase of exhaustion. The duration of the symptoms is also very short, the criminal's power of will not being sufficiently strong to enable him to concentrate his attention for a long period on the part he is playing. There are, however, exceptions, and Penta records a remarkable case in which a man became mute, violent, suicidal, and filthy in his habits, and remained so for a long period; at last he was sent into the asylum (under Prof. Virgilio's care), and immediately, having gained his object, became perfectly sane, and all the symptoms disappeared. In such a case, it must be added, we are not dealing with a normal form. In another case the simulator submitted to be artificially fed for four months. In many cases the criminal simulator reveals himself by the sheer stupidity by which he allows himself to be taken off his guard, and even confides his plans. It is often sufficient to observe him when he is unaware of observation, and in any case it will be found that the expression of his eyes, as well as his animal functions (sleep, respiration, pulse), are in striking contrast with his assumed insanity; thus he is almost certain to watch carefully to note the effect he is producing. The most important characters, however, Penta regards as the gross and strange character of the insanity, and the extravagant and discordant character of the symptoms; the symptoms are always those that are vulgarly believed to characterise insanity. In conclusion, Penta points out the great importance, in the interests of justice, of attaching an alienist to every large prison; it is impossible for an outside expert, however skilful, to take the place of one who is on the spot and who has constant opportunities of observation.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

GENERAL MEETING.

A General Meeting was held at the Rooms of the Association, London, on May 11th, 1899. A meeting of the Council was held earlier in the day.

Members present at General Meeting:—Drs. H. Hayes Newington (Chairman), J. B. Spence, Ernest W. White, Fletcher Beach, R. Percy Smith, F. W. Mott, G. E. Shuttleworth, T. B. Hyslop, H. Gardiner Hill, A. Helen Boyle, David Bower, G. F. Blandford, E. B. Whitcombe, W. H. R. Rivers, J. R. Whitwell, P. W. MacDonald, W. R. Watson, Margaret Orange, W. Crochley Clapham, F. C. Gayton, R. P. Alexander, J. E. M. Finch, W. H. Kesteven, H. T. Aveline, J. Carlyle Johnstone, J. G. Soutar, H. A. Benham, C. T. Ewart, W. S. Kay, F. Ashley Elkins, G. Braine-Hartnell, R. Brayne, P. E. Campbell, F. R. P. Taylor, R. Langdon-Down, C. H. Bond, W. Ernest Jones, H. C. MacBryan, G. E. Mould, J. Sutcliffe, J. R. Lord, A. H. Stocker, J. F. Briscoe, P. J. Baily, H. Wolseley-Lewis, J. Stirling Christie, F. H. Edwards, H. J. Macevoy, W. J. Mackeown, Stangman Grubb, W. F. Hanfield Haslett, and Robert Jones (General Secretary).

The following visitors were also present:—Drs. W. J. Koenig (Berlin), Ben Hall, H. Pulford, and Hamilton Wright.

The Chairman regretted the unavoidable absence of the President, who was abroad.

Letters or telegrams of apology for non-attendance were also announced from Drs. Rayner, J. M. Moody, T. W. McDowall, Conolly Norman, C. Mercier, J. Chambers, and A. R. Turnbull.

The following were elected ordinary members:—E. H. Beresford, J. H. Chaldecott, J. A. Cooke, Eustace C. Friend, Samuel James Gilfillan, J. H. Goodliffe, Herbert Pulford, A. Y. Richardson, Arthur Rotherham, Reginald Oliver Sibley.

A letter was read from Mrs. Casberd-Boteler thanking the President and members of the Association for the resolution of sympathy with her on the death of her father, Dr. J. H. Paul, late Emeritus Treasurer and member of the Association.

The Chairman (Dr. Hayes Newington) announced that the Annual Meeting would be held in London on the 27th and 28th of July next, and he then called upon Dr. Mott to give his demonstration.

Dr. Mott gave a demonstration upon "Changes in the Brain, Muscles, and other Organs, found in Persons having died with Prolonged Epileptiform Convulsions," illustrated by the following cases.

The brain and spinal cord were examined with Nissl's and Weigert's methods.

(1) Boy in whom death (due probably to sunstroke) was preceded by twenty-two fits; temp. 108°.

(2) Left-sided thrombosis of great anastomotic veins of Trolard, followed by the same condition on the right side, with subsequent right-sided fits and then left-sided ones; temp. 107.5°.

(3) Three cases of "status epilepticus" in young patients who previously were healthy physically; death due to asphyxia and cardiac failure; venous engorgement of the organs.

(4) Rupture of the right middle meningeal artery; 400 left-sided fits.

(5) A supposed epileptic patient—death preceded by seven fits (uræmia?); post-mortem signs of chronic nephritis.

(6) Spinal cord of a general paralytic with hæmorrhage from the spinal veins; temp. 109°.

(7) Septicæmia with prolonged pyrexia, in which there was marked anæmia present and hæmorrhages, but the pyramidal cells of the cortex appeared to be normal.

In Cases 1 to 3 inclusive minute hæmorrhages were seen in the brain, venous congestion and stasis; œdema and distension of the perivascular and perineuronal lymph spaces. In some of the cases a continuation could be made out between these latter two spaces. The cells were stained a uniform colour. The normal Nissl's bodies could not be seen either in the cortical cell body or on its protoplasmic processes.

By staining with polychrome blue or methyl blue and safranin the body of the cortical cell could be seen occupied by a fine pink-stained network, on the lines of which there were encrusted blue particles. The chromatic bodies on the protoplasmic processes were absent or else very attenuated, the nucleolus being the only portion of the cell which retained the normal blue stain. The cells of the anterior horns of the cord and their homologues in the medulla were examined in the cases under the headings of "2" and "3," but showed only slight changes.

The causes which may have brought about these changes were considered.

(1) *Pyrexia*.—It was noticed that no marked changes like those seen in the cortical cells could be detected in the spinal cells (cord of "Case 1" was not examined) except in the general paralytic patient, and in this case these changes were possibly due to pyrexia.

(2) *Exhaustion*.—Due to the conversion of energy used in the production of the fits. Against this probable cause it was noted that in "Case 4" there was no appreciable difference in the appearances of the cells of either hemisphere, and also, as already mentioned, in most of the cases no changes were detected in the cells of the anterior horns of the spinal cord.

These facts, therefore, point to local circulatory differences as the chief cause in producing the appearances noticed in the cells of the cortex. Increased amount of venous blood in the closed cranial cavity leads to diminution of the arterial blood; venous congestion results in arterio-capillary anæmia of the brain. From the anatomical arrangement of the veins congestion and exudation, and hence an increased amount of CO₂, would be most marked on the external, and upper portions of the internal, surfaces of the brain. It was suggested that increase of CO₂ or other products in the lymph might be the principal cause of the marked bio-chemical changes observed in the cortical pyramidal cells. In five fatal cases of "status epilepticus," and in a large number of general paralytics who died after prolonged epileptiform convulsions, fatty degeneration was noticed under the microscope of the striped muscles, cardiac muscle, kidneys, and liver.

The CHAIRMAN thanked Dr. Mott on behalf of the meeting for his valuable demonstration.

Dr. ROBERT JONES said that one or two points suggested themselves to him, and one was the relation of the nucleus to the nerve-cell. Is the nucleus extruded because the cell is dead, or is the extrusion of the nucleus the actual cause of the death of the cell itself? Again, whether in these very deeply stained cells there had been an increase of the sensitiveness of the protoplasmic substance? One might take the analogue of Erb's period of degeneration, viz. that with a certain nerve-muscle change you have increased electrical changes. That is to say, one has with a voltaic current a sudden and much more marked reaction when the part is diseased. If this is so one has an explanation more or less of the continuation of epileptic fits, viz. that a stimulus which is not quite sufficient in itself to give rise to a series of convulsions will, when decay has altered the nutritive or the bio-chemical condition of the cell, more easily irritate and be capable of causing a series of fits to continue. Another very interesting point was as to how far we can relieve the condition which apparently is due to a venous congestion. They had, on Dr. Mott's suggestion, bled one or two cases at Claybury, but with only temporary relief. In all probability the bleeding may have been delayed too long.

Dr. MOTT in reply said that the question as to the nucleus was one that he had not yet made up his mind about, but he thought that probably the cell dies, then fluid soaks in and swelling takes place, and the nucleus is extruded. Whether the death of the cell is due to the fluid soaking in and bursting the cell, or whether it is due to the breaking up of the essential substance of the cell, namely, the achromatic fibrillary substance, he did not know. Then with regard to degeneration and excitability, that was a point which he was glad Dr. Jones mentioned, because it was very important, and it was one that he should have alluded to. Some time ago at the Physiological Society, in conjunction with Dr. Hill, he showed an animal that had had all four arteries tied, and it was thought naturally that the brain cortex would be inexcitable. On the contrary, it was very excitable, although the bone did not bleed, and although the brain was quite pale. Yet when they stimulated they could get all the movements as easily as possible, and therefore it seemed probable that the excitability had increased; and that, of course, might be a very important factor in connection with this status epilepticus. Moreover Dr. Waller had shown that the nerve was increased in its excitability by the influence of carbonic acid. In the condition of status epilepticus, where there was both anæmia and excessive carbonic acid, these might be the causes why we had this vicious circle established. He gave that as an explanation, but he felt it presumptuous on his part to say anything about it; yet he hoped that time would

enable him to work more fully at this subject, which he considered a very important one.

In answer to Dr. Briscoe, with regard to bleeding, certainly he thought it was often resorted to by physicians, but very often too late. He had seen a good many cases which might have been saved.

Dr. Jones was kind enough to bleed two patients, but one was in a very bad way when she was bled. With the idea that the disease might be due to some mechanical condition, certainly bleeding did seem likely to give some hope, but he thought that the main thing was to stop the fits early. As soon as it appeared that the patient was going into the status something should be done. Each time the patient had a fit the brain became more excitable, and if it was an auto-intoxication that was taking place, of course the poisonous products were accumulating in the blood, so that finally it was impossible to get rid of them, and a fatal result ensued.

The Chairman then called upon Dr. Lord to read his paper upon "The Care and Treatment of Epileptics" (see page 468).

Members afterwards dined at the Café Royal.

SOUTH-WESTERN DIVISION.

The Spring Meeting of the South-Western Division was held at the Grand Pump Room Hotel, Bath, on Tuesday, April 18th. Dr. Aldridge was unanimously voted to the chair, and those also present were Drs. Benham, Morrison, Morton, Lindsay, McBryan, Bullen, Blachford, Barraclough, Davis, Sproat, Babb, Hungerford, Briscoe, Wade, Johnstone, Craddock, Stewart, Stevens, and MacDonald (hon. sec.). Dr. Paul Bush, of Bristol, and Dr. Gordon were present as visitors.

The following were elected members of the Association:—Charles R. Scott, M.B., C.M.Edin., Assistant Medical Officer, Warneford Asylum, Oxford; Reginald C. J. Stevens, M.B., B.S.Durham, Assistant Medical Officer, Devon County Asylum, Exminster; Arthur L. Flemmings, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Bristol City Asylum; Laurance Dudley Parsons, M.B., Ch.B. Edin., Junior Assistant Medical Officer, Cornwall County Asylum; Francis Dudley, L.R.C.P.I. and L.R.C.S.I., Senior Assistant Medical Officer, Cornwall County Asylum.

On the motion of Dr. Wade, seconded by Dr. Briscoe, Dr. P. W. MacDonald was unanimously re-elected Hon. Secretary.

On the motion of Dr. Morton, seconded by Dr. Morrison, Dr. Noott and Dr. Bullen were elected to fill the vacancies on the Committee of Management.

It was decided to hold the Autumn Meeting on Tuesday, October 17th, at Digby's Asylum, Exeter.

A letter from Dr. Turnbull, hon. secretary to the Scotch Division, was read, asking for the opinion of this division as to the payment of the secretary's expenses in attending meetings; and on the motion of Dr. Benham, seconded by Dr. Briscoe, it was resolved that the members of the South-Western Division approve of the principle, and would recommend that the secretaries be paid from the funds of the Association their out-of-pocket expenses (not hotel bills) in attending annual meetings and meetings of Council.

Dr. F. ST. JOHN BULLEN then read a paper on "Hallucinations of the Olfactory Sense in the Insane" (see p. 513).

Dr. H. BARRACLOUGH followed with a paper on "The Incidence of Alcoholism to Insanity, with special reference to Wiltshire." He had collected 482 cases, this number including cases of ancestral intemperance as well as of individual alcoholism. From these it appeared that "ancestral alcoholism" generally produces alcoholic habits in male descendants, rarely in female. "Ancestral alcoholism" was described as producing three effects in descendants: "ill-balanced brain," insanity, epilepsy (the number suffering from the latter is not absolutely arge). Of 234 male alcoholics 22·2 per cent. had a family history of intemperance. "Ancestral intemperance" ranked next to hereditary insanity in importance as a predisposing cause of insanity. In Wiltshire it was noticed that during the years