

## SOUTH-WESTERN DIVISION.

THE SPRING MEETING of this Division was held at Barnwood House, Gloucester, by the kind invitation of Dr. Soutar, on Friday, April 24th, 1908.

The following members were present: The President, Drs. Bond, Braine-Hartnell, Henley, Lavers, MacBryan, Marnan, Nelis, Soutar, Stilwell, Townsend, and Aveline.

The chair was taken by the President.

The following candidate was elected an ordinary member of the Association:

Henry Felix Fenton, M.B., Ch.B.Edin., Assistant Medical Officer, Worcester County and City Asylum, Powick. Proposed by Drs. Braine-Hartnell, Taylor, and Thomson.

Dr. Aveline was re-elected Hon. Divisional Secretary, and Drs. Goodall and Bullen representative members on the Council.

Drs. Nelis and Morton were elected to fill vacancies on the Committee of Management.

The Autumn Meeting was fixed to be held at Bath on October 30th, 1908, and the Spring Meeting at the Newport Borough Asylum, Caerleon, by kind invitation of Dr. Nelis, on April 30th, 1909.

Dr. Townsend read a paper entitled "Notes on Sedatives and Hypnotics." He stated that he did not class himself with those who entirely discarded the use of sedatives and hypnotics in the treatment of mental disorders, but, on the contrary, he believed that the judicious and carefully considered use of these drugs was essential to the most efficient treatment of many cases. He dwelt upon the frequency of insomnia as an early symptom of mental disease, and he expressed his opinion that many cases of mental trouble might be averted if this sleeplessness was overcome. In fully developed cases of mental disorder coming under care in hospitals and asylums, sleeplessness manifested itself both in deficient amount and in defective quality of sleep, and he considered in detail the various drugs which are used to combat this trouble, and pointed out that the selection of the drug was dependent upon condition and circumstances, which called for particular consideration in every individual case.

Alcohol, paraldehyde, sulphonal, veronal, chloral, the bromides and hyoscine were separately considered, and the practical utility of each was dwelt on with reference to the condition of the patient, and the general conclusion reached was that paraldehyde effectively met the requirements as an hypnotic more fully and in a larger number of mental cases than any of the other drugs discussed. The necessity for using sedative drugs by day to control undue motor and mental restlessness leading to exhaustion was insisted on, and the beneficial effects of this treatment were exemplified by many instances. Dr. Townsend contended that we should not be deterred from the use of these drugs by dread of the opprobrium of chemical restraint, a term which had its origin in the abuse of these drugs. He gave examples of the type of case in which sedatives by day should, in his opinion, be used, and pointed out that after all the number was comparatively small, but he contended that to neglect giving sedatives and hypnotics to these patients would be to fail in efficient treatment.

The PRESIDENT said he was quite sure there could be but one opinion, and that was that they had listened to a most interesting and valuable paper. It was one of those papers which brought home to the members of the Association their daily work, but it had done much more than that. He considered that Dr. Townsend had that afternoon touched upon some of the most difficult problems with which the members as physicians to the mentally afflicted had to deal. Dr. Townsend had told them of those cases in regard to which each and every one of those present must often have said: "What can I do with this patient?" He had told them how he had overcome those difficulties, and he thought his hearers would agree with him when he said that the instances Dr. Townsend had given of the methods adopted certainly showed that in his hands they had proved successful. He was very glad to hear Dr. Townsend say that while he used sulphonal, he did so sparingly. He did not mean to say that sulphonal was not a useful drug, but he did look upon it, at any rate in his own experience, as one of the most

dangerous drugs they had to use. That being so, they could not but strongly condemn the scandalous use which was made of the little pocket bottle with a tiny cork by so many people, not only of the male sex, but, he feared, of the other sex also. Dr. Townsend also touched on the dangers of hyoscine, and he mentioned the dread which was sometimes experienced in regard to its administration. Hyoscine sometimes reduced a patient to a condition absolutely akin to epilepsy, and he did not think it was a very safe remedy to use. He was also very pleased indeed to hear Dr. Townsend say that where there seemed to be a chance of recovery he used sparingly everything in the nature of sedative and hypnotic drugs.

Dr. BOND said that he also had been much interested in listening to Dr. Townsend's valuable paper. The description given of the use of sedatives and hypnotics in Dr. Townsend's hands was, he felt, a very faithful picture of his own experience, and he cordially agreed with most of what the reader of the paper had said. He thought most of them must feel that in paraldehyde they had a very valuable ally. Dr. Townsend deprecated the use of sulphonal, but he thought that much of its dangers—and he agreed they were very great—had been through the difficulty of watching individually the patients who were taking it. He believed that so long as they did that and made certain of two points—firstly, that the bowels were acting freely, and secondly, that the patients were getting sufficient exercise—they need not fear so much the dangers of the drug, the existence of which he freely admitted. He thought that the same principle applied also to the bromides. He quite agreed with what Dr. Townsend said with regard to hyoscine. Along with that drug he did not mention one which he supposed hardly anybody would ordinarily put in the category of sedatives, but which he had given with advantage in certain maniacal states associated with extreme frenzy—he alluded to apomorphine. Given in small doses the sedative effect of apomorphine was very great. A tenth or twentieth of a grain could be given, and provided there was no cardiac weakness he was sure that drug was valuable in certain cases. Dr. Townsend said he was not going to deal with the question of indirect sedatives or hypnotics. As he happened to have had considerable experience of the use of verandahs attached to wards, he would like to emphasise the value of fresh air and sunshine as a hypnotic. He had no doubt at all but that the provisions of such verandahs reduced the call for hypnotic drugs.

Dr. AVELINE also thanked Dr. Townsend for his interesting paper. Although Dr. Townsend said there was nothing new in his contribution, some of his suggestions were very practical and useful. He was of opinion that veronal, from which they had expected so much, had proved a very disappointing drug. He had fallen back upon sulphonal as being more generally useful. One great thing about it was that it did not seem to interfere with digestion, whereas veronal did—at least, that had been his experience. In fact, in some feeding cases where sulphonal had been given he had found that the patients had taken food voluntarily almost directly after getting under its influence.

Reference had been made to injurious effects following the use of sulphonal, but he could not help thinking that they were due to idiosyncrasies such as were found in connection with many other drugs.

Dr. SOUTAR, who was invited by the President to contribute to the discussion, said he did not know that he could usefully add anything to what Dr. Townsend had stated in the course of his paper and the remarks made by the subsequent speakers. He had had the pleasure of working with Dr. Townsend for a good many years in dealing with a great many cases, and his paper was a very faithful epitome of the practice which they had pursued in that period. There were, perhaps, one or two very mild reservations which he might make. Of course, no two men could be absolutely agreed in regard to such an important subject as the administration of hypnotics and sedatives; and he thought they were all more or less biased—and bound to be biased—by the recollection of one or two particular cases in which they had either had almost unexpected success or unexpected failure. He could go back a bit farther than Dr. Townsend—fortunately for the latter—and he remembered the time when chloral was much more freely used than it was now. He could also recollect some extraordinary benefits which were derived from the use of chloral. Therefore he was not quite so positive that chloral was a drug which ought to be eliminated from their use in the treatment of mental disorders.

He remembered a type of case, not so common now as it used to be, which was characterised by what might be described as explosive mania, the patients being very violent and destructive. Very often those patients displayed before the actual explosions occurred certain danger-signals which enabled precautionary measures to be taken in time, and in that type of case chloral acted better than any other drug he knew. With regard to what had been said about hyoscine, before they had that drug hyoscyamine was used, and he had seen some very unsatisfactory results therefrom—nothing fatal, but certain results which made one reflect as to the advisability of continuing its use. Then came the introduction of hyoscine, and since they had used it they had undoubtedly got rid of those paralytic results which had previously obtained. With hyoscine, however, they did undoubtedly get a condition of terror induced in the patient which made it a cruel drug to use. The patient undoubtedly suffered very much from mental torture and dread in the case of the use of hyoscine, apart altogether from any question as to the drug not being pure. He was rather pleased—though sorry from the point of view of the variety which such remarks would have imparted to the discussion—that in the South-Western Division there seemed to be nobody who was prepared to champion the abolition of the use of sedatives and hypnotics in the treatment of mental disorders. How any man could think he was doing full justice to his cases by proceeding upon such a theory as that he must not and ought never to use a hypnotic or sedative to patients suffering as those did who came under the treatment of members of that Association, he must say he really could not understand. Was a patient who was all day long tortured by most acute mental disturbances, dreads, and fears, to be permitted to go through the night in that terrible state without steps being taken by means of a sedative to induce sleep? The very fact that they were able to give rest for six, seven, or eight hours from that misery was in itself an advantage to the patient, who was thus given a chance of improving in condition and steadily proceeding towards recovery. In the use of hypnotics and sedatives, as in that of aperients or anything else, they had to consider each individual patient; they had to decide what was the right thing to do for that patient and then do it. He thought there was rather a tendency in their speciality to get hold of a theory and try to square the facts with that theory, instead of recognising that each case should be considered upon its own merits and dealt with accordingly. As he did not say that every case should be treated in the open air, given exercise, or put to bed, so he did not assert that each patient should be given a sedative or hypnotic, and so on. He wished to emphasise the point that each case should be considered on its own merits, and the applicability of all or either of the available methods of treatment duly taken into account; whether it was a question of giving castor oil, cascara, or anything else, was a matter for individual consideration and decision. With regard to the use of paraldehyde, one way in which it had been of service had been in the treatment of patients who required to be fed forcibly, and who had a tendency to vomit their food. By the use of paraldehyde in such cases they had been able to overcome difficulties hitherto experienced in regard to vomiting. With reference to the use of bromide, Dr. Townsend had mentioned one case. As those present knew, a great many melancholic patients dwelt upon their supposed miseries to such an extent that a certain brain habit became established. The particular case to which Dr. Townsend referred was that of a lady who had given continued expression to her mental misery. As time went on she increased in weight, and, physically, was looking much better. It was noticed that her expression of mental pain was entirely voluntary; the involuntary expression, which was characteristic of the earlier stages of the illness, was no longer observed, and they came to the conclusion that a brain habit had been established. Of course they usually sought to remove those brain habits by diverting the patient's attention, by endeavouring at a certain point to get the patients to take an interest in something else, such as a garden, etc. In the case to which Dr. Townsend referred they could do nothing of the kind. It was found necessary to completely "bowl over" the patient by means of large doses of bromide; and when the influence of the bromide was removed it was found that the brain habit had been interrupted, and from that time the patient steadily improved. As to the value of fresh air, sunshine, and exercise, he believed the reason why all who were accustomed to asylum work had for giving so few hypnotics was that they recognised the value of such drugs as an ultimate resort when the other methods

had failed. But that they should resort to them when necessary for a patient he had not the slightest hesitation in saying.

Dr. NORMAN LAVERS added his congratulations and thanks to Dr. Townsend for his very valuable paper. He remarked that in the use of paraldehyde he thought there was sometimes a tendency to gastric catarrh. He had noticed the symptom, and while it had been attributed to other causes he was forced to the conclusion that paraldehyde was the cause of it. The gastric catarrh certainly got better when the paraldehyde was stopped. In the acute excitement of general paralysis, he thought unless they gave a sufficiently large dose of paraldehyde at once a smaller and inefficient dose was likely to increase the excitement. With regard to hyoscine, he had had a run of rather trying experiences with that drug. Two or three cases showed alarming attacks of heart failure, and afterwards he always gave hyoscine in combination with digitalin. He found the combination was rather better; in fact, he had had no more of those alarming symptoms for some time. Sulphonal he had given up practically because, contrary to the experience which had been mentioned that afternoon, he thought it had a considerable effect on the gastric secretion and was rather apt to cause distaste for food—to increase the difficulty of getting a patient to take his or her food. However, he might have been unfortunate in that respect. One other point: he thought, perhaps, that opium was not altogether to be condemned; he thought there were cases, especially those of restless melancholia, in which it could be given with some amount of success.

Dr. TOWNSEND, in replying on the discussion, said he was very much obliged to those who had taken part in it for the kind manner in which they had received his paper. His remarks were simply intended to represent their own work at Barnwood House with regard to the actual use of drugs. Of course, as Dr. Soutar had said, they only fell back upon drugs when other things failed, and among those other things he was perfectly certain that the most powerful hypnotics of all were sunshine and fresh air. From the structural point of view, it was impossible for them to make arrangements for all patients to have that amount of open air that they could have in places where there were verandahs specially built for the purpose; but, nevertheless, they made every effort there to get patients out in the open air as much as possible. He felt very sure that, although it might be impossible or impolitic for them to treat all cases alike, where they could keep their patients in the open air they would get excellent results and the less need would they have to fly to hypnotics and sedatives in the form of drugs.

The proceedings then terminated with a vote of thanks to Dr. Soutar for his kind hospitality.

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#### NORTHERN AND MIDLAND DIVISION.

The SPRING MEETING of the Northern and Midland Division of the Medico-Psychological Association was held by the kind invitation of Dr. Adair at the West Riding County Asylum, Storthes Hall, Kirkburton, near Huddersfield, on Thursday, April 30th, 1908, at 2.30 p.m.

The President of the Association (Dr. MacDonald) took the chair.

There were present the following members: Drs. Adair, Archdale, Cross, East, Evan, Exley, Geddes, Groves, Herbert, Kay, Colin McDowall, Mackenzie, Macphail, May, Middlemass, Pierce, Mould, Stewart, Vincent; also two visitors, Dr. Kelly and Dr. Austin Priestman.

The minutes of the last meeting were read and confirmed.

On a ballot being taken, Henry Roscoe, M.R.C.S., etc., Assistant Medical Officer, Cheddleton Asylum, was unanimously elected an ordinary member of the Association.

Dr. Bedford Pierce having expressed his wish to resign the position of Secretary to the Division, Dr. Macphail proposed, and Dr. Ewan seconded the proposal, that Dr. Adair should be appointed Secretary. This was carried unanimously.

In considering the appointment of representative members of the Council, the PRESIDENT pointed out that the rules of the Association in respect to voting papers did not appear to have been observed. He said the existing members not having served three years might be re-appointed, and on the motion of Dr.