

## Correspondence.

### THE RATIONAL TREATMENT OF INCIPIENT INSANITY.

SIR,—It is remarkable that nowhere, either in the full debate at the Medico-Legal Society or in Dr. Armstrong-Jones's paper which initiated that debate, is there any mention of the fact that a very full measure of freedom in the treatment of incipient insanity was drafted and actually accepted some years ago by the then Lord Chancellor, Lord Halsbury. The Medico-Psychological Association for years worked at this idea, and later, on its joining the British Medical Association for this and other similar purposes, active steps were taken by a joint committee of the two bodies. A strong deputation was received graciously, and, as said, a draft clause was accepted, to the surprise of many, who feared that the jealousy for the liberty of the subject would be too much for it. I can at the moment only speak from memory; but I feel sure that all that was required was notification to the Commissioners, *plus* some mild statement. There was to be no official "order," and the length of time for the treatment was to be six months, with, I think, some provision for renewal under certain circumstances. Whatever the actual provisions may have been, there can be no doubt as to the acceptance of the principle by the head of the Legislature. In fact, unless my memory fails me, the clause appeared in a short official Lunacy Bill which was crowded out by other legislation. I know that ever since then the principle has been noted by the Medico-Psychological Association for pressing in any lunacy legislation that may occur, and I may say the same of the point made by Dr. Hubert Bond as to the admission of voluntary patients into county or borough asylums. Hardly a year passes without some asylum report containing a note as to an unfortunate person, wishing to place himself where he and others will be safe from his own acts, being refused admission for want of formal papers.—I am, etc.,

Titchhurst, Jan. 24th.

H. H. NEWINGTON.

### AUTOINTOXICATION AND SUBINFECTION.

SIR,—As a great admirer of the work, and believer in the teaching, of Professor Adami on the important part played by a chronic low infection by the intestinal bacteria in inducing chronic disease, I would like to refer briefly to his instructive address published in your issue of January 24th.

On his own showing, the position of affairs would appear to be as follows: Fourteen years ago Professor Adami came to the conclusion that a chronic low infection of the system as a result of abnormal activity of intestinal bacteria was "the cause of many grave conditions—in fact, of so many and so diverse that, as I say, I feared to continue further, lest, if I were not obsessed, the world, nevertheless, would so regard me." In the meantime, as he tells us, although increasing knowledge has confirmed him in the probable accuracy of his teaching, he has directed little further attention to it. It may interest Professor Adami to know that the important paper which he then published on subinfection made at least one disciple. For many years, when opportunity offered, I have drawn the attention of my students to the probable importance of this subinfection, associating this view with Professor Adami's work.

I would like, however, to point out that, in my opinion, Professor Adami's teaching, far from being in any important degree antagonistic to that of Sir Arbuthnot Lane, really supports it.

Professor Adami's position with regard to Lane's teaching appears to savour of hair-splitting. Lane believes that many pathological conditions are induced as a result of intestinal stasis; Adami holds that many of the conditions referred to by Lane are a result of a low form of infection by the intestinal bacteria. Surely both views may be correct. I take it that intestinal stasis necessarily implies a pathological activity of intestinal bacteria. If any practitioner has doubt on this point, let him make a systematic study of the stools in these cases.

Professor Adami quotes with approval Hale White in the statement "that it casts a grave reflection on the medical attendant if a patient be permitted to reach this stage."

I quite agree with this opinion; it is a fact, however, that we physicians see many of these cases at a stage at which we can confer little or no benefit upon them. In the course of the past year I have had several cases of severe intestinal stasis sent to me who previously had been under prolonged medical treatment, without benefit, and a further course of treatment in my own hands, including all the measures referred to by Professor Adami, failed to give the patient any marked relief. The history of these cases, with a complete series of *x*-ray photographs of bismuth meals, was given only a few days ago at the Edinburgh Medico-Chirurgical Society. Our apparent helplessness in these cases led me some time ago to study at first hand Sir Arbuthnot Lane's work, and through his courtesy I had full opportunity of observing for myself his hospital cases, and of studying his ward records. I was much impressed with what I saw and learned, and the results of my investigation satisfied me that we are justified in a particular group of cases, selected only after the fullest investigation, in advising the operative treatment recommended by him. To the physician the special value of Lane's teaching lies in the fact that the attention he has directed to the subject holds out the prospect of the condition being recognized in its early stages, at a time when amenable to simple medical treatment.

The very instructive address which Professor Adami gave fourteen years ago on subinfection to my mind marked an important advance in our conception of pathological processes; similarly I believe that Lane's teaching will prove an important landmark in our knowledge of the diagnosis and treatment of medical affections.—I am, etc.,

Edinburgh, Jan. 25th.

CHALMERS WATSON, M.D.

SIR,—Professor Adami's criticism of Sir Arbuthnot Lane's views on coprostitis are well timed; he allows, as every observer will, that certain minor derangements are brought about by absorption from the bowel (as of indol, skatol, and other aromatic substances), but refuses to attach the same extraordinary importance to this factor that some do.

As a destructive critic Professor Adami is excellent; the bias of the laboratory worker, however, shows itself in his constructive suggestions. He tells us that most of "Lane's symptoms" are due, not to "intoxication," but to "subinfection" by the products of bacterial lysis, the bacteria having got into the system at various parts of the alimentary tract, and having been carried by the leucocytes into all the tissues of the body, there to be broken up. Doubtless various so-called rheumatic pains may be produced by such toxins; one would be wrong, however, in attaching more importance to them than to the aromatic substances which are absorbed directly from the bowel. The really important and practical point is that both sorts of poisoning are secondary conditions—the product of vicious circles. Chronic constipation is nothing more or less than a bad habit—much the same, for example, as chronic alcoholism. The people who become chronically constipated are people who have allowed themselves to become slack in other ways; many of them are lazy, self-indulgent, unsystematic; some are disheartened; they are people who do not take themselves properly in hand; they drift into all sorts of bad habits. Not a few belong to the "idle rich" class, who have no aim in life but to have a "good time"; they over-eat, over-drink, over-sleep, and otherwise over-indulge themselves; consequently they become more and more flabby, physically as well as morally; their involuntary muscles and supporting tissues sag, they get ptosis of various viscera, their peristalsis becomes irregular, their bowels strike work. If "psycho-analysis" cannot discern this elementary fact, then it is time it retired from the field and gave an innings to common sense. Lacking self-reliance, such people crave for sympathy—for some one who will look after them. Hence largely the excellent temporary results of the impressive bedside manner, of the latest and most imposing operation. That these people can survive, and even flourish under some of the eviscerating procedures to which they are subjected is a stupendous testimony to the compensatory powers of the human organism. The proper treatment for such folk is an education in right living; they need to be wakened up and given some work into which they can