

ERRATUM.

To the Editor of the JOURNAL OF MENTAL SCIENCE.

DEAR SIR,—In the obituary notice of the late Dr. Urquhart it should have been stated that he succeeded Dr. William Lauder Lindsay in 1879 instead of, as recorded, Dr. Murray Lindsay (a brother who was Superintendent of the Derby Asylum) in 1880.

I am,

Yours truly,

GEORGE M. ROBERTSON.

TIPPERLINN HOUSE,
MORNINGSIDE PLACE, EDINBURGH;
January 12th, 1918.

OBITUARY.

JULIUS MICKLE, M.D.(Toronto), F.R.C.P.(Lond.)

To most of the present members of the Association it is only his name and his connection with a standard book on *General Paralysis of the Insane* that remains; but with him has passed away one of the senior members of the Medico-Psychological Association. He was elected in 1871, and thus for forty-seven years has been a member. He was Assistant-Physician, for short periods, to the Derby and County Asylums, but his life's work was done at Grove Hall, Bow. This was really a private asylum, belonging to Mr. Byas, that was taken over by the East India Company for the soldiers and other employees of the Company, and the experience of Dr. Mickle, therefore, was chiefly with old soldiers who had served abroad. As a result of this experience he was specially interested in brain disease due to syphilis, and to tropical conditions such as sunstroke and arterial degeneration.

But before entering on a discussion of his work and his professional position, one must look at him as a man. He was tall, soldierly in aspect, with a long black beard. He was very formally courteous in manner, but distant, and not given to any wide social life. His surroundings at Bow, in the East End of London, to a great extent cut him off from general society, and he was a self-contained man. His work and his duty tied him to the East End. He, however, when called upon to preside at meetings, or even at public dinners, proved a capable and genial host.

A most painstaking observer and recorder, one might say that he was rather a fact-heaper than a philosopher. His power of extracting the observations and records of work of others was most praiseworthy. His published works were encyclopædic; anything that anyone had ever recorded on the subject he was interested in was plainly set out by him. One result of this was that we had all the facts, but one was left in doubt as to their bearings and as to the recorder's own opinion as to their relative values. This voluminous collecting of facts and recording is well referred to by the late Sir John Bucknill in *Brain*. As I have said, dignified and reserved, but with good power of control, he managed a rather difficult body of old soldiers with ability and success. Yet he passed what one would have thought was a rather unsatisfied life. He was unmarried, and, as far as I know, had no special hobbies, and was not given to sport of any kind. He was a general reader. He continued at Bow until the institution was closed ten years ago, and then, for some years, he lived at Bayswater. But later his general health failed and he returned to Canada.

Next as to his professional position. He was an M.D. of Toronto, and after being a student at St. Thomas's Hospital, London, he took the M.R.C.S. and L.S.A., and in 1879 he became M.R.C.P. London, and in 1887 was elected as a Fellow of the College. He was an active member of the British Medical Association; he was Secretary to the Section of Psychology at the meeting in Liverpool in 1883, Vice-President at Glasgow in 1888, and President at the annual meeting in London in 1895, and again in Toronto in 1906, when he received the honorary degree of LL.D. He was President of the Medico-Psychological Association in 1896, and was also President, later, of the Neurological Society. At each of these he gave an important introductory address. He delivered the Gulstonian Lectures

at the Royal College of Physicians in 1888. From these facts it will be seen that his work and position were well recognised by the profession.

And now to proceed to speak more in detail as to his life's work. His name will always be associated with his book on *General Paralysis*, which passed through two editions, the second being a much larger and more complete study of the subject than the first. It certainly was the most complete collection of all facts recorded by English and foreign observers up to 1886. In a way, it is bewildering from its completeness as to the opinions and observations of others. His own observations and methods of study are fully given, and are invaluable as a kind of dictionary of general paralysis of the insane. But one is left in doubt, on many points, as to the conclusions which he himself had arrived at. In this book he nowhere states that he has made up his mind as to the relationship existing between syphilis and general paralysis, although, as I shall point out later, he recognised that there was very strong evidence that it was chiefly associated with a history of earlier syphilis in the patient. He gave, among the causes of general paralysis, various pathological changes which he had met with *post-mortem*. Thus, the presence of gummata and gummatous changes in the membranes of the brain, the arterial degeneration also met with in these cases. But the discovery of the spirochæte had not been made, and so the real pathology of the disease was still not understood by him. The description of the various symptoms is excellent, and one recognises them as the work of a careful and accurate observer. He was always proud of being the first physician to associate the cortical changes in the brain met with in general paralysis as evidences of localisation of function. He very carefully recorded the localities of the cortex of the brain to which there were adhesions of the membranes, and associated them with the clinical symptoms observed. Later, I shall refer to the use he made of these observations in a classification. He differs from most recent writers, however, in his classifications, and I fear that at present we are not in a position to make a natural system or order of classification of general paralysis. I may take one or two individual instances of what I may call his meticulous care in reporting the opinions of others while leaving one in doubt as to his judgment and his experience. Under the head of the ophthalmoscope, he accepts the fact that with ataxic symptoms there may be atrophy of the disc. He says that the reports of the ophthalmoscopic observations in general paralysis seem to have been extremely confusing, and he gives several pages bearing out these opinions. He even quotes fully the observations of Sir Clifford Allbutt that have since been hardly confirmed, as to the relationship between general paralysis and changes in the optic discs. This one section in reference to the eye conditions met with in general paralysis is a very good example of the infinite care which he took in recording symptoms.

A very interesting chapter is on the pathology of the varieties which he noticed, and he is particularly careful in guarding against the consideration of the classification as being anything more than a classification of varieties. He gives five different groups, and, briefly, one may refer to these from the pathological side. I may say that with each group, besides the pathological findings, he gives also the associated clinical symptoms.

The first group shows cerebral hyperæmia and softening, usually generalised, but particularly affecting the cortical substance of the superior external, and, to a less extent, the internal, fronto-parietal regions. The second group, atrophy of the brain, much intracranial serum, ventricles dilated and much granulated, gyri of the brain wasted, especially on the upper surface and at the frontal region, the corresponding grey cortex being either softened or, occasionally, of about normal consistence; watery and sodden, and at times a fair colour, even mottled. Third group: The left cerebral hemisphere is much more diseased than the right, and is atrophied, usually atrophy of the grey cortex. Fourth group: Lesions which are more marked on the right side than on the left cerebral hemisphere. The general description of the changes in the left hemisphere in the last group is transferred to the right. Fifth group: There is local, reddish, occasionally pale, induration of the cerebral cortex, sometimes of wide distribution in its lesser degrees, more marked in the frontal lobes or their anterior portions, and affecting either one hemisphere or both. The indurated part is usually atrophied: the non-indurated is of ordinary colour, or pale.

Each symptom of each variety of general paralysis is given in careful detail.

As to the causation, I have already referred to the fact that he looked upon syphilis as a chief cause, not as the only one, and he gives dozens of contributing causes, and he seems to consider alcohol as almost as important a cause as syphilis. He was also in advance of his time in recognising that the early symptoms of general paralysis may be functional, purely functional—that, in fact, they may be hysterical or neurasthenic. And he gives good examples of how easily one may be mistaken in relationship as to whether symptoms are due to functional or to organic disorder. His contributions on brain syphilis, apart from general paralysis, are very numerous, most of them appearing in *Brain*. In these he recognises the mental symptoms associated with the various diseases of the different parts of the brain, recognising the arterial degeneration, the thickening and inflammation of the membranes, and the special inflammatory changes taking place in the cortex. He gives many examples of the coarse gummatous changes which may be met with in association with mental disorder and syphilis.

Besides his work in relationship with syphilis and general paralysis, he paid a very great deal of attention to heart affections, or, perhaps one had better say, the relationship of mental disorder to disorders of circulation. Under this head one might place his Gulstonian Lectures, and one would refer to the synopsis of these lectures and the opinions which he formed that are given in Tuke's *Dictionary of Psychological Medicine* under "Mental Symptoms with various forms of Heart Disease," vol. i, p. 178. I must say that here again we have a most painstaking collection of mental symptoms associated also with certain pathological changes, but they are not by any means convincing as to the relationship between the two. Besides the Gulstonian Lectures, he wrote on a possible relationship between aneurysm and mental disorder, his experience of aneurysms being, as might have been expected, rather common in the case of the soldiers from the Tropics. He points out that in association with aortic aneurysm you might have insanity, or mental disorder of one kind or another, which may depend upon morbid impressions from the mere size of the tumour; secondly, from alterations produced by the tumour on the circulation; third, the effect of the compression of this tumour on other organs. He found general hallucinations were common, also delusions of annoyance and ideas of persecution, and it is not surprising that there was a good deal of emotional disorder with hypochondriacal and melancholic symptoms.

Besides these subjects, he wrote also on katatonia, and he fully recognised the relationships of katatonia to mental stupor, and his description is quite up to our present knowledge.

Next I would refer to one of his largest contributions, and that was "Atypical Brains and their Relationship to Mental Disorders." Here again, I think, one sees one of the marked weaknesses of Mickle. He observed and recorded in the most elaborate way variations in the convolutions which he met with *post-mortem*, and he seems to associate them, very distinctly, with a theory of evolution. For instance, one may put it in this way: that a slightly atypical brain might represent a more primitive state of mankind; that such a brain was typically primitive. Another group of atypical brains represents accidental but defective development—arrest, one may say, of development both physical and mental. Then he refers also to what might be called reversion, so that some atypical brains rather resemble the convolutional arrangement met with in lower animals. This latter classification or idea is so like the one which was propounded by Prof. Benedikt, of Vienna, when he exhibited the brains of murderers from Austria, and pointed out how certain convolutions resembled those that were to be met with in carnivora, that one looks upon both his theory and that of Dr. Mickle with some surprise and amusement.

Dr. Mickle not only was a careful observer of pathological processes, he also was a careful student of treatments. He had very strong views that digitalis was about the best remedy that could be given in many cases of mania and mental excitement. He wrote upon this subject, and he also wrote upon antifebrin in cases of pyrexia.

In dealing with Dr. Mickle, one finds it absolutely impossible to cover all the ground concerning the work which he did. But, to sum up. For progress in science it is necessary to have, first, careful observation of facts; next, to have a complete and accurate record of such facts and their truth established; last, and highest, an arranging and philosophising on these facts, passing thus from positive

knowledge into the possible, from the definite to the indefinite, which, later, is to become more definite and a stage for further advance. Mickle was a careful observer and a most indefatigable collector and recorder, but his collection of facts was so general as to be rather a heap than an arranged group. He toiled, but he hardly constructed. And now he has left very many valuable collections, from which others may select. Born in a colony, living his life in the Mother-country, when failing in general and mental health he returned to die in his home colony.

Bibliography.

Journal of Mental Science.—Vol. XVIII, "Temperature in G.P." XIX, "Digitalis in Mania." XX, "Case of Ataxic Aphasia." XXI, "Case of G.P., with Autopsy." XXIII, "Unilateral Sweating in G.P.;" "Syphilis and G.P." XXIV, "Varieties of G.P." XXV, "Syphilis and Mental Alienation." XXVI, "G.P." XXVIII, "Cerebro-Spinal Localisation"; "G.P. from Cranial Injury"; "Hallucinations in G.P.;" "Knee-jerk in G.P." XIX, "Tubercular Meningitis in Insane Adult"; "Unilateral Sweating"; "Visceral Syphilitic Lesions in Insane free from Cerebral Syphilis." XXX, "Pathological Specimens of Heart and Brains"; "Rectal Feeding and Medication"; "Brain Disease of Traumatic Origin"; "Spinal Sclerosis following Brain Lesion"; "Cerebral Localisation"; XXXII, "G.P. Digest"; "Abnormal Forms of Breathing." XXXIV, "Antifebrin in Pyrexia"; "Insanity in Relation to Heart and Lung Disease."

Brain.—Vol. III, "Review on G.P." V, "Blindness and Cerebral Atrophy." X, "Syphilis and G.P." XII, "Aortic Aneurysm and Insanity"; "Katatonia." XIV, "Katatonia, with Autopsy." XV, "Traumatic Factor in Mental Disease." XVII, "G.P. Digest." XVIII, "Syphilis of the Nervous System." XXI, "Nervous Syphilis, Digest."

Hack Tuke's Dictionary of Psychological Medicine.—"Sunstroke and General Paralysis." "Temperature in General Paralysis," "Association of Mental and Cardiac Disease," "Pupillary Signs in G.P.I.," "Antifebrin," "Digitalis in Insanity," "Spinal Durhæmatomata in G.P.," "G.P. following Rheumatic Affections," "Diagnosis of Post-febrile Paralysis," "Treatment of Acute Mania," "Traumatic Factor in Mental Disease."

G. H. S.

WILLIAM GRAHAM.

DEATH, in these latter days, brings few surprises. It is with numbed emotions that we accept the daily sacrifice of our best; yet, even thus environed, the swift passing of William Graham seemed unbelievable. No personality was less suggestive of mortality; no man went his way less conscious of the suspended sword. Independent, fearless, and untiring, he planned and worked without thought of untoward interruption; and as he lay on his death-bed he was meditating, and writing of, large schemes of travel and research, to be undertaken when his practical work for the insane should be ended.

William Graham was born at Dundrod, in the Co. Antrim, on November 25th, 1859. He was educated in the Queen's College, Belfast; obtained the M.D. degree of the old Royal University of Ireland in 1882, and became L.R.C.S. of Edinburgh in the following year. Specialised study in London and on the Continent resulted in his appointment in April, 1884, as Assistant Medical Officer at the Belfast District Asylum. In the December of 1886 he was appointed Resident Medical Superintendent of the Armagh District Asylum, being then probably the youngest superintendent in the United Kingdom. The latter appointment owed nothing to influence in high places. William Graham was selected on his observed merits to fill a troublesome post; a choice which he more than justified.

The Armagh Asylum, under Dr. Graham, inaugurated in Ireland a high standard of internal equipment, and when his ten years' service there ended the inspectors devoted more than two pages of their annual report to an enumeration of the substantial and permanent improvements effected under his rule—a tribute as well-deserved as it was exceptional.

In the autumn of 1897 he received further promotion, returning to the Belfast Asylum as Superintendent, and there found ample scope for his large activities. The Belfast Asylum was built in the year 1829 for 104 patients, and was subsequently