

The **PRESIDENT**, in reply, said that the discussion on the Address had been so prolific that he could not but feel thoroughly satisfied in having thrown his net as widely as he had done to catch subjects which had excited interest. As regards "treatment," he would only say that he thought Dr. Bucknill misunderstood him to a certain extent. His observations on that head might be summed up by saying that he considered it necessary to be a good physician to be a successful alienist. He spoke of the use of narcotics as a means of restraint as one of the things of the past; but he left it quite an open question whether the brain could not be satisfactorily influenced by narcotics, as some in the profession held that it could be, although he, for one, had not been successful with them. He did not say narcotics were not of use, or might not be of use, but at present his own reliance as to treatment was on bodily health and external applications to the head, which he had found very successful in certain cases of stupor, and even in some cases of hallucination in which there was reason to suspect a localized lesion of the brain. With regard to the treatment of dipsomania, he could say only that he had been much more successful in the cases he had treated by training the patient in habits of self-control than in those cases in which he had tried to get the patient to abstain altogether. He could quote one case of a man whose grandfather and father were dipsomaniacs. The patient himself became insane from drink at the age of 49. He was under restraint for some years, and recovered. After leaving the asylum he lived for ten years, not as a total abstainer, but as a moderate user of alcohol at his meals. With respect to the general question of dietary, he was pleased to find that his remarks were approved of. He trusted that Dr. Campbell's suggestion as to a forthcoming paper on "boarding-out" would bear fruit.

A paper by Dr. Newth, "On the Value of Electricity in the Treatment of Insanity," was taken as read.

A vote of thanks was unanimously accorded to the Royal College of Physicians for the use of the room, and the proceedings then terminated.

The members of the Association afterwards dined together at "The Ship," at Greenwich.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION AT
BELFAST, JULY 29TH TO AUG. 1ST, 1884.

SECTION II.—PSYCHOLOGY.

OFFICERS :—

PRESIDENT	DR. SAVAGE, Bethlem Royal Hospital, London.
VICE-PRESIDENTS	}	...	DR. HACK TUKE, London,
		...	DR. ASHE, Dundrum.
SECRETARIES	}	...	DR. MERRICK, Belfast.
		...	DR. REES PHILIPPS, St. Ann's Heath, Chertsey.

There was a fair attendance of members, nearly 50 taking part in the meetings.

PROCEEDINGS :—

30th July.—The **PRESIDENT** delivered an able Address on "The Pathology of Insanity."*

The discussion was opened by Dr. DEAS, who remarked with what pleasure he had listened to Dr. Savage's able and suggestive Address, and said it was particularly interesting to find that he had taken up the subject of the relations

* Published in *extenso* in the "Brit. Med. Journ." Aug. 2nd, 1884, p. 230.

between bodily and nervous diseases in a way which might be considered cognate, or complementary, to those so ably brought forward by Dr. Ord in his Address on medicine. The latter had discussed the causation of certain bodily diseases through the influence of the nervous system; while Dr. Savage had shown how profoundly the nervous system and mental conditions may be modified by the existence of certain bodily states or disorders. He pointed out, in reference to an etiological classification of insanity, that though it was, as Dr. Savage said, imperfect, still it was very important to view insanity clinically in connection with co-existing bodily diseases. He alluded also to the interest of those cases in which the occurrence of acute bodily disease appears to modify profoundly the mental symptoms, even in long-standing cases of chronic insanity.

Dr. STEWART remarked—We cannot, as practical physicians, be too careful in our sanction of the use of medical terms. The term "insanity" does not commit us to a theory, and, therefore, is not objectionable if used in its broadest sense—that of non-sanity. But we find most people applying it in a restricted sense, implying that they believe there exists a pathological lesion of a portion of the brain. There may be no pathological change of cerebral tissue, and yet there may be mental disorder—not such as one could associate even in theory with any alteration of the kind. Functional disorder, as the President has wisely emphasised, is a recognizable abnormal condition, and ought to be studied by us as practical physicians.

Dr. TUKE mentioned two cases of suicide, followed by complete blank in one case and partial blank in the other. He referred to the distinction between functional and structural disease, and was glad that Dr. Savage had brought this out so prominently. It seemed to him most important to recognize that mere change of position of the minute constituents of the brain is sufficient to cause insanity without any pathological change being discoverable after death, or, indeed, being present at all. Then there were cases of what he might call physiological insanity, in which there is a constitutional disproportion of portions of the brain, so that without there being a change of character due to disease, there might be an abnormal state in which the individual was not responsible for his actions. He referred also to the cure of insanity by an appeal to reason, and mentioned the case of a woman who after being silent for years, and regarded as incurable, suddenly recovered on considering the improbability of her delusion, which was that she had been all this time in hell.

Dr. CONOLLY NORMAN remarked—It is a little point, but it must be said that the absence of good cases in asylum case-books is very often due, not to want of intelligent interest on the part of medical officers, but really to want of time. In general hospitals the staff of physicians, assistant physicians, house physicians, and clinical clerks—all more or less skilled observers—form quite a large percentage in proportion to the patients, but in Ireland it often happens that one man alone has to do all the medical, administrative, and social duties belonging to the management of a large asylum. In England, of course, things are better, and in America, as one is glad to notice from the reports, better still; but even in the best-manned asylum, the staff is insufficient to give to every case that minute scientific care that is so desirable for the extension of our knowledge by minute observation.

Dr. WOODS—The great difficulty, rendering it almost impossible to keep a case-book of any value in the Irish asylums, is due to the very imperfect entry obtained with the patients; the certificates are meagerly and inaccurately filled, and no one comes to the asylum with the patients save the police, who are total strangers. The second cause is the want of sufficient medical staff. I believe it is absolutely necessary that an assistant should be appointed to every asylum, and a representation on this subject, either from the Psychological or British Medical Association, might do much good.

Dr. ISAAC ASHE said he thought that Dr. Savage's remarks on monotony as a factor in the production of insanity were of much importance. He had lately

had a case that pointed to the view that this monotony might be that of physical exertion on mechanical occupation as well as mental monotony. It was that of a carpenter who had seemed to make a very good recovery until he was caused to resume his usual occupation in the asylum, when immediately there was another outburst of insanity of a severe and prolonged character. As regards extravagance of expenditure, he almost thought that in acute mania it might be regarded as the whole thing, and that excessive change in the cerebral nerve-cells might be due rather to change in the composition of the blood circulating, or in the rate of its circulation through the organ, rather than to original change of a nervous character. He thought that in general paralysis there was ground for believing that the cerebral changes were an expansion in that one direction of changes affecting the whole system, and characterized by the removal of the basic salts, the calcic salts being abstracted from the osseous system, the potassic from the muscular, and the sodic from the nervous, the result being fatty degeneration in each case, the sclerotic degeneration of the cord found after death being possibly of secondary character.

Later, on July 30th, papers were read by Dr. Norman Kerr, "On Inebriety, a Disease Allied to Insanity," and by Dr. D. Hack Tuke, "On Alcoholic Beverages in British Asylums."

The papers on Thursday, July 31st, were: "The Care of Suicidal Patients," by Dr. Yellowlees; "Insanity Complicated with Asthma," by Mr. Conolly Norman.

On Friday, August 1st: "On Moral Insanity," by Dr. D. Hack Tuke; "Suggestions on the Treatment of Epileptic Dementia," by Dr. Harkin.

Dr. S. Rees Philipps has been so kind as to supply notes of the discussions on the above papers, but it seems useless to publish them until the papers themselves have appeared.

At the conclusion of the business of the Section, a very hearty and unanimous vote of thanks to Dr. Savage for his valuable services as President of the Section was proposed by Dr. YELLOWLEES, seconded by Dr. AGAR, and carried by acclamation.

ANNIVERSARY MEETING OF "AFTER-CARE" ASSOCIATION, 1884.

The "After-Care" Association—whose meetings have been frequently recorded by the "Journal of Mental Science"—held its anniversary on 3rd July for 1884, at 83, Lancaster Gate, by kind permission of Lord and Lady Brabazon. The Earl of Shaftesbury, President of the Association, occupied the chair, for the fourth year in succession.

The minutes of the last meeting, and a review of the Society's history during the five years of its existence, were read by the Rev. H. Hawkins, Hon. Sec.

Dr. T. C. Shaw (the Hon. Treasurer) having made a statement about the funds in hand, moved the following resolution:—"It is desirable to establish a Home for the temporary reception of females who have left the county asylums cured. Such Home to be under the charge of a resident matron, and subject to the control of a Committee of 12 ladies, appointed by the General Committee, and to include the Hon. Sec. and Treasurer."

Seconded by Reverend J. W. Horsley.

This resolution was, however, withdrawn, and a proposition by Dr. D. Hack Tuke, seconded by Dr. James Adam, adopted—"To refer the matter of a Home for the Committee to report upon at a general meeting called for the purpose." This meeting, it was agreed, should be held on the first Thursday in November.

Among other speakers were Dr. Bucknill—whose judgment was not in favour of a special Home—Rev. F. H. A. Hawkins, and Mrs. Ellis Cameron, Hon.