Irish Branch; we must not forget, however, that the whole subject was brought before the annual meeting at Cork, and that it was owing to an oversight that the resolution was not then proposed.

The Honorary Secretaryship.

The Chairman.—We are all very sorry to hear that Dr. Finegan has decided to resign the secretaryship of our division. He asked me to bring the matter before the meeting in London the other day. I brought it before the Council, and the Council passed a resolution that any name sent forward by to-day's meeting would be put forward for the secretaryship of the Branch.

It was unanimously decided to nominate Dr. Dawson for the position of Honorary Secretary.

Nomination for Election to the Council.

On the motion of Dr. Conolly Norman, seconded by Dr. Drapes, it was unanimously decided to nominate Dr. Finegan.

Examinership for the Medical Certificate of the Association.

On the motion of Dr. Mills, seconded by Dr. Dawson, it was unanimously resolved to nominate Dr. Nolan.

Dr. Richard Leeper read a paper entitled "Observations on the Neuroglia Cell and its Processes." He showed a series of microscopic preparations of neuroglia fibres from the brain of an epileptic.

Dr. Rambaut read a paper entitled "Case-taking in Large Asylums." This paper will appear in the January number of the Journal.

Dr. Dawson read a paper entitled "Note on a New Case-book Form." This will appear in the January number of the Journal.

Dr. Conolly Norman read a paper on "Obsessions." This will appear in an early number of the Journal.

BRITISH MEDICAL ASSOCIATION.

Annual Meeting, Manchester, 1902.

Section of Psychology.

President: George Wm. Mould, M.R.C.S. Vice-Presidents: Judson Sykes Bury, M.D.; Thomas Steele Sheldon, M.B. Honorary Secretaries: John Sutcliffe, M.R.C.S.; Ernest Septimus Reynolds, M.D.

The section was well attended, and the subjects discussed were of exceptional interest.

President's Address.

Mr. Mould, in his presidential address, referred to the recent advances in the accommodation provided for the insane, and mentioned especially the system of having detached blocks or villas. He said that this plan had been adopted at Cheadle since 1862, and that it was now in extensive use in Europe and America, and had the support of the most advanced and enlightened psychiatric physicians. He contrasted the present-day treatment of the insane with that in vogue forty years ago, and he mentioned some of the heroic measures which were formerly adopted, and which with the advance of knowledge had disappeared. He referred to the meeting that had been held in Manchester twenty-five years ago, and he paid a high tribute to the memories of some of the distinguished alienists who were then present.

The Care and Treatment of Persons of the Poorer Classes in the Early Stages of Unsoundness of Mind.

Sir John Sibbald, in opening a discussion on this subject, said that the present position of the matter might be summed up in two propositions: first, persons suffering from mental disorders in their early stages were not, and under British

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lunacy law could not be, provided for in asylums; and secondly, such patients were at present, as a rule, unprovided with hospital treatment of any kind. All that he desired was that general hospitals should do for mental disease in its early phases what they did for disease in general, viz., they should receive patients of the poorer classes who suffered from incipient mental disorder, and who could not be properly treated under the conditions usual in the homes of the poor, but could be suitably treated in special wards in general hospitals. He considered that it was desirable that the mental wards which he proposed should be in charge of physicians who had devoted their special attention to the care and treatment of mental disease. He referred to the rival proposal of providing separate special hospitals—institutions apart from general hospitals and public asylums—for the reception and treatment of incipient cases of mental disorder. An insuperable objection to this scheme, however, was that by whatever attractive name such hospitals might be designated, they would be classed by the public as "asylums," and the patients whom it was wished to benefit would accordingly shrink from entering them. He pointed out that the educational value of such an arrangement as he proposed would be very great, and he added that, above all considerations, there rose the supreme fact that the establishment of such wards would render possible the special treatment of mental diseases in the early stages.

The Hospital Treatment of the Insane at the Bexley Heath Asylum, and the Value of Villas for the Housing of Convalescing and Quiet Chronic Patients.

Dr. Hubert Bond, in his paper on this subject, gave details of the system of nursing at Bexley Heath, and stated that it was similar to that adopted in the medical wards of general hospitals. Plans of the villas and gardens were shown.

The Relation of Functional Neuroses (Hysteria, Neurasthenia, Hypochondriasis, etc.) to Insanity.

Prof. Clifford Allbutt opened the discussion on this subject. While admitting that the morbid states to which one gave such names as hysteria, neurasthenia, and hypochondriasis were somewhat arbitrary conceptions at the best, he was of opinion that a discriminating diagnosis was frequently possible. He said that the confusion which arose generally depended not upon identity, but upon a similarity between two or more of these maladies in certain phases of their course. He gave a very clear and exhaustive account of the characteristics of these conditions, and laid special stress on the differential diagnosis of neurasthenia from insanity. He stated that for the most part it was wrong to say that neurasthenia "drifted into" this, that, or the other morbid process; neurasthenia was not a general quality common to many diseases, but a particular process having its own causes and its own events. Diagrammatically they might conceive of the nervous system as a vertical pile of centres, the lowermost of which presided over the earliest of the functions, each higher centre in its turn being occupied with functions later and later in the order of development. Not only so, but each later centre was not only attached directly to its predecessor, but was co-ordinated also with all its predecessors, so that the pile became a system of mutual interdependence. Thus every later centre modified, or, in other words, controlled or inhibited, not only the one immediately below it, but also each and all the earlier centres, certain cardinal inhibitions being provided for by special short circuits. But a nervous centre was not a mere change-house; it was also an accumulator of energy, whereby it was prepared not only for mean demand, but also for extremes of effort or rest. The neurasthenic had never much reserve for time of stress; he needed inordinate time for repair, and was apt to be exhausted beyond the possibility of full repair. In this lowering of nervous potential not only did output soon run down, but inhibition was slackened, so that energy was prematurely set free in what they called "irritable weakness." This, however, was not insanity; it was not perversion, but poverty. Hysteria, on the other hand, was the interference of inhibition out of season. It consisted in intrusive suggestion; the patient could not take the break off; so it was often remediable by counteracting suggestions and by disciplinary exercises, neither of

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which were of much service in neurasthenia. The neurasthenic sought each new physician with fresh prospects of relief; the hypochondriac sought him only to consume another man's time and sympathy upon the altar of himself. Of late years he had formed the opinion that neurasthenia was apt to follow surgical operations—sometimes even the smaller operations—when done under an anæsthetic. He believed it to be genuine neurasthenia, and allied to that which followed some railway accidents.

Apprehensiveness, Stupor, and Katatonia.

Dr. Robert Jones read a paper on this subject. He thought that katatonia was not a separate variety of insanity, but was a symptom which occurred in the cyclic forms of insanity. The essential feature was a tendency to the recurrence or repetition of motor and mental impulses followed by negativism, *i. e.*, by a condition of passive resistance to every movement. He gave a detailed account of the prominent symptoms in the various stages of this affection, and said that the greater number of katatonic cases became chronic and passed into mild dementia of a sluggish type. Overstrain and anxious responsibility were important factors in the causation, and masturbation aggravated the condition. It had not yet been possible to correlate the symptoms during life with the lesions observed in post-mortem investigations.

Syphilis as a Cause of Insanity.

Dr. Mott, in opening the discussion, said that the poison of syphilis was remarkable for its persistency, its potency, and its prevalence, and that it acted in many ways as a cause of insanity. During the secondary stage the anæmia and toxæmia which it produced acted as exciting causes of insanity in predisposed subjects, but over-dosage with mercury was also a possible factor in some cases. The worst forms of brain syphilis were those which occurred within the first four years after infection. Such cases usually ran a rapid course, and were intractable to treatment. Those forms of the disease in which there was a combination of endarteritis with gummatous meningitis simulated very closely general paralysis; they were, however, amenable to treatment by drugs, and the symptoms in great measure coincided with the post-mortem findings. The relation of general paralysis to syphilis was now an established fact of great importance. The action of syphilis in producing general paralysis was limited to the brain of the civilised man, for in savage races syphilis might be, and often was, common, while general paralysis was rare. The factors which in civilised life favoured the development of neurasthenia were capable, in co-operation with syphilis, of producing general paralysis. Acquired or congenital syphilis was equally potent to cause general paralysis. The occurrence of syphilitic infections could by careful investigation be traced in from 70 to 80 per cent. of cases of general paralysis. The symptoms of general paralysis, however, began to be apparent only several years after infection, the average interval being fifteen years. General paralysis was unknown where syphilis was unknown, and was rare in the rural districts of Ireland and Sweden. It was also rare among priests, Quakers, and women of the upper classes. General paralytics were immune to syphilitic inoculation. Juvenile general paralysis was almost invariably found to be a result of congenital syphilis, and in 20 per cent. of the cases observed it was found that the fathers of the patients had had general paralysis. Dr. Mott concluded by adopting, for the purpose of raising a discussion, the thesis, "No syphilis, no general paralysis."

At the close of this discussion the following motion was carried unanimously:—"That the Section of Psychological Medicine thinks it ought to point out that general paralysis, a very grave and frequent form of brain disease, is largely due to syphilis, and is therefore preventable. We therefore, the members, strongly recommend that greater efforts should be made to arrest the transmission of syphilis and to stamp it out, and we further urge that the attention of the Legislature and of public bodies should be called to this important matter."

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