After some discussion Dr. SOUTAR proposed the following resolution: "That the number one thousand be substituted for that of seven hundred in Article 1 of Articles of Association of the Medico-Psychological Association of Great Britain and Ireland."

Dr. STODDART seconded.

The CHAIRMAN: I now put the resolution, as proposed by Dr. Soutar and seconded by Dr. Stoddart.

Carried.

The meeting then terminated.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division was held, by the courtesy of Dr. T. Seymour Tuke and Mr. C. M. Tuke, at Chiswick House, Chiswick, on Thursday, April 30th, 1914.

Among those present were: Sir George Savage, Drs. Bailey, Baird, Beach, Berncastle, Boys, Chambers, Dove, Edwards, Earls, J. L. Gordon, Haynes, Hart, Higson, James, Johnston, Nicholson, Norman, Oliver, Passmore, Scott, Shuttleworth, Stewart, C. M. Tuke, Seymour Tuke, Turner, Watson, Wilson, and Dr. Noel Sergeant (Hon. Divisional Secretary).

Letters and telegrams expressing inability to be present were received from Drs. Beresford, Bevan Lewis, Blachford, Caldecott, Cole, de Heiger, Drapes, Ewart, Harper-Smith, Kidd, Lord, Newington, Rawes, Rayner, Percy Smith, Soutar, Stansfield, Steen, Stevenson, R. Stillwell and F. R. P. Taylor.

At one o'clock the members were entertained to luncheon, at the conclusion of which Dr. Chambers gracefully proposed the health of the host, which was drank with acclamation.

The Meeting of the Divisional Committee was held at 2.15 p.m.

The General Meeting was held at 3 p.m. (Dr. Chambers in the Chair).

The minutes of the last meeting having been printed in the Journal, were taken as read and confirmed.

The President and Secretary were empowered to arrange for the Autumn Meeting, and on behalf of the Division accepted with many thanks the invitation of Dr. Rawes to meet at St. Luke's Hospital on Thursday, October 8th, 1914.

The Date of the Spring Meeting was fixed for April 28th or 29th, 1915.

The following paper was then read:

"CHISWICK HOUSE"—NOTES ON ITS HISTORY, 1893 TO 1914.

By Dr. T. SEYMOUR TUKE.

I have called this somewhat discursive paper "Chiswick House, 1893 to 1914," to mark the fact it is "come of age" this year, but for the instruction of my younger brethren I should like to point out that the licence on which we are now working has been granted without a break since 1846, and that it was transferred from the Manor House, Chiswick, to Chiswick House in 1893: three generations of Tuke's have had the control of the two houses, and possibly a fourth may be in charge some day—before streets and houses blot us out, as they have done the Manor House.

The books contain many names of bygone commissioners-in-lunacy of our own speciality, and the profession generally, and are an interesting link with the past. I may mention that a patient died in 1906 at an advanced age, who had been certified by John Conolly of Hanwell, our grandfather.

The retrospect of the last twenty-seven years or so is not without interest, for the interval has marked great changes in the knowledge of, and the management and treatment of, insanity. There has been great progress made in the purely scientific side of the work, discoveries of high interest have been made by the pathologist and the bacteriologist, of which we have cause to be proud. But the questions we ask are: Are we justified in being proud of the practical results of

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it all? Is our grasp on insanity firmer, and are we doing better now then we did before, and ought there not to be more fruit of our labours? Have we pursued the true object of our lives, the amelioration of unsoundness of mind? Is there not rather a tendency to regard insanity in an altogether different light, to call it by less unpleasant names, and to make excuses for it? Are there not signs that causes are at work that run counter to our object, which favour non-interference and non-intervention especially?

Working among the educated insane and seeking for the causes of their insanity one finds among these:

(1) The increasing selfishness and apathy of the time.

(2) The increasing reluctance of people to interpose—the "wait and see" attitude.

(3) The hesitation about definite action among relatives, friends, and doctors and their unwillingness to take legal steps.

(4) The way in which "certification" is made a "bogey" of.

(5) The word "uncertifiable."

(6) The latitude allowed to "borderland" cases, cranks, etc.

All these causes tend to that most fatal of all things in the management of the insane—delay, and the results are seen plainly nowadays in many different ways, and in many different places and situations, and one fears that there are signs of the public patience becoming exhausted in consequence. The words "insane," "mental unsoundness" are being heard and written rather often just now, and the fact seems to reflect on us, and we cannot get away from it,

Efforts are made to prove that insanity is not increasing, but at times it looks rather as though sanity were at a discount.

Quo tendimus? Where is our United Kingdom machine going? Is that old gyroscope called "national character" that used to steady it failing, or is it likely to "get going" again? Is reaction coming, and is the pendulum going to swing back again? God grant that it may, for, without being unduly pessimistic, it does seem as though every tradition that we as Britons used to revere is being upset; that honour, honesty, fair dealing, purity of motive, shame at doings that not long ago would have been considered "dirty," and that clear-headedness and clear-sightedness that we used to look for, especially in high places, are being lost, and replaced by chicanery, effrontery, slyness, and what is known in South Africa as slimness. These things—these object lessons we are so constantly seeing—are not signs of well-balanced mentality, to say the least.

It seems strange that at a time when there never was more spoken and written about insanity, and nervous troubles of all kinds, when there is so much thought about acute case hospitals and the early treatment of this disorder, when hygiene, physical culture, the care of the feeble, and the regeneration of the degraded excite the interest of so many worthy people, to find so much time wasted over unfortunate criminals, who are on the face of it mentally afflicted, and so much callousness about crime as crime, so many sad cases of suicide, in which there can be no doubt delusions existed, and were known of, that are allowed to drift without help. Ought we to hear this whisper, this whisper of a selfish generation that hates altruism, and hates trouble, "best thing he could have done," "good job," and so on? It makes some of us wonder how deep our boasted civilisation really goes, and whether we are so much ahead of the East as we think in our self-complimentary way we are. However, this may be, we have one duty, and that is to throw ourselves on the side of what is of good report, what is true, what is rational, what is reasonable, what is good, and give no support or countenance to those things that I have mentioned. Our old Association was founded to improve the welfare of the insane, and that fact we must not lose sight of.

Again, looking over the years, one notes the arrival of new remedies, and every year brings out some new hypnotic, or some variation of an old drug, or a really new one; we had very few in the old days, and we depended less, perhaps, on them than on fresh air, exercise, and comparative freedom from restraint, however well-intentioned. Acute manias used to recover without hyoscine, though hyoscyamus was certainly used at times, as also were bromides, opium very carefully, and a certain amount of aperients. Chloral hydrate, a drug that dates back for over thirty years, was used a good deal as a hypnotic, and the bimeconate of morphia as a sedative in restless and simple maladies. Nowadays it does seem as though

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great reliance is placed on drugs, and it is a question whether this reliance is not getting rather over depended on, and whether there is not rather a tendency to overdo it, to dash at excitement with hyoscine, depression with strychnine, and to vary this with digitaline, morphia, and the like, to say nothing of the legion of hypnotics with fascinating names. This can all be done with the patient in bed, and I simply ask for information, as opinions differ about this. Some day, perhaps, we may have a discussion on this point. Some drugs we use, and are grateful for, but the thought arises, are the modern hypodermic drugs going to effect real cures in mania to the elimination of those things which we have been bred to think essential and useful, such as the room to move about, fresh air and exercise, that I have mentioned? Do the cases do as well that are thus treated at home and in private? Are the cures successful and permanent? They avoid certification, it is true, but do they do as well in the cases that have a freer run?

Some day—I probably shall not be here to see it—when the public mind has become converted to the thought that treatment and cure are possible, and that the earlier steps are taken, the better is the chance of recovery; when we hear no more of stigma and disgrace, and when it will be a matter of course to send cases of all kinds of mental disorder for treatment to institutions adapted for them, we shall be in a far better position to attack the trouble at its source. At present the educated person of unsound mind does not seem in the least inclined to rush for advice, or to ask for treatment. I should personally welcome anything that would hasten early care and treatment, prevent delay, and the establishment of some procedure such as exists in Scotland for dealing with cases in an earlier stage.

After all, I can't help thinking that the man with clinical knowledge will do best, and succeed best in the management of the insane. It is all very well to think and say that anyone can do it. There is a danger, due to many causes, that our rising generation, in their desire to be progressive and up-to-date, may, with the most honest and good intent, while following up the scientific side, neglect the practical.

In such a small asylum as this, it seems almost absurd to talk of statistics, especially in the presence of men who deal with thousands of cases. But we all have the same inspiration, and I trust the same aim, and though there may be grander places we have always felt that there is a charm in what I might call the informality of this house, and in the fact that it was never built for an asylum, that seems to appeal in many ways. The years that have passed have not been marked by many very remarkable incidents, but are just filled with steady work. Our statistics (extract appended) show the scope of the work done, and the variety of the cases dealt with. In every direction, and always, my brother and partner has been foremost and most energetic, and I am glad to record my testimony to this. There has been and always will be, while health and strength lasts, a constant interest for both of us, both inside and outside the house, in advancing the welfare of the insane under all conditions.

CHISWICK HOUSE. ABSTRACT STATISTICS, 1893 TO 1914.

	Males.	Females.	Total.
Admissions (including mania, melancholia, general paralysis of the insane, paranoia, epilepsy, dementia præcox, sex perversion, etc.)	127	108	235
Discharges: Recovered	26	45	71
Relieved	42	39	81
Not improved	2	4	6
	70	88	158
Deaths (including fourteen from general paralysis of the insane)—average age, males, 56; females, 66	34	13	47
Remaining	15	15	30

At the conclusion of the paper Dr. CHAMBERS spoke, expressing his gratification at being able to be present to hear it, and regretting that he could not stay for the discussion.

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Sir GEORGE SAVAGE then took the chair, and carried on the discussion. He referred to the times when the only consultants were those who had private asylums to which they could send their cases, and where they could carry on the observation and treatment of their cases. Dr. Hack Tuke was about the first, and he himself was one of the earliest independent consultants unconnected with any private institution. Private asylums were undoubtedly the best places for many cases, which could not possibly receive proper care and attention elsewhere. He instanced a case to which he had been called, where he was informed that everything that could be done had been done, that eight nurses had been engaged, and where the unhappy patient said she felt she was being made insane by them.

Dr. STEWART endorsed Dr. Chambers' encomium of the paper.

Dr. SERGEANT and Dr. TURNER also discussed the paper.

Dr. SEYMOUR TUKE and Mr. C. M. TUKE replied.

After passing a hearty vote of thanks to Dr. Seymour Tuke, the meeting terminated, and the members were entertained to tea by Mrs. Tuke.

IRISH DIVISION.

THE SUMMER MEETING of the Irish Division was held on Thursday, July 2nd, 1914, at Carlow District Asylum, by the kind invitation of Dr. Thomas Adrian Greene. The following members were present:

Dr. W. R. Dawson (in the chair), Sir John Lentaigne, Drs. Considine, Greene, Nolan, Gavin, Keene, O'Mara, Oakshott, W. Eustace, Rainsford, Benson and Dr. Leeper (Hon. Secretary).

Letters of apology for unavoidable absence were read from Drs. Hetherington, O'Neill, and Rutherford.

The minutes of the previous meeting having been read and signed, Dr. W. Eustace proceeded to read his communication (held over for want of time from the Spring Meeting).

SOME CONSIDERATIONS ON INTESTINAL AUTO-INTOXICATION.

BY WILLIAM N. EUSTACE, L.R.C.S. & P. Irel.

Intestinal auto-intoxication is a disease produced by the absorption from the alimentary canal of chemical poisons, of known and unknown composition, due to abnormal metabolism or bacterial activity, the blood serving as the channel of distribution to those tissues affected by the poison. The greatest authorities on intestinal auto-intoxication in Switzerland, Germany, and France, recognise that experimental proof of this condition is far from satisfactory, which is not astonishing, as the difficulties are enormous, and the conditions under which the experiments should be made almost impossible to accomplish. Nevertheless, I am inclined to believe that the study of *it* is of more value in asylums than that of "vaccines," the administration of which is dangerous, except when administered by one who has made it a special study. I believe there are more cases of intestinal auto-intoxication among the insane than the sane, because of the way the former are liable to abuse their alimentary tract. This disease has been reproduced in animals by injection and inoculation of intestinal products, and all the lesions of auto-intoxication in man produced.

Histogenic auto-intoxication.—This occurs when the fats and albumens of the body are destroyed rapidly; fatty volatile acids are formed, and also large quantities of ammonia, which the acids take from the albumens and combine with. When the fats are especially attacked, *acetone* is produced. This form of intoxication is sometimes called *acetonæmia.* It accompanies, and is characteristic of, starvation, carcinomatous cachexia, grave anæmias, intestinal affections, and especially grave diabetes.

Organopathic auto-intoxication.—This occurs when certain glands intended for the elimination of noxious substances become inefficient. Then retention of these toxines takes place, which brings about grave morbid conditions, which vary with the glands at fault, for example: Uræmia, cholæmia, myxœdema, and acromegaly, when the kidneys, liver, thyroid, and suprarenals are respectively affected.

Gastro-intestinal auto-intoxication.—In normal digestion, as well as digestion

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