relatives of the late Dr. Turnbull, thanking the members of the Division for their kind letter of sympathy.

A letter was also submitted from Dr. Carlyle Johnstone thanking the members of the Association for their kind expressions towards him on his retirement from the Medical Superintendentship of Roxburgh District Asylum.

The business Committee was appointed, consisting of the nominated member and the two representative members of the Council, along with Drs. Carlyle Johnstone, Maxwell Ross, and the Divisional Secretary.

Drs. L. R. Oswald and J. H. Skeen were nominated by the Division for the position of Representative Members of Council, and Dr. R. B. Campbell was nominated for the position of Divisional Secretary.

The members were then conducted over part of the hospital by Lieut.-Col. Keay. The orthopædic workshops were first visited, when an opportunity was given to see the various ways in which incapacitated soldiers were being trained in useful forms of employment. The electrical department was next visited, when Major Rankine, Officer in Charge, explained the various forms of treatment, etc. Lieut.-Col. Stiles then gave a most instructive and interesting demonstration of various nerve injuries caused by wounds, explaining the surgical methods which had been successfully adopted to overcome many nerve lesions.

A vote of thanks to Lieut.-Col. Keay, Lient.-Col. Stiles, and Major Rankine for the great trouble which they had taken to make such an interesting and successful meeting, concluded the business of the meeting.

After the meeting the members were kindly entertained to tea by Lieut.-Col. and Mrs. Keay.

IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division was held on Thursday, November 1st, 1917, at the Royal College of Physicians.

Members present: Dr. J. O'C. Donelan, Dr. Drapes, Dr. Gavan, Dr. T. A. Greene, Dr. Mills, Dr. Rainsford, Dr. Redington, Dr. Rutherford, and Dr. Leeper (Hon. Sec).

Dr. Drapes having been moved to the chair, the minutes of the previous meeting were read and signed.

Letters of apology for unavoidable absence were received from Dr. Hetherington, Londonderry, and Dr. Greene apologised to the meeting for the unavoidable absence of Dr. Nolan of Downpatrick.

A ballot for the election of two new members was next proceeded with, and Dr. Redington was appointed scrutineer.

The CHAIRMAN declared that Dr. Christopher Costello and Dr. Vincent C. Ellis, Assistant Medical Officers of Portrane Asylum, Donabate, were elected unanimously.

It was proposed and seconded that in future elections of members, the word "unanimous" should be omitted in declaring the result of the ballot.

The Secretary was directed to forward a resolution of condolence to Dr. Oakshott, of Waterford upon the death of his only son, who fell gallantly leading his men in action at the Front.

Dr. MILLS next read his paper on "Homicidal Impulse," which produced a most interesting discussion.

Dr. MILLS said: I have chosen to speak on a subject on which there are wide diversities of opinion, and the views I intend to express are based on accumulated experience in the treatment of various insanities, and I will welcome criticism of my views, and hope to receive help and enlightenment therefrom. I regret that pressure of other duties and pre-occupation of my time with the details of administrative work incumbent on my office have prevented me from presenting a scholarly exposition of authorities, as is usually done when papers are read at meetings of the Medico-Psychological Association, but I offer for criticism my views as regards the alienation of patients suffering from what I call the homicidal impulse. The class of cases I propose to speak of from personal experience are those outlined in the following words of Bianchi, translated by MacDonald, quoted from the chapter on "Fixed Ideas and Obsessions":

"We now come to describe another group of obsessions—the obsessive

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impulses. These are ideas which have a motor content, which present themselves before the consciousness, and, either directly or through the law of contrast, exert irresistible power of translating themselves into action. These are the so-called impulsive ideas; they are the reflex of identical precepts, or they arise through contrast. Once they have reached the field of consciousness these precepts fix themselves there, in open contrast with the sentiments and tendencies of the subject."

The foregoing quotation seems to me to provide an admirable synopsis of the type of cases I am dealing with, but a very insufficient and unsatisfactory elucidation of the underlying motives. I have in mind some cases in which the dominant obsession was towards sudden, impulsive, reckless, brutal, unprovoked violence against others. The first was that of L. M—, who is generally pleasant, suave, agreeable, good-tempered, and well-mannered, fairly well educated and intelligent, and answering questions with a ready treacherous smile. He has lived for years the institutional life of fellowship, if not comradeship, with others, and has suddenly made attacks on them with a furious malevolence that the Anthropoid might envy but could not excel. If it were not that help was forthcoming, one at least of the protagonists would be in very much the condition in which Kipling tells us that Bertrand and Bimi were found, and yet a few minutes afterwards he is quiet and composed, wears the same treacherous smile, assumes the air of an injured person, plausibly justifies himself by a series of explanations, and when controverted on one point with great readiness adopts another, and maintains it without regard to his previous explanation, and without any hesitation about lying freely. The explanations generally take the form of an implied necessity for self-defence, but when it is pointed out to him that he has never previously complained of the individual whom he attacked, he laughs it off without remark. He has killed a man, and shows as little remorse, grief, contrition, or regret at the act as a spider would at the death of a fly. There is a certain periodicity about the attacks which cannot be measured by time sequence, but their imminence is recognisable by the attendants, who know by his increased restlessness, irritability, and impatience that he is approaching the explosive period. His personal or family history gives no clue to his obsession. There is an indefinite history of sunstroke in England, admission to Lincoln Asylum, and discharge in three weeks. I am unable to offer any explanation of his motives, but suggest it may be an atavistic tendency to eliminate rivals. He has had at times persecutory delusions and hallucinations of a transitory nature.

I recall another case, that of P. McG—, who was dull, depressed, and melancholy for some time, but, after what may be euphemistically called partial recovery, discovered that his mission in life was to kill a man. He exercised a rare and refreshing judgment in the matter, and, though he said it did not matter whom he killed, he invariably selected for attack a senile dement or imbecile. One day he chose for his victim an imbecile friend of a very powerful patient, who intervened vigorously and with marked effect. The extraordinary and unexplainable result is that the impulse has disappeared, and he is now a useful worker, but talks a jargon which requires skilled interpretation. I have no explanation to offer of this case.

I quote another case, that of M. Q—. She belongs to the tramp class, is without education, and of low intelligence. Her husband deserted her for other women, which seems to have embittered her. She has many hallucinations of sight, smell, hearing, and taste, and persecutory delusions. There is no evidence of phthisis or syphilis, except the suggestive fact that of thirteen children eight were stillborn or died of convulsions in infancy, and only two now survive. She makes treacherous premeditated attacks, always with a certain amount of previous planning, on other patients and attendants, and when questioned is always unctuous and self-satisfied, and explains that she only acted in self-defence. She is utterly devoid of any moral recognition of her position, and her only point of view, which seems to determine her acts, is that of self-defence. When she begins she goes out to kill heedless of the consequences.

Dr. RAINSFORD remarked that in private asylum practice, cases suffering from homicidal impulse were rare. Formerly, in Bristol Asylum, he had seen a patient who had made a murderous assault on himself. This was a case in which no marked delusions seemed to have preceded the homicidal effort. He was much

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struck by the remarks of Dr. Mills, assigning as a possible cause of homicidal impulse an atavistic tendency to a primitive state, and that the act was one of involuntary self-defence.

Dr. GAVAN drew attention to the fact that in many cases the patient's homicidal act was not caused by delusions and hallucinations. It seemed to be due to an uncontrollable impulse. He had an experience of such a case in Mullingar Asylum. The patient seemed to have no moral sense: he had burnt hay, apparently in pure wanton mischief, and had suddenly made serious attacks upon people.

Dr. REDINGTON also spoke of cases of homicidal impulse. He stated that observers had recorded cases in which an aura was present with a sensation of thirst and burning at the pit of the stomach. These sensations in the patient preceded the attack of homicidal impulse, and sometimes a patient himself gave notice of the attack to the attendants, and begged to be specially looked after.

Dr. J. O'C. DONELAN gave an interesting account of a case under his care, where a soldier had suddenly seized a rifle and bayonet in barracks and run it through a fellow comrade who was sitting at the fire. This man stated that he had no clear knowledge of murdering his comrade, but he believed that such was a fact, and he believed he saw somebody perpetrating the murder; he did not realise that he himself was the murderer, but accepted the fact that he had killed his comrade, because he was told he did it. This man had an epileptic sister.

Dr. LEKPER stated that, in his opinion, genuine cases of homicidal impulse were nearly always associated with masked epilepsy—*epilepsie larvée*. From the wide experiences of those present of homicidal impulse, arising apparently causelessly, and which no foresight nor knowledge that we possess would enable one to foresee, it was impressed upon us of the constant dangers attending the lives of those who dwelt amongst the insane.

Dr. DRAPES stated that homicidal impulses, they all knew, were likely to arise in epileptic, paranoid, stuperose, and maniacal patients. Stuporose patients were particularly anxious ones, as from an apparently lethargic condition, the patient suddenly became actively homicidal.

Other members having joined in the discussion, Dr. MILLS thanked the meeting for the very kind way in which his paper had been received, and for the discussion which it had produced. He had in Ballinasloe Asylum, a remarkable case where an old dement, for many years trusted as a harmless patient, had suddenly made a most determined homicidal attack upon an inmate. In many cases no apparent motive for this attack could be found to exist. This case seemed to be due to the survival of some atavistic tendency which might have been common enough in the Stone Age of humanity. It was not always possible to get any corroborative history of epilepsy or insanity occurring in the patient's person or family.

A most interesting discussion on "The Alimentary System in reference to Mental Affections" was opened by Dr. RAINSFORD, who expressed his surprise at finding that there was not much helpful literature on the subject available; and that the most interesting paper bearing on the subject was a paper by Dr. Wm. Eustace, read at the Irish Division.

He said that Punch's celebrated advice to the harassed wife inquiring how best to manage an irritable husband—"Feed the brute"—probably embodied more psychological truth than was generally understood. We are all conscious of the sense of *bien être* which follows on a good dinner, well digested, and of the opposite feelings when faulty digestion interferes with the happiness which would otherwise result. He had been much interested in a recent communication to the Journal from Dr. Mercier on the "Influence of dietary on various mental states." Dr. Mercier found that from a review of a number of cases of mental disorders due to errors of diet, that—

(1) Deficiency of meat was a potent cause of confusion of mind.
(2) Excess of fat in diet caused severe headache, migraine, and general mental confusion.
(3) Frequently excess of starch and sugar caused mental depression.

Dr. Rainsford was of opinion that toxæmic conditions had their origin in the large intestine, and that the toxins there generated were carried into the blood, and thereby affected the higher nerve centres and so gave rise to various states of mental disorder. He put forward as supporting this view, the beneficial effect

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he had observed from the administration of intestinal antiseptics, notably the liq. hydrarg. perchlorid. (B.P.), and quoted various cases illustrative of this. He also suggested that in many cases various delusions and hallucinations met with in mental cases would be found on close examination to have a physical basis instancing the delusion of having gone long walks in cases of peripheral neuritis, and of rats in the stomach in cases of chronic irritative dyspepsia.

In epilepsy, Dr. Hughlings Jackson long since pointed out the benefit that resulted from a salt-free diet. In a few cases it was found that a daily dose of ʒii of salt notably increased the number of fits, and in some cases marked diuresis supervened, up to 130 oz. of urine being passed in twenty-four hours. It had been stated that where ingestion of salt was accompanied by marked diuresis which was not compensated by drinking water a rise in protein metabolism occurred.

In Dr. Eustace's paper, read at the Summer Meeting of the Irish Division, 1914, it was pointed out that auto-intoxication might occur in various ways: (*a*) histogenic, (*b*) organopathic, (*c*) gastro-intestinal; and that under certain circumstances toxins developed by microbes become excessive and get into the blood-tract. Putrefaction of proteid gives rise to various organic poisons—indol. phenol. and skatol—that the liver has a great destroying power, using up ammonia and amino-acids forming urea, and transforms offensive aromatic products into less offensive material.

The influence of various physical disorders on the course of a mental attack was also dealt with, and cases were quoted showing the effect of the incidence of tubercle, pneumonia, and sharp febrile attacks generally.

Attention was drawn to a recent paper by Drs. Orr, Rows, and Stephenson, on "The Spread of Infection by ascending Lymph Stream of Nerves from the Peripheral Inflammatory Foci to the Central Nervous System," in which it was stated that experiments had shown that the infection of the lymph system of the peripheral nerves caused an ascending neuritis which spread upwards to pass over the posterior root ganglia and along the spinal roots to the cord.

In conclusion, Dr. Rainsford apologised for the very scrappy nature of his remarks, but expressed a hope that succeeding speakers would find in them something which, from their wide experience and knowledge, would suggest to them thoughts which would illumine the discussion, and diffuse more information on the subject.

The CHAIRMAN said they all owed a great debt of gratitude to Dr. Rainsford for the able way in which he had introduced the subject under discussion, which had elicited some valuable comments from the members.

Dr. J. O'C. DONELAN mentioned the marked beneficial results to patients by treatment with naphthaline. This substance acted as a powerful intestinal antiseptic, and he had found it very useful in cases where there was intestinal stasis and evidence of toxæmia in mental states.

Other members spoke in similar terms of the value of purgation and a course of intestinal and antiseptic treatment, saline injections, and other means of dealing with cases of insanity whose condition depended upon morbid states of their alimentary system.

It was proposed by Dr. RAINSFORD, and seconded by Dr. DONELAN, that the best thanks of the Irish Division be tendered to the President and Fellows of the Royal College of Physicians for their kindness in allowing the Division to meet in the College, which was passed unanimously.

CORRESPONDENCE.

ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH;
December 17th, 1917.

SIR,—We have the honour to transmit to you a Statement adopted by the Royal College of Physicians of Edinburgh dealing with the question of the establishment of a Ministry of Health.

The College was led to take up the consideration of this matter by the attention

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