BRITISH MEDICAL ASSOCIATION.

Birmingham Meeting.

Section E.—Psychology.

President.—Frederick Needham, M.D.

Vice-Presidents.— { S. H. Agar, L.R.Q.C.P.
E. B. Whitcombe, M.R.C.S.

Hon. Secretaries.— { Joseph Wiglesworth, M.D.
Edmund Lewis Rowe, L.R.C.P.

Wednesday, July 30th.

The attendance of members in this section was unusually large, so much so that on the second day the meeting was compelled to remove to one of the large central halls of Mason's College.

PRESIDENTIAL ADDRESS.

The President delivered the opening address. He reviewed the 32 years of his office as an asylum superintendent. He referred to the darker days of asylum management in the earlier part of this period, and to the legislation which had resulted from a change of front on the part of the public as to the requirements and protection of the insane, attributing the enlightenment of public opinion on this matter largely to the scientific and practical investigations of the alienist physicians themselves, and to the influence and demands of the Lunacy Commissioners. Public asylum accommodation had increased both in quantity and quality, and important additions had been made in the special wards for acute cases, and in the workshops for the employment of the insane. A similar difference was noted in private asylums, specially marked in the free admission of light everywhere, and the endeavour to beautify the homes where insane patients were received, in recognition of the fact that the behaviour of lunatics is governed in great measure by the character of their surroundings, and that they *do* rise to what is expected of them. The private asylums also had their well-appointed infirmaries, their departments for the instruction and amusement of the patients, their separate cottages and villas for the accommodation of suitable cases. Advance was not limited to improvement in the construction of buildings; it was seen also in the mode of dealing with patients, the abolition of mechanical restraint, the improved nursing arrangements, and in the scientific investigation of insanity. The evils of mechanical restraint were referred to, and the opinion expressed that there was still too much of it. Chemical restraint, as a means of securing quiet and peace, without corresponding benefit to the patient, was condemned. More efficient attendants and nurses were now supplied, and they in their turn required better accommodation and provision, both physically and mentally. The Commissioners had done much to bring these latter changes about by their suggestions made in 1858, a summary of which was quoted. More cleanly habits, increased quiet at night, better sleep, greater safety of epileptics, prevention of suicide, and a diminution of anxiety to the superintendent were some of the chief benefits of a more efficient system of nursing. The employment of educated and refined attendants was spoken of with favour, and the need of a special training institution for attendants dwelt upon. The exclusion of improper persons by a system analogous to that of the Scotch board was to be desired. The advantage of occupation and amusement for patients was seen in the improved physical and mental health, affording them

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less opportunity for indulgence in morbid thought, and furnishing them with an outlet for excitement. Patients are now encouraged to mix as much as might be with the outside world; attendance at religious services, as a means of soothing the mind, and as furnishing a motive for self-control and self-respect, was so far deemed desirable that asylum chapels were no longer behind other places of worship in beauty of structure and the musical and other adjuncts of Divine worship. On the side of pathology there was distinct advance. In 1869 the proportion of post-mortems held was 32·6 %, in 1889 it had reached 75·8 % of deaths. To the West Riding Asylum belonged the honour of being the first to publish the results of systematic investigation of insanity as carried on under the able supervision of Dr. Crichton Browne. Similar careful work was being done in other asylums; to some extent in all. Pathological laboratories, for the use of skilled pathologists, were now found in many asylums. The physical origin of mental disease had become an axiom of our faith. Progress had also been made in the matter of treatment. Drugs had their proper place in the treatment of the insane, but in place of the drastic purgatives of former days, sedatives, such as sulphonal, paraldehyde, etc., had come to the fore. Mild laxatives, pancreatine, and zymine were in request, and peptonized and prepared foods were given. The shower bath had been replaced by the less terrorizing Turkish and warm baths, and enforced exercise and massage had been added to the list of our therapeutical measures. But a far more important part of treatment was the establishment of intimate personal relations between the superintendent and staff and the patient. Reference was made to the results of this improved state of matters. There was a slight decrease in the proportion of deaths; that the decrease was not greater was attributed to the larger number of chronic cases admitted, the poorer health, and the increase in the average age of those sent, and the increased proportion of cases of general paralysis and epilepsy. Where these sources of error could be to some extent eliminated, as in the statistics obtained from Barnwood House, extending over a period of 30 years, the percentage of recoveries was found to have considerably increased, and the death-rate to have fallen to little more than a third of that obtaining 25 years ago.

In the discussion to which the above address gave rise, the chief points were the improvement of the condition and status of asylum nurses and attendants, the scheme for permitting the exchange of patients from one asylum to another, and the inadvisability of erecting huge institutions for the insane. Drs. CLIFFORD ALLBUTT, URQUHART, WHITCOMBE, and YELLOWLEES spoke. All agreed that the amelioration of the nurses and attendants' position was one of pressing importance, that the tendency to go on increasing the size of existing asylums should be stopped, that smaller institutions should be built, and that among the chronic insane an interchange of patients was most desirable.

A clinical paper, entitled "Imperative ideas outside insane delusion," by Dr. Hack Tuke, went to prove that imperative ideas might haunt a person, leading to unusual actions or conduct without the person being actually insane. Cases were given, and the case of Dr. Johnson was quoted in support of this theory.

Professor GAIRDNER looked upon such persons as borderland cases, in which the imperative idea might so interfere with the manifest duties of the individual as to ultimately require him to be officially recognized as insane.

Dr. JAMES STEWART, Dr. URQUHART, and Dr. CLIFFORD ALLBUTT continued the discussion. The latter thought a distinction should be drawn between insanity which was of limited extent, but in which a morbid line of thought cut deeply, and between that which was more diffuse, and so more transient in character.

Dr. YELLOWLEES suggested that these imperative ideas might be a luxury of the well-to-do, and Dr. WIGLESWORTH that hypnotism might be beneficial in such cases.

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The Proposed Hospital for the Insane in London.

The opening of a discussion upon this important subject could not have been placed in more able hands than those of the esteemed Physician Superintendent of the Royal Asylum, Gartnavel, near Glasgow. In a speech of much force and vigor, Dr. YELLOWLEES exposed the fallacies of the report recently presented to the London County Council by a sub-committee of that body. The whole tone of the report, he stated, was offensive. The idea of sending out three written questions to the Medical Superintendents of public asylums, which resulted in their answers being treated with contempt, was sufficient to prove the character of the report, and he considered it was monstrous to suppose that a small hospital, such as that recommended by the committee, containing not more than 100 beds, would be of any use for educational purposes. Dr. Yellowlees advocated the erection of "brain infirmaries" in connection with our existing asylums, and he offered the warmest thanks of the section to Dr. Clifford Allbutt for the excellent but unwelcome evidence he had given before the committee.

In the discussion which followed the report of the committee was severely criticized.

The PRESIDENT, Dr. OUTTERSON WOOD, Dr. COOKE, Dr. URQUHART, Dr. HACK TUKE, Dr. CLIFFORD ALLBUTT, Dr. WIGLESWORTH, and Dr. DOUGLAS took part in the discussion.

Sunstroke and Insanity: by Dr. Theo. B. Hyslop, of Bethlem Hospital. *(See Original Articles.)*

The PRESIDENT, Dr. HACK TUKE, Dr. YELLOWLEES, Dr. OUTTERSON WOOD, and Dr. AGAR discussed the paper, and Dr. HYSLOP replied. The general opinion was that this affection was exceedingly rare among the insane, that its general characters were dementia with convulsive outbursts of intelligence or irritability, and that sunstroke was very frequently given as a cause of insanity when in reality it had nothing to do with it.

Hypnotism as a Therapeutic Agent.

This subject was introduced by papers contributed by Dr. Norman Kerr and Dr. G. C. Kingsbury, and were followed by a series of experiments by Dr. Lloyd Tuckey and Dr. Kingsbury upon two gentlemen who offered themselves as subjects. These experiments, which were made openly before a crowded audience, were conducted in a manner which claimed the confidence and attention of the meeting, and the President congratulated the section upon the scientific spirit in which the demonstrations had been carried out. The gist of Dr. Norman Kerr's paper was to the effect that hypnotism was a subject which should not be investigated, and though unsparing of his condemnation of it he failed to produce any facts in support of his contention.

Dr. KINGSBURY sketched the history of hypnotism, and gave a description of the method followed by Drs. Liébault and Bernheim, of Nancy. He controverted the statements made in the lay press by certain eminent members of the profession, and condemned their action in vetoing the use of an agent they did not understand. He gave notes of a series of cases in which hypnotism had been of service, and advocated an investigation of the subject.

Dr. LLOYD TUCKEY spoke in favour of suggestion as practised by the Nancy school and quoted the views of other eminent continental men. He also stated his experience of 500 cases of his own.

Dr. HACK TUKE spoke strongly in favour of studying the phenomena of hypnotism, in which he had been interested for many years, apart from their value as a therapeutic agent, and these points should be kept distinct. He said he looked upon an individual as hopelessly dense who failed to appreciate the value of their connection with medical psychology, and he urged that the subject should be taken up and worked at in a scientific spirit by some of the younger members of the profession.

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Mr. NEECH gave particulars of a case in which he had amputated a finger, having first hypnotized the patient.

Professor GAIRDNER stated he would leave the room in a different attitude towards hypnotic phenomena from that in which he entered it. He gave some interesting experiences of his own, and concluded an excellent address as follows: "It is not until to-day that I have ever felt myself in the presence of an assemblage in which the leading facts of hypnotism could be gone into with the conviction that they were honestly, faithfully, and scientifically displayed with no other object than the good of humanity."

Dr. CLIFFORD ALLBUTT said that though Dr. Kerr's paper was admirable in rhetoric and full of moral warmth, it failed to have any weight, as he had given no facts. By hypnotizing a patient you were said to exchange one morbid state for another, but even if this were true it would be equally true of vaccination or the application of a blister. There could be no objection to such a substitution if the second morbid state was more tolerable than the first. The worst of warning off scrupulous men from investigating hypnotism was that by so doing you would hand it over to knaves who would use it for base purposes.

Dr. JAMES STEWART spoke of hypnotism in connection with the cure of inebriety, and Mr. GEORGE BROWN advocated the appointment of a committee of investigation.

Dr. EDDISON said the time had long gone by when any reasonable person could discuss whether hypnotism was real or not. It was as certainly proved as it was possible to prove anything, and he thought the members of this section were especially qualified to carry out such an investigation as that proposed.

Dr. URQUHART considered there was the greatest necessity for an investigation, and together with Mr. NOBLE SMITH strongly advocated the prohibition of public performances which were brutalizing and demoralizing.

Dr. YELLOWLEES said personal influence and suggestion were matters of everyday practice, and the practitioner who did not add these potent imponderables to his prescriptions greatly failed in his duty to his patient. He thought there were two aspects of the subject to be considered: 1st, its liability to abuse, and 2nd, its potency for evil upon the brain of the patient.

Dr. WALTER SIBLEY thought the profession should warn the public against public performances, and suggested experiments upon the lower animals. He was anxious to know if the action of drugs could be suspended by hypnotism, and if the picture suggested to a hypnotized patient was objective or subjective.

Dr. W. DOUGLAS, Mr. G. W. MOULD, Mr. P. W. G. MUIR, and Dr. FRANCIS PARSONS also joined in the discussion.

Dr. NORMAN KERR, in his reply, admitted that the demonstration and discussion were in accordance with the scientific study of hypnotic phenomena, namely, observation and research in the presence of medical investigators, and he would now welcome an inquiry into the whole subject.

Dr. KINGSBURY thanked the section for the kindly reception accorded to his paper, and also for the manner in which the demonstrations by Dr. Tuckey and himself had been received. With regard to Dr. Kerr's paper and reply, he felt bound to deny Dr. Kerr's assertion that the hypnotic condition was a disordered cerebral state. For therapeutic purposes the form of sleep required to be of the slightest description, which was more of the nature of natural sleep, during which the most vivid impressions were made, and in which scenes and landscapes could be vividly seen which had no real existence. He regretted that Dr. Kerr should have termed the hypnotic condition teetotal drunkenness; and for him to say that he would prefer a man to remain a drunkard rather than be cured by hypnotism he looked upon as a statement which was positively wicked. He concluded by saying he believed the action of drugs could be controlled by hypnotism, and joined in the general condemnation of public exhibitions.

At the close of the discussion the PRESIDENT put it to the section to say if it was in favour of the appointment of a committee of investigation, and the reply being unanimously in favour, Professor GAIRDNER proposed, and Dr. EDDISON

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seconded, resolutions condemning public exhibitions and in favour of the appointment of a committee, subject to the approval of the Council of the Association, to investigate the phenomena of hypnotism and its value as a therapeutic agent.

The following were nominated members of the committee:—Dr. Needham, president of the section; Professor Gairdner, Glasgow; Dr. Hack Tuke, London; Dr. Clouston, Edinburgh; Dr. Yellowlees, Glasgow; Dr. Conolly Norman, Dublin; Dr. Kingsbury, Blackpool; Dr. Ross, Manchester; Dr. Drummond, Newcastle-on-Tyne; Dr. Suckling, Birmingham; Dr. Broadbent, London; Dr. T. Outterson Wood, London.

BLISTERING BY HYPNOTIC SUGGESTION.

In the *Bolnitchnaia Gazeta Botkina*, Nos. 26, 27, and 28, 1890, p. 650, Dr. Iakov V. Rybalkin, of St. Petersburg, publishes his remarkable experiments, which confirm the statements made by Presalmins (1840), Focachon, Beaunis, Delbœuf, Forel, Jendrassik, and Krafft-Ebing that cutaneous blisters can be raised by hypnotic suggestion. The author's experiments were performed in the presence of a number of the medical officers of the Marïinskaia Infirmary, the subject being a strongly-made and well-nourished house-painter, aged 16, suffering from typical hysteria magna and extremely sensitive to hypnotising procedures and post-hypnotic suggestions. On February 21st, at 8.45 p.m., the patient was thrown into a deep hypnotic sleep, and then told that, after awakening, he was to shiver from cold and to approach a stove in the room in order to warm himself; when doing so he was to touch the stove with his right forearm and to contract a severe burn ("pain, redness, heat, bladder"), about the middle of the inner surface of the part. The suggestions were repeated thrice, after which the lad was ordered to awake. He obeyed all the suggestions in the strictest possible manner, and even loudly screamed from pain as soon as the suggested area came in contact with the stove (which was quite cold). On immediately inspecting the part a slight palish swelling, surrounded by a reddish zone, which proved to be painful on touch or pressure, was found exactly at the suggested point. The limb was at once bandaged, and the lad sent to bed (in the room). He could not fall asleep, however, being tormented by an acute "rending" pain caused by the "accident." On removing the bandage at 11 p.m. a considerable swelling with papular erythema was found, the adjacent zone, 4 or 5 centimètres wide, being exceedingly tender. The limb was again securely bandaged, and re-examined at 10 a.m. on the next morning, when there were found two slightly yellowish semitranslucent blisters as large as a nut and a pea respectively, and around them a group of smaller vesicles (each of the size of a pin's head). On another examination at 3 p.m. (eighteen hours after the "accident"), all the individual blisters proved to have coalesced into one large bladder. Two hours later the blister burst. The after-course presented nothing different from an ordinary case of burn.—*British Medical Journal*, Sept. 13, 1890.

TENTH INTERNATIONAL MEDICAL CONGRESS, BERLIN.

AUGUST 4-9, 1890.

SECTION FOR NEUROLOGY AND PSYCHIATRY.

Committee of Organization:

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