approached the subject of State control in the same way, and the conclusion at which they have arrived has been to leave it alone, and let it be where it is. I thank you very heartily for the kind things which you have said, and for paying the greatest compliment to my paper by raising such a good discussion upon it.

The proceedings then terminated. The members dined at the Ship, Greenwich, and spent a very pleasant evening.

The following were elected members of the Medico-Psychological Association:—

CORRESPONDING MEMBER.

Professor Paul Kowalewsky, Karkoff, Russia.

ORDINARY MEMBERS.

Morgan Finucane, M.R.C.S., Senior Assistant Medical Officer, Hants County Asylum, Fareham.

William Robert Smith, M.D., D.Sc., F.R.S. Edin., 74, Great Russell Street, Bloomsbury Square, London.

Charles John Dabbs, M.R.C.S., Senior Medical Officer, Camberwell House Asylum, Camberwell.

Richard T. Finch, B.A., M.B. Cantab., Resident Medical Officer, Fisherton House Asylum, Salisbury.

George Buchan, M.D., C.M. Glasg., Resident Medical Officer, Town's Hospital and Asylum, Glasgow.

J. T. Callcott, M.D., Medical Superintendent, Borough Asylum, Newcastle-on-Tyne.

BRITISH MEDICAL ASSOCIATION.

LEEDS MEETING, AUGUST, 1889.

Section E.—PSYCHOLOGY.

President.—D. HACK TUKE, F.R.C.P., London.

Vice-Presidents.—{ W. BEVAN LEWIS, L.R.C.P., Wakefield.
RINGROSE ATKINS, M.D., Waterford.

Secretaries.—{ Dr. J. G. MCDOWALL (Menston Asylum).
Dr. PERCY SMITH (Bethlem Royal Hospital).

WEDNESDAY, AUG. 14.

PRESIDENTIAL ADDRESS.

Provision for the Insane Poor in Yorkshire.

The PRESIDENT, delivering the customary Address, dealt with the Past and Present Provision for the Insane Poor in Yorkshire. His review of the provision made for the insane poor in Yorkshire began with a reference to the Lunatic Hospital at York, generally known as the old York Asylum, founded in 1777, which was now an attractive institution, containing 135 patients on January 1st, of whom 46 were paupers. Taking the estimate of Dr. (afterwards Sir William) Ellis, the proportion of pauper lunatics in 1815 to the population of the country would be one in 1,300, whereas now it was one in 560. The Wakefield Asylum was constructed to accommodate 150 patients on what was

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called the H plan, and was opened in November, 1818. The defects in the Wakefield Asylum arose from those who planned it having lived during the earliest stage of development in asylum architecture. In 1846 the population of the Wakefield Asylum reached about 450. In ten years the number advanced to close upon 800, while in 1871, just before the opening of the second West Riding Asylum at Wadsley, the highest number in the history of the institution was reached, 1,494. The number resident on the 1st January 1889 was 1,354. The Wadsley Asylum was built to accommodate 750 to 800 patients, and was opened in August, 1872. On the 1st January last, however, it contained 1,616 patients. While the population of the Riding at the census of 1801 was about half a million, at the present time it was two and a half millions. The consequent demand for additional accommodation for pauper lunatics led to the erection of the Menston Asylum, opened in October, 1888. The buildings now erected would accommodate 840 patients, and those for chronic cases, designed but not erected, another 250 or 300 of each sex, making a total of 1,440 patients. He thought it would have been wise at the present crisis in the history of county asylums, if the magistrates had avoided anything in the way of costly embellishment calculated to prejudice the mind of the ratepayer on entering the building. Without the expenditure of so large a sum, the structure might have been as substantial, while a cheerful appearance and some decoration might have been still given. On visiting the asylum he could not help thinking that it might very possibly be utilized some day, to a certain extent at least, as an asylum for the middle, and even the upper classes, some of whom at present occupied much humbler quarters in private asylums and registered hospitals. (Applause.) To some of the poor labourers of the county it was probable that a more homely—a more homeish—dwelling would have been no less adapted to the comfort and cure of the inmates. He hoped before the remaining blocks were built consideration would be given to avoiding outside passages, seeing that patients residing in them would be of the more or less incurable class. In the North Riding Asylum at York there were on the 1st January last 622 patients; in the East Riding Asylum at Beverley 291 patients; and in the Hull Borough Asylum at Cottingham there were 300 in residence. But besides these, Yorkshire had a share in the provision for the education and training of idiots and imbeciles in connection with the Royal Albert Asylum at Lancaster. Of 553 patients in that asylum 180 belong to Yorkshire. According to the census of 1881 there were in Yorkshire 2,903 idiots and imbeciles, whether paupers or not, who were at the rate of one in 997 of the population, while the proportion in England and Wales was one in 794. As an instance of a serviceable workhouse where lunatics were treated, the President cited that at York, under the charge of Mr. S. W. North. There were 120 patients, and during the last fifteen years the annual admissions have averaged 26. Of 250 discharges during the fifteen years, 82 were sent to their friends, 37 to an asylum, and 131 died. Mr. North calculated that the saving to the ratepayers of the York Union by properly utilizing the workhouse for insane paupers, was not less than £1,000 a year, but no case had been kept in the workhouse to the prejudice of the patient. The number of insane in detention in Yorkshire workhouses was 1,316, or 22·26 per cent. of the 5,879 pauper lunatics in the county, while 330, or 5·58 per cent., were resident with friends or elsewhere. There were 4,265, or 72·16 per cent., in asylums, while the percentage in England and Wales was 69·01 per cent. The recovery rate in the Yorkshire asylums had been 39·69, and in England and Wales 35·60. Unfortunately, medical men had still to endeavour to explain the apparent increase instead of decrease of insanity. And now, looking back over the period their survey had embraced, to the date when the philanthropic and rational movement commenced which led, among other things, to the erection of asylums for the lunatic poor in the county, they naturally asked, Has the object for which they were established been fulfilled? He had no hesitation in answering the question in the affirmative. But it was nevertheless a fact that there was a largely increasing

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body who were practically insane, although able to adapt themselves fairly well to their environment, usually relatives of patients already inmates of the asylum, and often far more insane at times than the latter. To the prevention no less than the cure of insanity must their endeavours be bent in the future.

A vote of thanks was passed to the President for his address, on the motion of Dr. MACLEOD (Beverley), seconded by Dr. YELLOWLEES (Royal Asylum, Gartnavel, Glasgow). The latter expressed his belief that the high recovery rates of the past were partly due to the enthusiasm of compilers, and to the satisfaction in the olden days with a lower degree of recovery than now obtained.

Future Provision for the Insane Poor.

The PRESIDENT, having responded, read a paper on the Future Provision for the Insane Poor. (See Original Articles.)

Dr. RINGROSE ATKINS (Waterford) thought boarding-out could be carried on in Ireland under a colonization system. In that country the workhouse authorities did not receive State aid for lunatics, and the insane were quickly transferred to the asylums. Workhouses should be utilized. Time was the test to be applied as to the condition of a patient. Hospitals would largely aid in gaining scientific acquaintance with brain disease. He favoured the building of asylums in blocks, by which means patients could be relegated to their proper quarters. The hurry and worry of this day tended to insanity in more incurable forms, and hence the percentages were not so favourable.

Mr. S. W. NORTH (York) said he had advocated the treatment of incurable patients in workhouses, and was glad the idea was becoming fashionable. Great reform was needed in the early stages of the management of lunatics, as a large number of persons became insane for brief periods, and if they could have probationary treatment they would recover, many cases being due to want of food, intemperance, and a variety of circumstances.

Dr. BEVAN LEWIS (Wakefield Asylum) considered the provision for stemming disease in its incipient stages inadequate. A clinical staff would improve the tone of the asylum medical ordinary staff, whose assistants, too, should be supplemented. If they were to progress, they would require individualized observation and treatment. Boarding-out in Yorkshire he regarded as impossible, owing to the density of the population and the great facility for communication. With an enlargement of the workhouse accommodation, more frequent medical attention, and more skilled nursing, they might trust a large percentage of pauper lunatics to the care of the Guardians.

Dr. DOUGLAS (Leamington), and Dr. WIGLESWORTH (Prescott) having spoken, Dr. YELLOWLEES (Gartnavel Royal Asylum, Glasgow) thought boarding-out in agricultural counties might be encouraged. As to having separate institutions for the treatment of lunatics, Yorkshire had been particularly unfortunate in having distinguished men in care of the insane, so that the evils of giant institutions had not been fully recognized, and hence the West Riding had perpetuated at Wadsley, and now at Menston, what he believed to be a noble but magnificent mistake. We should have brain infirmaries, as well as eye and ear infirmaries, where patients could be first sent for consideration. One of these infirmaries in every large centre in Yorkshire would have been a much wiser and not more costly idea than the erection of the Menston Asylum.

Dr. NICHOLS (Bloomingdale Asylum, New York) said that the State asylums in America corresponded with the county asylums in England. The States were being divided, however, into asylum districts, so as to make the asylums accessible to the patients to be accommodated. The Willard Asylum had been provided altogether for the chronic insane, but this and others were too remote, and they were being supplemented by cheaper buildings.

Dr. MERSON (Hull) thought that boarding-out with relatives would answer in Yorkshire from its success in Hull, where the population was dense. He

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feared that persons would not be very ready to take advantage of brain infirmaries. It was quite time the struggle as to the lowest maintenance rate should be put a stop to. (Hear, hear.)

Dr. CHAPMAN (Hereford), Mr. J. PEEKE RICHARDS (Hanwell Asylum), and Dr. SHUTTLEWORTH (Royal Albert Asylum, Lancaster) having spoken, the discussion terminated.

On the Discordant Action of the Two Cerebral Hemispheres in Insanity.

Dr. W. W. IRELAND (Prestonpans) then opened a discussion on the Double Brain and the Discordant Action of the Two Hemispheres in Insanity, and among those who joined in it were Sir J. CRICHTON BROWNE, Dr. WIGLESWORTH, Dr. BEVAN LEWIS, Dr. FLETCHER BEACH (Darenth Idiot School), and Dr. RINGROSE ATKINS.

The PRESIDENT, in summing up the discussion, observed that there was a consensus of opinion that the functional independence of the cerebral hemispheres was proved, but that this was consistent with mental unity.

THURSDAY, AUGUST 15.

On Optic Nerve Atrophy preceding General Paralysis.

Dr. WIGLESWORTH (Rainhill Asylum) gave his experience as to Optic Nerve Atrophy preceding the Mental Symptoms of General Paralysis of the Insane, and said that while the nerve atrophy was usually a late symptom, it sometimes occurred early. Given a case of primary optic nerve atrophy, for which no cause was apparent, associated with obscure mental symptoms, the probabilities were that the case might turn out to be one of general paralysis; hence this sign might at times give valuable aid in diagnosis.

Dr. PERCY SMITH (Bethlem) and Dr. YELLOWLEES (Glasgow) also stated similar experiences, and were glad Dr. Wiglesworth had submitted his cases.

Dr. WIGLESWORTH also read a paper showing that occasionally fibrinous membranes occurred within the spinal canal of insane patients.

Dr. VOISIN (physician to the Salpêtrière, Paris) said that star-shaped bodies, the result of fibrinous exudation, and encrusted with carbonate of lime, had often been found by him in the subjects of general paralysis; these bodies were adherent to the posterior part only of the spinal arachnoid.

The PRESIDENT said that these two communications gave the lie to those who were so fond of stating that asylum men did no scientific work, though, of course, it was to be hoped that still more would be done. He was glad that Dr. Wiglesworth had been rewarded in a material sense for his good work, by his election to the post of medical superintendent of the Rainhill Asylum.

Treatment of Mental Disease by Hypnotic Suggestion.

Dr. AUGUSTE VOISIN (physician to the Salpêtrière, Paris) made a communication on the Treatment of Insanity and Neurosis by Hypnotic Suggestion, and on the application of the method to the moral and instinctive perversions of backward and imbecile children. He stated that until within the last few years, no serious attempt had been made in this direction, and that it was generally supposed that the insane could not be hypnotized. Dr. Voisin had been able to develop this method in his hospital and private practice. Catalepsy ought to be carefully avoided, because the hypnotized individual ought to be able to preserve the use of his senses, especially of hearing. He was convinced that hypnotism was only useful when it was possible to make use of suggestion; and he was firmly of opinion that, as Braid had said, the hypnotic state originated in the nervous system of the hypnotized person. Having described the basis of hypnotic treatment and of suggestive therapeutics, Dr. Voisin detailed the various categories of the insane with regard to which he had made

https://doi.org/10.1192/bjp.35.151.466 Published online by Cambridge University Press

observations. By this treatment he had cured persons suffering from hallucinations and delusions, and from disturbances of special and general sensation. Suicidal ideas and acute and furious mania had disappeared under the use of this method. Cases of insanity were cited which had only been calmed after several hours. The treatment had also succeeded in the mania and agitation observed during the catamenia. Patients in this category had even remained asleep for from six to eight days. The method had also succeeded in dipsomania and in morphinomania. Dr. Voisin had also been fortunate enough to cure obstinate cases of onanism in this way, and had applied the method *à la moralisation des enfants dépravés.* He had thus completely transformed their habits of thought, and had brought them to love the good, whereas formerly they had only loved the evil. He had also succeeded in curing amenorrhœa in the insane, which was a frequent cause of nervous and mental troubles; he particularly insisted upon this point as proving it was possible to influence the functions of the sympathetic system. The relapses were not more than one-tenth of the cases cured. Dr. Voisin hoped that the practice would be tried in England and have good results.

Dr. YELLOWLEES (Glasgow) confessed himself amazed by these statements, and asked if, at the Wakefield Asylum next day, they could not have demonstrations of the effect of the treatment for the purpose of instruction.

Dr. MACLEOD (Beverley) asked for details of the process, and wondered if the sane could under the treatment be influenced to pursue vicious courses.

Dr. LANGDON DOWN (London) had witnessed astonishing results at a *séance;* and Dr. TUCKEY (London) was convinced there was something in hypnotic suggestion, and spoke of its value, as he had witnessed, in cases of dipsomania, writer's cramp, and vicious habits; while the Rev. Arthur Tooth, of Croydon, he said, had found its influence good upon idle and vicious boys in his school. He (Dr. Tuckey) hoped the treatment would be tried in England. In 100 general cases treated at his own house there were 21 failures. It was an imagination cure, and it was necessary that all the environments should be thoroughly sympathetic.

Dr. IRELAND (Prestonpans) thought that Professor Voisin in his enthusiastic nature had claimed hypnotic suggestion as a universal remedy. ("No.") The wonder was that the professor did not try the treatment upon General Boulanger, and infuse into his brain good Republican notions. In England the treatment had been found to do good in a proportion of cases. It could be used for evil purposes, but so could chloroform also.

Dr. ROBSON (Peterborough) was surprised that so little attention had been given to psychical research in England; while Dr. PERCY SMITH regretted that attempts to hypnotize at Bethlem had so far failed. Perhaps this was due to the more phlegmatic nature of English as compared with French patients.

After remarks by Dr. WALLIS (Whittingham Asylum, Preston), and Dr. RINGROSE ATKINS (Waterford),

The PRESIDENT said that he hoped that this important question would be pursued more systematically in England than had been the case, and thought that certain suitable young doctors should be set apart for the particular work. Above all things, it should be kept out of the hands of quacks and persons of unscientific training. They should not be too impatient to obtain rapid results. He had, in an article in the "Journal of Mental Science" in 1865, drawn attention to the parallelism between hypnotic and insane delusions, and expressed a hope that hypnotism might prove of therapeutic use, but the results had not been very encouraging. He was now inclined to renew his hopes.

Dr. BATEMAN (Norwich) read a paper on Hypnotism, with special reference to some experiments at the Salpêtrière, which had been quoted as proving certain theories in reference to the localization of the faculty of speech, and the object of the communication was to show the fallacy of this deduction. Dr.

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Bateman concluded that "our knowledge of the exact construction of the visual centre, of the precise distribution of the fibres of the optic tract, and of the relation of the two visual centres to each other, is at present so imperfect as not to justify the originators of the above interesting experiments in quoting them as evidence of the localization of speech in the left hemisphere of the brain."

Professor VOISIN said that for success in the hypnotizing of patients many attempts were frequently necessary. Hence he could not give a suitable demonstration at Wakefield; but his place in Paris was open to all physicians who wished to come. It was immoral to hypnotize healthy persons, being only proper in the case of the diseased. He repeated his statements as to the ailments which could be serviceably treated. For success, varied processes were often necessary.

At the request of Dr. YELLOWLEES, the professor demonstrated his plan of operations, Dr. TURNBULL SMITH (Preston) kindly acting as subject.

The discussion then closed.

Mr. F. ST. JOHN BULLEN gave an analysis of 1,565 post-mortem examinations of the brain performed at the Wakefield Asylum during a period of eleven years. (This paper will appear in this Journal.)

Massage Treatment in Insanity.

Dr. G. H. SAVAGE, in a paper on this subject, said that of late there had been too great a tendency to treat all cases of neurosis by massage. This treatment was not only of no use, but was really harmful in some such cases. It might be taken for granted that it was rarely if ever useful in ordinary cases of insanity; in cases of emotional self-consciousness it was bad, both the solitude and the bed being contra-indicated. In hypochondriacal states it was generally harmful, and in most cases of active melancholia was not useful. Its chief use was in those cases in which the mental depression was associated with physical weakness, loss of flesh, and deficient action of the gastro-intestinal tract. The massage should be continued as long as the general health was feeble, and as long as the appetite was bad. The object was like putting salt in the food given by the stomach-tube to create a desire for food, and then to supply it in a suitable form and quantity. He related a specially interesting case of melancholia cured after four years of profound depression.

The PRESIDENT mentioned a case in which he had found massage useful, and was now trying it in a case of suicidal religious melancholia, with eroticism.*

The section then adjourned.

FRIDAY, AUGUST 16.

Average Development and Condition of Brain Function amongst Children in Primary Schools.

[A series of beautiful sections of the Brain of the Marmoset, stained by Weigert's and Pal's methods, were exhibited by Dr. BEEVOR.

The staining was exquisitely delicate and clear, showing distinctly the difference between the grey and white matter. The process consisted of first hardening the brain in bichromate of potash, embedding it in colloidin, and cutting sections. These were stained by hæmatoxylin and immersed in a solution of ferricyanide of potash and borax, then washed in water and mounted in Canada Balsam. This is Weigert's method.—In Pal's method, after staining in hæmatoxylin and washing in water, the sections were washed in a solution of permanganate of potash. Then the grey matter was bleached white, the white fibres being stained blue or black.]

The PRESIDENT said it might be remembered that at the meeting in Glasgow

* Recovery has now (Sept.) apparently followed this treatment.

https://doi.org/10.1192/bjp.35.151.466 Published online by Cambridge University Press

last year, the Section of Psychology appointed a committee to conduct an investigation as to the average development and condition of brain function among the children in primary schools. The report was now presented to the section by Dr. Francis Warner, who had acted as hon. secretary to the committee. It stated that owing to the refusal of the London School Board to allow the committee to visit their schools, they had been compelled to confine their observations to other elementary schools in London. They had examined ten public elementary schools, two certified industrial schools, the district pauper schools, Hanwell, and the Asylum for Deaf and Dumb Children in Old Kent Road. The ten public elementary schools contained at the time of the visits 3,931 children, and in the special schools 1,413. The committee took notes in 809 cases, which were divided as follows:—351 showing signs of nervousness, nerve weakness or defect, 184 in which nutrition appeared to be defective, 231 in which mental dulness was reported or observed, 231 cases presenting cranial abnormalities, and 149 with disease or defect of eyes. The different cranial abnormalities were found to be probably due to rickets in some cases, and in others they were head—large (cause not known), head small, dolichocephalic or scaphocephalic, forehead narrow or shallow not included in other groups, bosses on frontal bone or at fontanelle not included in other groups, and other cranial characters not in other groups. The various signs of nervousness observed were nervous hand, weak hand, lordosis, frontals over-acting, orbicular muscle of eyelids toneless, and finger twitches. The chief forms of defective or diseased eyes were squint, hypermetropia, myopia, disease of cornea, disease of lids, cataract, eye lost, and nystagmus.

Dr. WARNER moved the adoption of the report. It did not commit the Section to the facts stated.

Dr. SHUTTLEWORTH, Royal Albert Asylum, Lancaster, who paid a high tribute to the energy shown by Dr. Warner in the preparation of his report, seconded, and Dr. BEACH, Darenth Asylum, Kent, supported the motion.

Dr. IRELAND read a short paper giving his experience of the condition of the children in the school at Prestonpans; and a paper by Dr. SAVAGE, on the same subject, was also read.

The discussion of the question was continued by Dr. YELLOWLEES (Glasgow), who objected to everybody being termed morbid because they had some nerve weakness.

Mr. B. G. WILKINSON, Chairman of the Leeds School Board, was invited to speak, and he said that his presence at the meeting was to show medical men that in any investigations they were making towards a better system of education they would have the sympathy and co-operation of the board. Some years ago there had been a talk about over-pressure in the town, and perhaps there were faults on both sides. In future he hoped that in any work they might have in hand, there would be mutual confidence. (Hear, hear.) He did not like the idea of separate schools for dull children, as had been suggested, as it would be likely to label them for life; but he thought there was something in the idea of a separate class in the school.

The report was adopted, and it was afterwards resolved, "That the Section of Pyschology of the British Medical Association having conducted an investigation and considered their report as to the average development and brain power among children seen in primary schools, urge upon the Government to appoint a Scientific Commission of Inquiry for the further elucidation of the subject."

It was further resolved "That a committee be appointed to study further the conditions of development and brain-power of children, and to bring such studies under the notice of school teachers. That the committee have power to add to their number from outside the medical profession, and to communicate on this subject with various educational bodies. That the committee be authorized to apply for money grants, and to publish a report."

Dr. Warner's paper on the Study of Conditions of Development and Brain-power in Children was taken as read. (See Original Articles).

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A Contribution to the Ætiology of Idiocy.

Dr. G. E. SHUTTLEWORTH, Medical Superintendent, Royal Albert Asylum, Lancaster, read a paper on this subject. In it he briefly referred to the various ætiological systems adopted by Séguin, Songelmann, Langdon Down, Ireland, Kerlin, and others, and commented unfavourably upon certain oft-quoted American statements as to the causes of idiocy. He then brought forward his own statistics with regard to the causes of mental defect in the 1,300 cases received into the Royal Albert Asylum, ranging the causes under three heads:—(1) Those acting before birth; (2) those acting at birth; and (3) those acting subsequently to birth. He showed that in the vast majority of cases, two or more factors contributed to the ætiology. In his experience, the most common factors in the first group were—(*a*) tubercular or scrofulous family history; (*b*) an insane or neurotic heredity; (*c*) maternal ill-health during pregnancy, accident, or shock (the mother's account of the last to be received with caution); (*d*) intemperance of one or both parents. Parental consanguinity and inherited syphilis were no doubt often causes, yet not so frequently as had been supposed. Under the second head, the influence of primogeniture was discussed, as also that of instrumental delivery as compared with unassisted protracted parturition. In the third class the most frequently assigned cause was eclampsia (infantile convulsions); but often-times this might be the effect, and not the cause, of nervous instability. The febrile disorders of childhood, and their sequelæ, figured as causes in some 10 per cent. of the author's cases; and cases attributed to injury were almost as numerous. But parents' statements with regard to these matters needed to be taken *cum grano*, as they were naturally disinclined to recognize or acknowledge congenital and ancestral defects; and experience, indeed, led him to deprecate the too hasty acceptance and publication of assigned causes, which had little scientific value till sifted, a process only possible as time brought to light the facts of family history.

Some further Facts respecting the Causation of Idiocy and Imbecility.

Dr. FLETCHER BEACH, Medical Superintendent, Darenth Asylum, Dartford, next read a paper on the above subject. In considering the subject, he said, some causes would be found to exert their influence chiefly before birth, others at birth, and others at some time—it might even be years—after birth. Of all the causes, hereditary predisposition played such an important part that Moreau, of Tours, found it present in nine-tenths, and the author in 76 per cent., of his cases. Next in order, the author would place intemperance, combined with other causes (rarely was imbecility due to one cause), on account of the parents of his patients not at present considering drunkenness a disgrace. A history of phthisis would take the third place, and maternal impressions the fourth. He was of opinion that, owing to the important part taken by hereditary predisposition in the production of the idiocy and imbecility of the patients under his care, convulsions in infancy, epilepsy, fevers, and injuries should take a more prominent position as causes than was accorded them by some whose experience led them to express a different opinion. Tedious labour, consanguinity of parents, and congenital syphilis—especially the latter two—were not such common causes as many supposed. The histories of the cases were obtained from the parents, and corrected by knowledge received from relations and parish officials.

The section shortly afterwards closed its sittings with a vote of thanks to the President, Dr. Hack Tuke.

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