valuable paper, and I regret that time will not allow us to discuss it now. In reference to the effect on character produced by disease or injury of brain, I may say that Dr. C. Skae has sent us for publication in the forthcoming Journal the interesting report of a case of mania arising from injury caused by the falling of a piece of coal on his head. The man's character underwent a remarkable change; he became morose and sullen; at first morose, surly, and irritable towards his wife and children, and afterwards violent towards them. Dr. Skae had him trephined, and he perfectly recovered.

The vote of thanks was carried unanimously.

Dr. WILLIAMS said - When Dr. Blandford gave notice of his paper, I did not know how much time would be occupied by it, or by the discussion upon it, and I endeavoured to secure some specimens, and Dr. Savage, Dr. Bage, and Dr. Thompson Dickson offered to exhibit some. At the close of the meeting this room will still be open, and, therefore, any gentlemen wishing to see these specimens will have the opportunity of doing so.

Dr. MAUDSLEY proposed a vote of thanks to Dr. Williams, which was carried by acclamation, and

Dr. WILLIAMS thanked the members, and the meeting adjourned.

The following Specimens and Drawings were exhibited :—

Dr. SAVAGE—Section of Spinal Cord; section of Diffused Sclerosis; case of Inflammation of Cord, and General Paralysis.

Mr. WAGSTAFFE– Sections through the Pons.

Dr. BOYD—Portraits in pencil of Insane Patients.

Dr. J. THOMPSON DICKSON—Sections of Brain showing Inflammation, Sclerosis; sections of Spinal Cord, showing Inflammation, Sclerosis, and the conditions associated with Paralysis Agitans, Progressive Locomotor Ataxy, and Progressive Muscular Atrophy; Litho-Photographs of the Insane, and Drawings illustrating Morbid Nerve Tissue.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of the Medico-Psychological Association was held in the hall of the Royal College of Physicans, Edinburgh, on Thursday, 27th November. Professor Laycock presided. There were present :—Professor Laycock, Drs. Smith, Fairless, Fraser, Campbell, Thomas Howden, Batty Tuke, Ireland, Grierson, Lyall, Clouston, H. Hayes Newington, Smith, Sibbald, McBean (R.N.), and Rorie.

PATHOLOGICAL SPECIMENS.

Dr. IRELAND, who acted as Secretary in the absence of Dr. Fred. Skae, exhibited the brain of a man who had died in the Stirling Asylum, and read the notes of the case* from a manuscript sent by Dr. Fred. Skae.

The CHAIRMAN said that the specimen was a very interesting one, and the notes by Dr. Skae would have been exceedingly valuable if details had been fuller.

CHARTS OF THE BRAIN.

Dr. TUKE exhibited a set of charts of the brain published by Messrs. McLachlan and Stewart, South Bridge, Edinburgh. He said that the object of the charts was to assist in pathological operations. The charts exhibited a series of representations of the brain in its various aspects. They had been suggested by Dr. Howden and himself as in their opinion very useful in the *post-mortem* room in regard to marking down the exact position on which there was a lesion, and they suggested that the diagram which shows the lesion should be cut out and pasted in the pathological book along with the verbal description. He himself, with Dr. Fraser and Dr. Howden, had been in the habit of taking the diagrams from Professor Turner's work, and they had found them very useful in denoting the particular point of a lesion. Messrs. McLachlan and Stewart had resolved to publish these charts at

* It will appear in our Clinical Notes in the April No.

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sixpence a sheet, and they had arranged that they should have a larger number of those representations of the parts of the brain which were most needed. Of the superior aspect of the brain they had six; of the lateral, eight; and of the inferior, two, and so on.

The CHAIRMAN said he had no doubt the charts exhibited by Dr. Tuke would be very useful as marking more exactly the position of the lesion, and he believed the charts would be a *sine quâ non* in all asylums where such inquiries were carried out.

Dr. CAMPBELL said he thought it might be better if they were to put each drawing in a separate leaf in a book.

Dr. TUKE said that the object in view was to publish the charts in the cheapest form possible. He ought to state that if credit was due to any one for the idea it was to Dr. Howden.

Dr. CLOUSTON, Morningside Asylum, said that the best way they could show their appreciation of the chart was to buy a lot of them and use them in their *post mortem* examinations.

The CHAIRMAN said that that might be put in the form of a resolution.

Dr. TUKE said he was going to ask the meeting to do so at a later part of the proceedings. He thought that a committee should be appointed in order to carry out a uniform system of examinations.

PAPER BY DR. BROWNE.

Dr. IRELAND read a paper by Dr. W. A. F. Browne on "The Perception of Time as a Feature in Mental Disease." *(See Original Articles.)*

The CHAIRMAN said—I am sure that we all felt much interested in hearing a paper on so important a subject. As Dr. Browne has done me the honour of referring to my book on "The Nervous Diseases of Women," with reference to the cases of rhythmical chorea, I may be permitted to make a few observations. The subject may be divided into two:—First, the perception of time as an act of thought, and secondly, the perception of time in reference to movements. As to perception of time in thought, it is necessary for us to consider the question in relation to the brain and its functions, and as to both forms of brain action in relation to it, the reflex function of the brain would lead us to a conclusion. Memory is requisite to the perception of time as an act of thought; and for memory a record must be made. What are the physical changes on which that record depends cannot be known; but we know that a re-excitation of the record under certain physical conditions induces reminiscence, and it is a comparison of that reminiscence with the present perception which is at the foundation of perception of time past. If there be no perception that there is time past, then a re-excitation of the record is presented to the mind as being the present. No doubt changes occur, as Dr. Browne points out, which sweep away the record, and the record may be within a limited or restricted portion of the brain, as proved by the fact that the record belonging to a limited portion of time—a certain number of years—may be swept away. As to the connection of time with movements, I many years ago studied the question with reference to the reflex function of the brain; and in my paper, communicated to the British Association for the Advancement of Science in 1844 at York, and afterwards published in the "British and Foreign Medical Review," of January, 1845, I mentioned facts of automatic or reflex rhythmical movements which must be familiar to many present as occurring in the insane. In that paper I mentioned the following case:—"A male patient in the York County Asylum, aged 44, and fatuous for thirty-seven years, cannot pronounce any word distinctly, nor understand what is said to him. He constantly holds a stone or other substance in the palm of one hand, and moves continually, as if slowly waltzing. Mr. Alderson, the resident medical officer, kindly assisted me to time his movements, and we found that he performed twenty steps in fourteen and a half or fifteen seconds, with the greatest regularity, and we measured his steps repeatedly. Another man, aged 34, in a state of dementia, stands for hours together, moving his hands and feet synchronously, in a way not easily to be described. He was found, when timed, to make twenty steps in ten and a half, or eleven seconds, with unvarying regularity. In these examples, as in the case of chorea, the source of the movements was centric, and, as the latter were connected with an idea of time, its seat was undoubtedly cerebral." Those connected with a tune are called automatic, but are, undoubtedly, excited as reminiscences by external impressions received through the sense of touch or other sense, and transmitted to the brain. The *Tarantati* referred to by Dr. Browne, seem to belong to a different category. There does not appear to be any solid proof that the

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poison of the tarantula, a species of spider, is the exciting cause of the rhythmical chorea, but that the imagination, or suggestion and imitation are really the conditions under which the dance arises. The tune to which they dance, named the Tarantella, is a popular air; and in cases of rhythmical chorea in this country, it has been found that the patients danced to a popular air. In these cases the dancing movements depended on the re-excitation of the record of the air. Such a case is mentioned in that paper already referred to, in which it was discovered that the patient danced to a popular air, and that she had the tune dwelling in her mind. Imitation is, no doubt, an exciting cause of numerous movements, as in the epidemic chorea, referred to by Dr. Browne, of the middle ages. This source of movement must be very familiar to physicians in charge of the insane, morbid imitation being exceedingly common. Imitation is not uncommon as a simple nervous affection. Not long ago, when in Dublin, I heard of the case of a gentleman who had an irresistible impulse to imitate the style of speaking of those whom he addressed; so that when a Frenchman spoke to him in broken English he also conversed with him in broken English. There is a case on record of a man who could not avoid imitating every gesture, however ridiculous, of any person whom he met, so that, however absurd the motion, he was compelled to do it. The only method that can be followed satisfactorily in solving these difficult questions is that which constantly bears in mind that the phenomena to be investigated depend upon changes in the function of the brain. And the laws of reflex action help to elucidate that function.

Professor Laycock then vacated the chair, as he had to leave the meeting. Dr Sibbald was called upon to preside.

UNIFORM SYSTEM OF RECORDING POST-MORTEM EXAMINATIONS.

Dr. TUKE said they would all recollect that some four years ago a committee was appointed at one of their northern meetings to take into consideration the subject of a uniform system of case-taking. The system prepared was laid before the Society, and printed in the "Journal," and he trusted that it had been universally adopted. Speaking from his own experience, he found a great benefit from it, as enabling him to put down successively the salient points of each case. He thought the time was come when they should supplement this system of case-taking with a system of pathological notation. That would go a long way in removing the stigma that the profession had not done so much as it ought to have done in elucidating the subject of nervous diseases. He thought there was no doubt that physicians of general hospitals had done more to elucidate the subject in regard to cerebral disease than had been done in the asylums. The cause of this might be that the physicians of the general hospitals had no house stewards' work to do, and had to take part in the teaching of students. In consequence of that they were bound to condense their statements, and to make them as accurate as possible. In the face of the great advance of cerebral physiology, they must be aware of the fact that there was nothing too small that should not be noted; and though they might not be able to note any very great results, still as a body, by making these researches they would be preparing a store-house of facts for other observers. To this end, of having a uniform system, he held in his hand a paper containing various suggestions for the uniform system of notation of pathological appearances. It consisted of two parts—the first was simply devoted to the arrangements in regard to the appearances as seen in *post mortem* examinations; the second was to carry out a microscopic examination, both in the recent and in the prepared state. It might be said that it was impossible for anyone to carry out these processes in every individual case. That might be true to a certain extent, but he thought it was evident that it would be important if it were carried out as far as possible, and particularly if the condition of the brain in the recent state were observed. As to the microscopic sections, he might state that he had been applied to so very often to give details of the processes that, selfishly speaking, he thought it might be of great good to get them put on record. He believed that this scheme would have much greater weight if it was adopted generally by the association. He begged to suggest that a small committee be appointed to reform the scheme, and that it be an instruction to the committee to forward the results of their labours to the quarterly meeting in London, asking them also to take up the subject and arrange that it should receive the *imprimatur*

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of the general meeting. He had prepared notes of the scheme, but would not detain the meeting by reading them. He left the matter entirely in their hands, suggesting that they should appoint a small committee for the purpose to which he had referred. He begged to propose that the committee consist of the Chairman, Dr. Clouston, Dr. Howden, and himself.

Dr. IRELAND said that for his part he was willing to listen to the details, and thought that the meeting should know what the scheme was before they sent it to a committee for consideration. The adoption of such a scheme evidently depended upon its being favourably received by a large number of individual members. He, therefore, thought that if a committee were appointed it should not be such a small one as proposed. It might very well happen, even after Dr. Tuke's scheme had filtered through his committee and sub-committee, and gained the *imprimatur* of the central meeting at London, that little would be gained, for they had no power to enforce it upon individual members. It reminded him of a story of someone who asked a king of Scotland to get a law passed that every man should give him a shilling. The king graciously consented to the petition, but added the proviso that they only should give the shilling who wished to do so.

Dr. CAMPBELL seconded Dr. Tuke's motion.

Dr. SIBBALD was inclined to think that they had not time to hear the details of the scheme at present. In his experience he had found big committees to be unmanageable.

Dr. IRELAND explained that he thought all the members present at the meeting should be allowed to come to the committee, if they desired to do so, or had any suggestion to make. He did not think it likely that those far from Edinburgh would come, and believed that not more than one half the meeting would appear, which would not make a large committee.

After some conversation, it was agreed that the committee should be composed of the following members:—Dr J. B. Tuke, Dr. Howden (Montrose), Dr. Sibbald, Dr. Campbell, Dr. Clouston, Dr. Howden (Haddington), and Dr. Fraser.

PAPER BY DR. CHARLES SKAE.

Dr. CLOUSTON then read a paper by Dr. Charles Skae, on a "Case of Traumatic Mania cured by Trephining the Skull." (*See Clinical Notes and Cases.*)

The CHAIRMAN said that this paper related to one of those facts which were most valuable, and well deserved to be recorded in their journal.

PAPER BY MR. H. HAYES NEWINGTON.

Mr. H. HAYES NEWINGTON then read the notes of a "Case of Insanity Dependent on Syphilis." (*See Clinical Notes and Cases.*)

Dr. TUKE said they were under great obligation to Mr. Newington for bringing before them such an interesting subject. Within the last two months he had had two cases of insanity connected with syphilis, and if it would not take up too much of the time of the meeting, he would read two papers in regard to them. He then read the notes of his two cases. (*See Clinical Notes and Cases.*)

Dr. CAMPBELL said he had received from Mr. Newington an impression that there was a tumour in connection with the membranes, but under the skull cap. He wished to know from Dr. Tuke, in regard to his cases, whether there was any tumour.

Dr. TUKE said it was a somewhat difficult question to answer, but he thought it was probable.

Mr. NEWINGTON said that people talked about one side of the body being alone affected by epilepsy, while the other side was perfectly quiet. Was it the case that the side was quiet simply because it was paralysed? He then described the condition of a paralytic patient, stating that the left side became paralysed after an interval of five days after the right side had been attacked.

Dr. IRELAND said he had listened with great interest to the paper of Mr. Newington, and he thought they were all very much obliged to that gentleman for the very lucid manner in which he stated the symptoms of the case to which he referred.

After a few remarks, in reply, by Mr. NEWINGTON,

The CHAIRMAN said he thought there could be no doubt as to the extreme value of the three cases to which reference had been made. The question seemed to turn on whether in describing these cases a special form of insanity had been described.

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He thought that they had scarcely sufficient data in these cases to enable them to say that any one of them was a case of syphilitic insanity.

Dr. TUKE said that there was just this possible element, that not one of these cases might be syphilitic cases at all.

The CHAIRMAN said that Mr. Newington referred to some asylum reports, and seemed to think that where a physician did not refer in his report to syphilis cases he had none in his asylum.

THE NEXT MEETING.

It was agreed that Glasgow should be the next place of meeting.

On the motion of Dr. TUKE, a vote of thanks was given to the Chairman, and to the College of Physicians for the use of their room, and the proceedings then terminated.

THE ARGYLE DISTRICT ASYLUM.

Among the Reports that were published too late for notice in the last number of the Journal, that of the Argyle and Bute Asylum deserves notice for the views expressed by Dr. Rutherford in regard to farm work and its effect on the patients. The Asylum is well situated for the success of the experiment of having a very large farm attached to it, and of letting the patients work or wander about over it. There were 196 patients in the end of 1872, and the farm extends to about 400 acres, the greater part of which is rented by the Institution, and which is, therefore, in the position of an ordinary tenant farmer. Dr. Rutherford says:—

"The practice in treatment, adverted to in former Reports, has been still further developed during the year. No form of mechanical restraint, seclusion, or confinement in airing courts has been resorted to. The administration of drugs has been restricted to cases in which a recognised bodily disease or disorder was actually discovered. No sedative or stimulant medicines have been given to subdue excitement or depression. Comfortable apartments and clothing, a liberal dietary, and abundance of out-door exercise in the form of employment or recreation have been the means used to subdue the manifestations of mental disease. The use of opiates has been restricted to an occasional draught at bed time, generally in cases of illness, where it would have been required independently of the mental condition of the patient. Alcoholic stimulants have—doubtless owing to the healthy stimulus imparted by useful out-door exercise—also been little required during the year. The actually sick, and the weakly old people, have been the principal recipients of this kind of medicine. The use of single rooms for patients inclined to be noisy and restless, continues to be restricted as much as possible.

"An aversion to regular well-directed industry is a characteristic of chronic insanity; and in this Institution, to combat the tendency of idleness or to do only such things as are in accordance with the disordered fancy, is a leading principle of treatment. To see chronic lunatics, strong and in the prime of life, strolling about all day in pleasure grounds, each indulging in his own morbid thoughts, is, as may be imagined, a painful and depressing spectacle. Mere walking exercise, be it ever so regularly taken, has very little influence in counteracting these morbid manifestations. Indeed, walking exercise, daily and regularly taken within an Asylum grounds, possesses, in my opinion, very little value as a means of treatment of chronic able-bodied lunatics. In recent and acute cases, it may be of value as a means of restoring the bodily health, on which the mental condition so often depends. Useful employment in the open air is, of all kinds of exercise, the best. It requires no argument to prove that what is necessary to maintain the bodily and mental health of the sane, is the best means of improving that of the insane, and of bringing them more nearly into the condition of healthy persons. In this way can even incurable lunatics be brought into that state in which Asylum treatment is no longer necessary, and boarding out is found so beneficial both for the patient and the ratepayer. The facilities for this mode of treatment have, during the past year, been increased by the taking of the farm of Fernoch. Full advantage has been taken of this and other facilities granted by

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