Dr. J. O'C. Donelan, Dr. Henry Eustace, Dr. Leeper, Dr. Nolan, Dr. Lawless, Dr. Dawson, and Dr. Arthur Finegan (Hon. Secretary).

Letters of apology for non-attendance were read from Dr. B. Harvey, Dr. Strangman, Dr. Hetherington, Dr. O'Neill, Dr. Graham, Dr. Bernard, Dr. Revington, Dr. Fitzgerald, Dr. O'Meara.

A paper, "Notes to serve for the study of Fracture of the Ribs," by Drs. Conolly Norman and Rambaut, was read by the former.

Dr. RICHARD LEEPER read a communication entitled "Remarks on our usual Methods of Investigating Cerebral Disease, with some Suggestions for future Original Research."

Dr. CONOLLY NORMAN moved that the paper on "A Case of Sensory Aphasia," by Dr. Rambaut, be taken as read, as he and Dr. Rambaut had already occupied a good deal of the time of the meeting, and there was an interesting paper to be read by Dr. Donelan. Dr. DAWSON seconded the proposition, which was passed.

Dr. DONELAN then read his paper: "Some Notes on Portrane."

At the conclusion of the meeting the members were entertained by Dr. Donelan.

BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING, IPSWICH, 1900.

SECTION OF PSYCHOLOGY.

Reported by J. R. WHITWELL, M.B.

President: R. PERCY SMITH, M.D. Vice-Presidents: E. L. ROWE, L.R.C.P.; W. ALDREN TURNER, M.D. Honorary Secretaries: CECIL A. P. OSBOURNE, F.R.C.S.Ed.; J. R. WHITWELL, M.B.

The section was well attended, and the papers read were fully discussed.

PRESIDENT'S ADDRESS.

Dr. PERCY SMITH, in his address on the subject of the Prevention of Insanity, referred to the increase in the number of the insane (as shown by the Commissioners' Report of last year), and the continued burden thus caused to the rate-payers. Speaking of the enormous importance of hereditary defect as an element in causation, he pointed out that little or no effort was made in the human species to guard against the breeding from bad stock, and detailed glaring instances from his own experience of bad results from this cause. Alcoholic excess in the individual and its results in offspring were referred to, and attention was called to the further need for legislation for the non-criminal inebriate, and the inefficacy of the present Inebriates Act. Syphilis, both acquired and hereditary, as a potent element in the production of general paralysis he recognised as absolutely established, and supported the view that syphilis should be a notifiable disease, reviewing the beneficial effect of this action in Finland and other countries.

SEXUAL FUNCTIONS AND INSANITY.

Dr. MACNAUGHTON JONES opened a discussion on "The Bearing of Sexual Function and Disease of the Sexual Organs on Insanity and Crime."

The following were the conclusions that the speaker placed before the section:

1. Functional disorders of ovulation are frequently attended by mental aberration, and in a proportion of cases originate the mental disturbance.

2. The same remark applies to disorders of ovulation which have a pathological cause.

3. In the great majority of such cases the nervous disturbance is of the neurasthenic character, and is associated with various visceral or other neuroses. In only a small proportion does the alienation assume so grave a type as melancholia, mania, or dementia.

4. Where in an insane person ovulation and its external manifestation, the menstrual discharge, are absent or erratic, the erraticism or absence may be a consequence of the general and insane condition, and not a causal factor in its production; but under any circumstances such abnormal menstruation appears to have an aggravating effect on the insanity, and there is sufficient evidence to

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strengthen the belief that when such irregularity—especially if it be due to a pathological cause—exists, it should be treated therapeutically or by operative measures.

5. The question of a gynæcological examination of an insane woman must be a matter for the discretion of the psychologist, influenced by the gynæcological view as to its expediency from the signs and symptoms present in the sexual organs. For many reasons, as a universal practice, with our present knowledge it is not warrantable.

6. Sufficient evidence is now advanced to justify the removal of the adnexa or tumours of the uterus in insane women, when there are gross lesions of the former or tumours of the latter, it being remembered that dementia has not uncommonly followed upon the development of uterine myoma. Here, again, such operation must be advised according to the psychological condition of the patient and the type of her insanity.

7. From a mass of evidence, including some of the largest experiences in Europe, Canada, and America, it does not appear that there is in healthfully-minded women, who suffer from diseases of the genitalia, any special risk of post-operative insanity. On the other hand, if there be a psychopathic predisposition, which has existed prior to and independently of the sexual disease, there is in such cases a larger percentage of post-operative mental disturbance than follows other operations. In such women the prudence of a radical operation may have to be carefully discussed. The post-operative mental effect does not appear generally to be of a serious or permanent nature.

8. It may be generally affirmed that when mental disease of a graver type follows upon sexual disorder, there has been in the woman affected an underlying and often unrecognised psychopathic predisposition; the disorder of menstruation or the disease in the genitalia completing the chain of the vicious circle needful for the final manifestation of the mental condition.

9. The relation of aberrant sexual function or a disorder of menstruation to any criminal act ought to be taken into consideration in determining the responsibility of the woman.

Epilepsy.

Dr. Pasmore read a paper on the subject of Epilepsy, describing the usual mode of incidence of the mental symptoms. He referred especially to the cases in which periodic maniacal outbursts occur, alternating with or replacing convulsive seizures, which he termed psycho-epilepsy. He maintained that many cases of so-called recurrent mania were really to be classed under this heading, and quoted numerous instances in support of this view.

Peripheral Neuritis and Mental Disease.

Dr. Percy Smith read a paper "On the Association of Peripheral Neuritis with Mental Disease," in which he pointed out the fact that the association of peripheral neuritis with a specific form of mental disease, described by Korsakoff and others as "polyneuritic psychosis," had received but little recognition in this country. He had met with peripheral neuritis in twenty cases in sixteen years out of some 3600 acute cases of mental disease which had passed under his care. Of these four were males, sixteen females; and of the four males three were alcoholic in origin, and in one the neuritis was secondary to typhoid fever, though alcohol could not be definitely included. Of the sixteen female patients eleven were certainly alcoholic, four others came into the category on closer investigation, and the remaining one was of diabetic origin. In 50 per cent. of all the cases there was a family history of both alcohol and insanity. The mental condition in the alcoholic cases agreed in the main with the groupings described by Korsakoff, but did not do so in the cases following typhoid fever and diabetes. Seven of the twenty patients recovered, two died, and the remainder were permanently damaged either physically or mentally. From his observations Dr. Percy Smith concludes that there should be considerable doubt in accepting as proven a characteristic polyneuritic psychosis apart from alcoholism, etc.

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The Colony Treatment of Epilepsy.

W. Aldren Turner introduced a discussion "On the Colony Treatment of Epileptics, especially with reference to the Chalfont Home for Epileptics." He discussed the matter chiefly under the following heads:

1. *Education of epileptic children.*—These children should be educated apart from the healthy or imbeciles.

2. *The management of adult epileptics* (*sane*).—He said that medicinal treatment was not greatly of importance; but institution life with suitable employment, etc., was of much greater importance. In such cases the average frequency of the fits is reduced, and the physical and mental state improved.

He claims that the colony treatment affords a means of disposal of the unfortunate class referred to with benefit to themselves, and the plan may be made a financial success.

Referring to the possibility of curing epilepsy, he pointed out the necessity for care in deciding when recovery has been established.

The Pathological Histology of Acute Delirious Insanity.

Dr. John Turner (Essex) assumed three clinical varieties of Acute Delirious Insanity:—1, alcoholic; 2, septic (puerperal, etc.); 3, idiopathic (probably autotoxic). After describing in detail the symptoms, both mental and physical, usually met with in these cases, he reviewed the literature of the subject with special reference to the experimental work of Nissl, Marinesco, and others, pointing out the inconstancy of the results.

Making use of pressure preparations and sublimate hardened sections, with toluidin blue as a staining agent, he notes the following changes:

(1) Excess of pigmentation in giant-cells of the frontal convolution.

(2) Certain cells stain very densely, masking the stichocrome appearance.

(3) Occasionally a shrunken condition of the cells and crumbling of Nissl bodies.

(4) Ready fracture of cell processes during fixation.

(5) Excessive number of free nuclei in perivascular and pericellular spaces.

(6) Sometimes extreme fatty degeneration of the cells of the second layer.

(7) The liver in all the cases examined showed evidence of marked fatty degeneration of the cells.

The implication of the nerve-cells in the above way is in very scattered areas, and partial.

Many of these conditions were shown by means of the lantern.

Blood-pressure in Mental Disease.

Dr. Craig read a paper "On Blood-pressure in Mental Disease." He considered it proven that a high blood-pressure was definitely associated with melancholic conditions, and low blood-pressure with maniacal conditions. He suggested that it may be that the lowered blood-pressure was due to cholin poisoning, the result of katabolic processes. He referred to the comparison that may be made between mania, and sleep, and dreams. He suggested the correlation that appears to exist between melancholia agitata and mania, and fully endorsed the suggestion that saline infusion may be the correct treatment in many of these cases.

Insanity in Male Lead-workers.

Dr. Robert Jones read a very detailed paper "On Insanity in Male Lead-workers." Recognising the importance of lead poisoning as a cause of mental disease, he reviewed the various methods by which lead may find its way into the body, *e.g.* in enamellers, file-cutters, etc., especially pointing out that workers in the crude ore, *i.e.* miners, are rarely affected. The predisposing effect of gout, rheumatism, and sex were fully discussed.

The researches of Lugaro on the pathology of the disease were briefly referred to; also the theory that symptoms were due to altered elimination. Whether the lesion is peripheral or central in its primary condition nothing in his experience had given him the power to decide. As regards symptomatology, he discussed fully and in great detail the various symptoms, and would classify the cases under three headings:

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(1) Toxæmic cases, which are favorable in prognosis.
(2) Hallucinatory, in the main favorable in prognosis.
(3) Those resembling general paralysis of the insane, frequently favorable.

The Relation of the Lunacy Laws to Neuro-psychological Disease.

Dr. McCormac brought forward certain points which he considered required remedying in connection with the relation of the existing lunacy laws to neuro-psychological disease—(1) in the direction of protecting the certifying medical man against legal action taken by discharged patients, especially laying stress on the danger of the *dictum* of Mr. Justice Field (Toogood *v.* Wilkes) that the onus of proving the absence of *mala fides* lies with the defending medical man; (2) in the direction of establishing hospitals (as distinguished from asylums) "*in which special attention should be paid to the treatment of diseases of the nervous system*," in which mental cases may be treated by restrictions without limiting the liberty of the patient. The result of this, he maintains, would be (but does not bring any evidence to show the basis of this belief) that there could be but few cases of failure, and this small percentage of failures would be dealt with as the law directs.

He agreed with most alienist physicians in urging the extreme importance of mental cases being brought under early treatment, instancing cases in which lives had been wrecked by the unfortunate tendency to keep patients at home, or give them change of scene and air, etc.

Cardio-psychical Association.

Dr. Whitwell suggested for consideration and examination certain morbid cardiac states which appeared to have some association with mental symptoms, illustrating some of them under the following classification:

(1) Mental associations of acute cardiac disease.
(2) Conditions of imbecility associated with cardio-vascular hypoplasia.
(3) Conditions of mental immaturity associated with early heart disease, congenital or acquired.
(4) Mental variation in an abnormal direction associated with valvular disease of the heart in the adult.
(5) Heart delirium associated with uncompensated lesions.
(6) Mental changes associated with acute cardiac asthenia.
(7) Mental changes associated with the cardiac asthenia and erethism of fibroid degeneration in senility.
(8) Pathological eupathy occurring in late heart disease.

Organo-therapeutics in Mental Disease.

Dr. Easterbrook (Morningside) read a paper founded upon an exhaustive examination of the use of various animal extracts in various forms of mental disease extending over a considerable period of time. Of 130 cases of insanity treated with thyroid extract twelve patients recovered, twenty-nine were improved, and eighty-nine remained unimproved. Those who recovered included cases of myxœdema, stupor, puerperal and lactational melancholia, and simple and climacteric melancholia. Parathyroid and thymus extracts gave negative results. Ovarin was given in thirty-six cases, with temporary improvement only in four cases, and none in the rest. The total results of organo-therapeutic treatment were not very favorable except in myxœdematous and stuporous states.

PARLIAMENTARY NEWS.

Imbeciles Training Institutions Bill.—*May 2nd.*

Mr. Tomlinson (Preston) moved the second reading of this Bill to exempt certain institutions from rating. Five philanthropic institutions were affected.

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