time he had been a strong, active man, of a mild disposition and even temper; but gradually he became irritable, swore abominably, and caused great uneasiness to his relatives by his conduct. The feature in his case to which I wish to direct attention is the variations in his condition. I have heard him reading the papers to his family, making remarks on the debates in parliament, and so forth, but on having some difficulty in folding the newspaper, he would tear it in pieces, swear, weep with rage, and then in a few minutes settle down and finish what he had been reading. I have often accompanied him in his professional visits; in one house he would be very pleasant, chat with the patient, tell a story to amuse the children, and conduct himself as he had done before his illness; in the next he would outrage all professional and social propriety. One evening he was in a very pleasant humour, and was entertaining me with many amusing stories about his professional experience, when a fly lighted on his nose; in an instant he became excited, swore, rushed to the stable, and insisted on making a journey to a neighbouring hamlet, where, however, he had not a single patient at that time.

With Dr. Browne's evidence I am sure the majority of asylum physicians will heartily agree, as being but the expression of their own experience. We must, therefore, sympathise with the pursuer in the preceding case in his crowd of calamities; he has lost his property; a verdict in his favour has been set aside by the Court, as contrary to evidence; he has been refused the usual expenses on the ground that, in the opinion of the judges, the action should never have been brought, because there was no ground for allegating the insanity of the testator; and, lastly, he has excited the indignation of many individuals who have expressed their wrath in a very marked, but exceedingly disagreeable manner. But they forget that the pursuer only attempted to protect his own interests by the only method within his power.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Library of the Royal College of Physicians, Edinburgh, on Thursday, the 30th November. Present:—Drs. J. Smith, Skae, Howden, F. W. A. Skae, Ireland, Christie, Rorie, Lowe, Campbell, Sanderson, Grierson, J. Batty Tuke, and Eastwood.

Dr. SKAE (Morningside Asylum), on taking the chair, said—Gentlemen, I am very happy to see so many of you assembled here, and I sincerely trust that this meeting may prove a very instructive and interesting one to us all, as I am confident it cannot fail to be a very pleasant one.

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I beg to thank you for the honour you have done me in placing me in the chair. I hope I will not disappoint you when I say that I have no formal address prepared for you. Indeed, since your last meeting, I suffered so much from illness, and was so long absent in the pursuit of health, that since my recovery and my return to my duties I have not had the time to work out anything in our special department worthy of your notice. I do not regret this, as I am sure the contributions we are to have from the members of the Association will be far more interesting than any formal address from me. I have tried to think what I ought to say to you on this occasion, and the first thing that occurred to me was to congratulate you on the progress of psychological science. When I look at the valuable works which have been published within the last year, the very valuable papers on insanity which have appeared in our Journals, the highly important experiments which have been made *in Scotland*, on the treatment and management of the insane in cottages, a subject of vast interest in a humane as well as in an economic point of view; the ventilation of the subject of the treatment of inebriates or insane drunkards; the careful study of the *medical* heat of insanity; when we reflect, lastly, on the progress of our physiological and pathological inquiries in regard to insanity—not very brilliant, but very promising—I say, when we reflect on all these topics, I think we may well congratulate each other on the fact that we are not *standing still*, but making a steady onward progress in the search after truth, and in the discharge of the onerous duties devolved upon us. These results, I think, we have, in a very great measure, to ascribe to the institution of the *Psychological Association*, to its *Journal*, and lastly, in some degree, to our quarterly or local meetings, such as this. I trust that on this occasion your contributions may give, as formerly, an onward impulse to our movements. Among other thoughts which occurred to me in reference to this address, was the propriety of my getting on the back of my latest hobby, "*The Classification of Insanity*," and giving it an airing for your benefit!! I forbear, however, although I must give you a few thoughts on the subject—perhaps of a somewhat rambling nature, but very short. In the first place, I congratulate myself on the general favour with which this mode of classification has been accepted by some of the best writers on insanity, by my distinguished friends Dr. Maudsley and Dr. Arthur Mitchell, by Dr. Blanford, and others. I ought to add the names of my old medical assistants, Dr. Yellowlees, Dr. Clouston, Dr. J. B. Tuke, and others, who have either used it or written about it. To all of them I would offer the same petition, viz., that they would work it fairly out, and they will find, as I and others have done, that it is the only practical and available nosology of any value in the present state of our psychology. I take this opportunity of thanking the gentlemen whose names I have mentioned for the very laudatory terms in which they have mentioned my name in connection with my views. I shall conclude with

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one or two strictures on the criticisms made on my classification. Dr. Blandford seems to think that my classification is based on an etiological basis entirely. This is far from being the case: it is based, as fairly shown by Dr. Maudsley, upon an attempt to group the various forms of insanity into "*natural families*," as we describe scarlatina, typhus or typhoid fever, measles or cholera, the natural history of all which we know—their early symptoms, the course and termination of them, and it may be, but that is immaterial to their nosology, their supposed cause. So, in my classification, the name may suggest that the form is designated from its *cause* alone, but it is not so; the cause may be made use of as a convenient means of designation, but no more. Many of the forms of insanity, such as general paralysis, &c., have many assigned causes. If a physical or pathological cause can be found, of course I prefer it as a name for the form of the insanity, just as I would designate the disease causing cough, rusty sputa, and dulness of percussion, "*inflammation of the lungs*," or "*pneumonia.*" Dr. Blandford thinks I do not sufficiently recognise hereditary predisposition as a cause. Now, the fact is, that on the contrary, I think there is a predisposition to insanity in every case of insanity that occurs. This predisposition may not be always hereditary, but I have not the least doubt that in most cases it is. The scope of my paper on classification does not include as necessary adjuncts either the predisposition or the exciting causes as its essential elements. Exception has been taken to my *Idiopathic Insanity*, as being a sort of tomb to which we may consign every form of insanity that we cannot otherwise dispose of. It is so, and it is the same in regard to the nosology of other disease. You have idiopathic epilepsy and symptomatic epilepsy arising from a variety of causes; constitutional, congenital, accidental, and the results of poison, injury, &c. Why should we not, on recognised principles of nosology, have our idiopathic insanity, sthenic and asthenic? Moreover, I think it right to add that the cases of insanity referred to this form, will be found otherwise sufficiently characteristic in their origin and history to deserve a special place. They are—whether acute or chronic, whether sthenic or asthenic, and whether the symptoms are those of excitement or depression—all referable to *moral causes*, such as sudden shock, loss of fortune, &c.; and are all preceded by the same uniform *proximate cause, the want of sleep.* Dr. Brigham, of New York, ascribed all cases of insanity to *want of sleep.* Dr. Bucknill ascribed all cases of insanity arising from moral causes to want of sleep, and although not going the whole length with Dr. Brigham, I have held the same opinion as Dr. Bucknill during all my professional life. Idiopathic insanity is in my opinion sthenic or asthenic, according to accidental circumstances in regard to the bodily health of the person affected; but the name should be reserved for all cases which can be referred to *moral* causes only, and in all these cases, as I have already said, the immediate or proximate cause is the *want of*

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sleep. With these somewhat rambling, but I trust suggestive, remarks, I beg you will proceed to business, and that our secretary will, in the first place, read the minutes of our last meeting.

The SECRETARY having read the minutes of last meeting, which were approved,

The PRESIDENT said the next business was to settle on the next place of meeting.

Dr. HOWDEN suggested Glasgow, and recommended that it should take place either earlier or later than the time at which they, at their last meeting in Glasgow, met, in order to give an opportunity to certain of the professors of the University to be present. Several were interested in the subject of psychiatric medicine, and would undoubtedly avail themselves of the opportunity. If the meeting could fix a date prior to the close of the winter, or after the opening of the summer session, a good attendance would be ensured.

It was proposed and agreed, in accordance with this suggestion, that the meeting in Glasgow should be held on the second or third Thursday of May, 1872, the definite arrangements being left to Dr. J. Batty Tuke to carry out.

Pathological Specimens.

Dr. J. BATTY TUKE exhibited two skulls, both of which presented the marked abnormality of absence of the sagittal and coronal sutures. The first he had accidentally picked up in the village of Leuchars, in Fifeshire, in the carefully conserved old shop of a deceased "Gideon Gray," whose son presented it to him. It was evident that this was not the skull of an aged person, as the occipto-sphenoid synchondrosis was not ossified, and as the wisdom teeth had not been fully developed. There was no reason to suppose that the centres of ossification had been abnormal, but that the sutures had been ossified in utero, as the parietal bones had been developed laterally, deforming the squamous suture. The lambdoidal suture was normal in every respect. There was no history of this skull; it had been suggested to him that it might have been picked up on Tent's Muir, where wrecks frequently had occurred, and that it had, from its configuration, belonged to a Coolie. This was, however, doubtful, as the ossified sutures would account for any abnormality in its shape. The second skull had been kindly lent by Professor Turner; it presented the same abnormality, but was a much inferior specimen, as the facial bones were absent. He promised a more detailed account.

The PRESIDENT said his opinion was—first, that they were both skulls of women; second, that they had not belonged to idiots; and, third, that they were foreign. He had a Parsee skull which was like one of them.

Dr. HOWDEN (Haddington) sent a specimen from the vertex of the skull of a patient who had been in the habit of throwing summersaults on to the floor. She had frequently bruised and injured the top of

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the head. After death, which had not resulted from this practice, a small abscess was found between the dura mater and the skull, which had destroyed the inner table.

Communications.

Dr. J. Batty Tuke read a paper (written in conjunction with Dr. John Fraser, Assistant-Physician of the Fife and Kinross Asylum), on "A Case of Ataxic Aphasia and Agraphia, with Locomotor Ataxia." —(*See Part I., Original Articles.*)

The Chairman said he was sure they were all very much indebted to Dr. Tuke for the very interesting and valuable paper he had just read. He would be glad to hear any remarks upon it. He had a very interesting case of aphasia under his care. It was a periodic case—the only one he had ever heard of.

Dr. Tuke said that periodic cases were not uncommon.

The Chairman said the patient took ill once in six weeks or two months. She got negligent of her person, her hair was dishevelled, and when she tried to speak she could not do so. She could write one or two words. If she was asked what she would like she would probably write the word "orange;" then another word, and then nothing at all. The disease would then leave her in the course of two or three days.

Dr. Campbell then read a paper, "On the Relative Value of Single Doses of Tincture of Hyoscyamus, Bromide of Potassium, and Chloral." —(*See Part I. Original Articles.*)

The Chairman said that this was one of those interesting practical papers which were exceedingly valuable. Many medicines which were used for centuries had now been given up entirely, and many others were just becoming known.

Dr. Tuke said it was difficult to make any remarks on the paper, except on the general question. He thought it would be a good plan to defer the consideration of papers till the meeting after the one at which they were read. In his own paper he knew that there were many weak points—(a laugh)—but it was impossible for a person to follow out the details at once. There were few who could grasp a subject so as to discuss it thoroughly on once hearing it; and in regard to the paper now read it was impossible to carry the figures in one's mind.

The Chairman said that he agreed very much with what Dr. Tuke had said, but he did not know that it was really necessary to study the papers before discussing them; as it was more with the view of comparing notes that the papers were read. He had no doubt that the gentlemen present had had their own experience as to the effects of chloral and bromide of potassium. Of course it could not be expected that they could go into an analysis of the paper unless they had an opportunity of seeing it beforehand.

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Dr. HOWDEN said there was one point as to the use of narcotics that was not kept in view, and that was, that by producing sleep they did not necessarily do the patient good. His own experience of chloral was not favourable as far as curing the patient went. It produced sleep in a remarkable degree.

The CHAIRMAN said his experience coincided with that of Dr. Howden; and he thought that many of those narcotics prolonged disease. He knew two ladies who were subject to periodical attacks of insanity occurring at long intervals. Each of them recovered after about six weeks' illness. During one of the last attacks they had some years ago, they were treated with Indian hemp by Dr. Yellowlees. He gave them large doses of that, which had the effect of producing sleep and preventing them tearing their clothes; but with this result, that the one lady did recover in ten months, and the other lady did not recover at all. That had shaken his faith in the curative power of these narcotics. He thought they were resorted to more for the sake of peace and quietness than for their curative qualities.

Dr. CHRISTIE said he thought that there were certainly cases where, if they saw a patient sinking it might be well to give him chloral to pull him up for the time, but he was of opinion that chloral was not a curative agent. It produced sleep, but not a cure.

Dr. CAMPBELL said that his paper dealt with the relative action and value as a soporific of the three drugs, and that it had little to do with the curative process.

Dr. HOWDEN said that the two questions were so closely allied that they could not separate them. He did not give the patients narcotics, but he fed them well.

Dr. TUKE said he had two cases shortly after chloral came out of acute alcholic insanity. One of the cases had run three weeks and there was no improvement. The patient got several doses, and recovered after a week, perfectly for the time. In another case—a recent one—the patient was cured in a month by the use of chloral. In some cases he believed it retarded the cure for many months, and, like Dr. Howden, he had given up the use of chloral. He believed that acute cases would get on better the less they were touched.

The CHAIRMAN said he would like to know the opinion entertained in regard to the use of the warm bath in acute cases.

Dr. CHRISTIE said he had found it very useful.

The CHAIRMAN said he had used it until he was obliged to give it up, as some of the patients died suddenly.

Dr. HOWDEN said he had to stop the use of warm baths for the same reason, as he had lost a patient.

Dr. EASTWOOD said he agreed with Dr. Campbell as to the relative value of the three medicines. He was of the same opinion as to chloral that he expressed, but he was not favourably impressed with it as a curative agent. In an acute case he had never seen so much good done as in keeping the bowels open, the use of the bath, and of

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opium He had never found anything of so much value, and he did not think anything could be so satisfactory in acute mania.

Dr. F. SKAE said he would like to ask Dr. Campbell, or any one else, if they had tried chloral in the treatment of hallucinations? He mentioned the case of a woman under his care who had hallucinations of taste and hearing. She thought the coffee and porridge were poisoned, and she could not sleep at night because she heard the voice of her child crying that he was being murdered. After the chloral was given the delusions went away.

Dr. CAMPBELL said he thought one would need to treat the same case several times before arriving at a decided conclusion.

Dr. IRELAND read a paper "On the Best Methods of Teaching Idiots to Speak."

In the course of the discussion which followed Dr. IRELAND expressed his opinion that it was quite possible to so far educate many idiots as to enable them either to make their own living or to assist in so doing, but always under supervision. He further explained his views as to the pathology of idiocy, remarking that he did not consider that its pathological aspects had been sufficiently regarded. The term idiocy should be used as a pathological generalization, embracing at least ten pathological divisions, such as Eclampsic Idiocy, Epileptic Idiocy, Microcephalic Idiocy (a comparatively rare form), Congenital Idiocy, Hydrocephalic Idiocy, Paralytic Idiocy, Inflammatory Idiocy, Cretinism and Idiocy from compression; he had little doubt but that research would soon add more to this list.

The SECRETARY read a paper by Dr. Wood, of Dunston Lodge, "On Seclusion."

In the course of the somewhat desultory discussion which ensued opinions were expressed that the system of airing courts advocated by Dr. Wood was only seclusion in another form; that the term seclusion was ill-defined, and that it was frequently necessary to report as in seclusion patients who either voluntarily or from sickness were confined to their rooms with the door locked.

Dr. IRELAND said a dose of laudanum caused seclusion practically as much as confinement in a single room; he believed that in certain cases moderate seclusion was beneficial.

The habitual employment of seclusion was generally deprecated.

A vote of thanks was accorded to the President and Fellows of the Royal College of Physicians for their kindness in placing their Hall at the disposal of the Association.

In the evening the Members dined at the Café Royal.

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A quarterly meeting of the Medico-Psychological Association was held at the rooms of the Medical Society of London, on Wednesday, December 6th, 1871; Henry Maudsley, M.D., F.R.C.P., President, in the chair.

Members present—Dr. Maudsley, Dr. Sheppard, Dr. Brushfield, Dr. Bodington, Dr. Warwick, Dr. Sabben, Dr. Nicholson, Dr. Boyd, Dr. Tuke. Visitors—Dr. Webster, Dr. Tatham, Mr. Wolten, J.P., Somersetshire.

After the reading of the minutes,

Dr. TUKE remarked, in reference to a case of general paralysis he brought before the Association at the last meeting, where the patient had been treated by calomel baths, that he was glad to be able to report that the patient had not relapsed, and had since inherited a considerable property.

Dr. MAUDSLEY said that as some remarks which he had made on a former occasion in regard to the use of sedatives in the treatment of insanity had not been rightly understood in some quarters, he wished it to be distinctly understood that what he questioned was the frequent and large use of chloral to quell excitement. The question was, whether chloral given several times a day was beneficial, and did not increase the tendency to dementia. Or, in other words, Is the habit of administering 30 or 40 grains of chloral three times a day, as is sometimes done, in order to allay excitement and keep the patient quiet, a good one? The question included the habitual use of all other sedatives; it was not the question of the occasional use of a drug as a hypnotic.

Dr. SHEPPARD considered that the continued use of chloral was not desirable, as it certainly produced dementia; still its occasional use was necessary. Opium, in his experience, was valueless beside chloral; he used to give it in the larger doses, but had discontinued to do so; he now only gave it at night time; he preferred the use of digitalis under great excitement. Dr. Sheppard then referred to a curious case of accumulated rubbish in the stomach of a patient, who had been under his care. His appearance presented general emaciation, and he noticed a great enlargement of the abdomen; the bowels were acted on daily, but vomiting likewise occurred every day. The patient died, and at the *post mortem* Dr. Sheppard found in the stomach 8lbs. of rubbish, the handle of a knife, rags, old pieces of teacup, &c.; he really died of emaciation caused by the absorption of the gastric juices.

Dr. SABBEN said chloral, like all new drugs, has certainly received its share of attention; he had used it both in large and small doses, and had come to the conclusion that when given in small doses two or three times a day for any lengthened period, it lowered the vital power and caused considerable prostration. He had recently seen in consultation a young lady who was suffering from hysterical mania, in an extremely debilitated condition; her medical attendant stated that he had been giving her from 10 to 15 grains of chloral two or three times a

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day for severe neuralgia, to which she had been a martyr for nearly six months; he advised the chloral to be discontinued, and the lady recovered in the course of a few days. He was of opinion that chloral should be used in doses of not less than from 20 to 30 grains, and that the interval of administration should be at least 24 hours. Dr. Sheppard's remarks upon patients swallowing foreign bodies, reminded him of the case of an idiot in an asylum in the neighbourhood of Edinburgh, who, on two different occasions, swallowed a table-spoon; the first time it remained in the stomach several weeks, eventually perforating the walls of the abdomen; the handle appearing, the patient pulled the spoon through the opening and swallowed it again immediately, when the same course of riddance was pursued. Six months since a gentleman under his care swallowed the greater portion of half a blanket, having first torn it into strips; though the stomach was very much distended, he did not appear to suffer much inconvenience, and, strange to say, his recovery commenced from that time.

The PRESIDENT said that, although not a business of the evening, he might mention to the members that there was a project of forming a psychological section at the next meeting of the British Medical Association, at Birmingham, and Dr. Bodington, who was present from Birmingham, would like to ascertain the feelings of the members on the subject.

Dr. BODINGTON was deputed by Mr. BARTLETT to ask the question, and, if agreed to, the section would be formed.

It being the general opinion that the matter should be referred to the Council, it was determined that course should be taken.

Dr. MAUDSLEY then read the paper of the evening. *Subject:*—"Is insanity on the increase?"—(*From want of space, the paper cannot appear in this Journal, but it, or an abstract from it, will be published in the next number.*)

Dr. TUKE—It is impossible to over estimate the importance of the question brought before us this evening in the able paper of our President. To the political economist and to the philanthropist, the alleged fact of the increase of insanity, concurrently with our advanced civilization, must be a matter of grave solicitude and regret; to ourselves, as specialists, it would indicate that we are expending our energies in vain, and are utterly failing in our endeavour to arrest the onward march of mental disorders. I am happy to be able to concur with Dr. Maudsley, and with Dr. Lockhart Robertson, to whose carefully written papers on the subject we are so much indebted, that the idea of the relative increase of insanity is an entirely mistaken one; I would go still further, and believe that it will be found correct to say that the modern treatment of the insane, more humane and more skilful, has diminished the relative number of cases of insanity, although the absolute number has increased. The very important tables given in the last report of the Commissioners in Lunacy, amongst other information, state the fact that ten years ago, the proportion of the insane to the sane was 1·86

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per 1,000, and that this proportion at the last return had risen to 2·49; in other words, there were during the last year, nearly 20,000 more under treatment as lunatics than there were in the year 1859—there being now 56,755 individuals returned as insane in a population of nearly 23,000,000. I think the question as to whether the increased wealth and advancing intelligence of the country has anything to do with the increase of the insane is disposed of by the statistics given by the Commissioners; they tell us that the ratio of the disease in the higher ranks has *not* increased, although, as we all know, the last ten years must have added largely to our monied class. This question, however, demands separate consideration, and I would simply now examine the question as to the general increase of the insane. I quite agree with our President, that the increased longevity of the insane, and the fuller registration of their numbers, which the organization of the Lunacy Boards has accomplished, account in a great degree for their certainly greater number. I should, however, be inclined to doubt whether, during the last ten years, this would have so much weight as it would have if a date, twenty or thirty years earlier, were to be compared with the present year. I would supplement the reasons already indicated by two more valid considerations—first, the increased amount of emigration, which has taken away in large numbers the finest frames and largest brains of our working population; second, and this seems to me of the gravest importance, the error that has been committed in estimating the increase of the insane by comparing them with the number of the population; if the population increased always equally as regards men, women, and children, the conclusion arrived at would be correct, but it is not so. The fact is, that the population in a country like ours increases not in equal ratio; up to a certain point the increase is always in the adults. Thus, at the last census, the people whose age was between 20 and 40, increased 60 per cent. upon the census of 1851; of ages between 40 and 60, the increase was 55 per cent.; while of those under 20, the increase was only 37 per cent. Now, I need hardly remind you that insanity is essentially a disease of middle and later life; hence, then, the comparison between the number of the insane and the population without reference to the ages of the population, involves different factors, and leads to an apparent relative increase of lunacy, while the increase is simply depending on the *increased number of persons living whose age renders them susceptible of such a malady;* and, statistically speaking, the chances of an individual becoming insane are really, at this date, lessened; and if there be a greater absolute number of the insane, there is at the same time a greater number of adult males and females, therefore relatively, the number of the insane has diminished. I propose at an early period to bring before you the tables on which my remarks are based; the figures I have given, as far as they go, are accurate, and I confess that I am glad to be able to congratulate this Society that the work of such men as

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Esquirol, Pinel, Conolly, Tuke, Bucknill, Robertson, and a host of others, the exertion of the Lunacy Commissioners, the national philanthropy that has expended such large sums upon the helpless lunatic, and our own arduous labours as specialists, have *not* been wasted, and we may be assured that as much has been done, so more will still be done, not only to ameliorate, but to cure the most terrible malady that afflicts mankind.

Dr. WEBSTER fully agreed with Dr. Maudsley in all he said. Formerly it was the custom in Scotland for clergymen and other charitably disposed people to receive pauper idiots and imbeciles about their places, and let them stay there. No register was kept of these people; no one knew anything about them. When the county asylums were built they were sent there by their different parishes, and of course swelled the number of lunatics said to be existing. Doubtless, too, the care that was taken of them in the asylums greatly prolonged their lives.

Dr. WARWICK said the question was, Has the present state of civilization increased the number of insane people? At any rate the *cure* of insanity has not increased. He had, some years ago, investigated the statistics of St. Luke's and of Bethlehem, and had found that the percentage of recoveries was now distinctly less than in the olden times. A proportion of the alleged increase of insanity might be due to the smaller percentage of recoveries. Whatever other advantages it has had, the humanity of the present system has not increased the cures.

Dr. TUKE could not agree with the last speaker; the cures were greater by far during the last ten years than ever they were before, as he would undertake to prove.

Dr. SHEPPARD regretted that the lateness of the hour left him little more to do than thank Dr. Maudsley for the excellent paper he had read, although there were some points on which he did not agree with him, and which he would take an opportunity to mention at a future time. He thought that the tone of the times, the high pressure state of society, had much to do in causing an increase in the statistics of insanity.

Dr. NICHOLSON agreed with Dr. Sheppard. The more acute cases of insanity were doubtless due to the go-a-headism of the times. He thought that there was an increase in the number of cases of chronic insanity.

Dr. MAUDSLEY replied briefly, and the meeting adjourned.

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