were present: H. T. S. Aveline, Fletcher Beach, C. Hubert Bond, David Bower, F.St. John Bullen, James Chambers, Maurice Craig, Sam. Edgerley, J. A. Ewan, Robert Jones, P. M. MacDonald, T. W. McDowall, H. F. Hayes Newington, Bedford Pierce, G. H. Savage, R. H. Steen, D. G. Thomson, John Turner, and T. Outterson Wood.

SOUTH-EASTERN DIVISION.

The Autumn Meeting of the South-Eastern Division was held, by the courtesy of the Governors, at the Bethel Hospital, Norwich, on Wednesday, October 17th, 1906.

The members present were Drs. M. T. Archdall, Saml. Barton, N. J. H. Gavin, C. Rodney Huxley, Sydney H. Long, C. A. P. Osburne, D. G. Thomson, and R. H. Steen (Hon. Sec.)

Apologies were received from Drs. Robert Jones (President), Outterson Wood, Ernest W. White, Tidbury, Haynes, Crookshank, and Kidd.

The wards and grounds were inspected, and subsequently Dr. Fielding entertained the members to luncheon.

The minutes of the last meeting having appeared in the *Journal*, were taken as read and confirmed.

The invitation of Dr. Taylor to hold the spring meeting of the Association at the East Sussex County Asylum, Hellingly, on April 17th, 1907, was unanimously accepted with much pleasure.

Dr. JAMES FIELDING, in place of reading a paper, presented, with the compliments of the Governors, to each member, a copy of a beautifully bound and illustrated *History of the Bethel Hospital, Norwich*.

On the motion of Dr. D. G. THOMSON, seconded by Dr. OSBURNE, and carried unanimously, the Secretary of the Division was instructed to write a letter to the Governors of the Bethel Hospital thanking them for the generosity of their gift.

Dr. SAMUEL J. BARTON read a paper on "An Epidemic of Sore Throat at the Bethel Hospital."

The HONORARY SECRETARY gave a short account of an exceptional case of cancer.

A vote of thanks was unanimously passed to Dr. J. Fielding for so hospitably entertaining the Division.

After the meeting the members were taken to the Norfolk and Norwich Hospital by Dr. Samuel J. Barton, Senior Physician, who generously gave up his valuable time to personally conduct a party through the wards and museum of this up-to-date institution.

NORTHERN AND MIDLAND DIVISION.

THE Autumn Meeting of the Northern and Midland Division was held, at the invitation of the Committee of the David Lewis Colony, at the Colony, Sandle Bridge, near Alderley Edge, on Thursday, October 11th, 1906.

In the morning members were shown over the colony and visited the various villa residences for epileptics under the guidance of Dr. Alan MacDougall, the Medical Director, and afterwards lunched together, at the invitation of Mr. Helm, the Chairman of the Committee. Mr. Royle, on behalf of the Committee, welcomed members to the Colony.

There were present fourteen members, viz. Drs. Colcott, Edgerley, Kay, T. W. MacDowall, Alan MacDougall, Mackenzie, Nixon, Owen, Pierce, J. M. Rhodes, Sheldon, Sutcliffe, and Trevelyan, as well as eight visitors.

Dr. Alan MacDougall presided.

The minutes of last meeting were read and confirmed.

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Drs. Hitchcock, MacDowall, and MacPhail were re-appointed members of the Divisional Committee.

The Secretary was instructed to write to Dr. Macleod expressing the regret of the members that he had retired from his post at the East Riding Asylum owing to ill-health, and was unable in consequence to invite the meeting to Beverley, as arranged.

It was decided to cordially accept Dr. Perceval's invitation to hold the Spring Meeting at Prestwich Asylum.

Some Remarks on Obsessions and Imperative Ideas.

Dr. Ernest S. Reynolds read a paper on "Obsessions and Imperative Ideas." He mentioned the simple examples found in every-day life, such as the idea that the gas-tap has not been properly turned off. In the shape of fixed delusions impelling to some action they are common in the insane. But he specially alluded to those occurring in the purely neurotic patients, and related short accounts of such cases which could be classified as (*a*) instances of over-caution often combined with the insanity of doubt; (*b*) those occurring in hypochondriasis as syphilophobia; (*c*) some of the fears of neurasthenia; (*d*) those impelling to homicide or suicide.

Dr. T. W. MacDowall said that Dr. Reynolds' paper brought back to his mind a conversation with Dr. Hack Tuke many years ago. Dr. Tuke related the case of a young schoolmaster who had struggled against an impulse to commit indecent acts with pupils if these happened to wear knickerbockers. If the boys were dressed in trousers the morbid impulse did not occur. The schoolmaster deplored the impulse, begged that he might be saved from it, and asked Dr. Tuke to save him from the commission of acts which he knew would cause him ruin and probably lead him to prison. Dr. Tuke advised the patient to abandon his work in this country and seek refuge in a colony with a very scattered population. This advice was followed, but with what result he did not know.

Dr. E. Vipont Brown, of Manchester, a visitor, said it so happened he could give the conclusion of the story. The schoolmaster did actually commit an indecent assault and had to leave the country, and he went to a large school in one of the colonies. Here his health broke down, he lived a hermit life for some years and died of general paralysis.

Dr. Bedford Pierce related two cases of imperative ideas, *viz.* a man who said he had "double thought" and uncalled for ideas which arose when an object presented itself—*e.g.*, the sight of a hammer suggesting a blow on the head. The other case was a man who had an impulse to murder his child, and who made a good recovery as a voluntary patient in an asylum.

Dr. Sheldon and Dr. Finney joined in the discussion and Dr. Reynolds replied.

The Etiology of the Epileptic.

Dr. Alan MacDougall read a paper on "The Etiology of the Epileptic." He considered that several of the unpleasant characteristics of the epileptic are the result of treatment, not symptoms of the disease. He urged that treatment should not be directed solely, or even principally, against fits; but that the chief aim should be to keep the patient, in spite of his fits, as much like his neighbours as possible. He ascribed the benefit of colony treatment to the fact that at a colony the epileptic can regard himself as a normal member of the community in which he lives.

In the discussion which followed Dr. J. Milson Rhodes stated that it had been found that epileptic patients were generally worse on Mondays, from which it might be inferred that work and regular occupation was beneficial to them.

Dr. J. S. Reynolds dwelt upon the difficulty in persuading parents that work is an essential for the epileptic.

Dr. Trevelyan spoke of the discouraging results of the treatment of epilepsy, and especially referred to the injury frequently resulting from the administration of bromides.

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The Increase in the Number of the Certified Insane, and the Decrease in the Mortality from Diseases of the Nervous System.

By J. Milson Rhodes, M.D., J.P.

The statistics of the number of certified lunatics in our asylums, as disclosed by the sixtieth Report of the Lunacy Commissioners, has raised a considerable amount of alarm in the public mind, an alarm largely due to certain sensational articles in the press, most of them evidently written by writers with an elementary knowledge of the science of statistics; *e.g.*, one writer states that "insanity is rapidly on the increase, for statistics compiled in 1859 showed that the percentage of insane persons then was one in every 536 of the total population and to-day the percentage had increased to one in every 285, nearly doubled."

I was always under the impression that one in 285 was a ratio and not a percentage; but leaving that aside, the statistics of the Commissioners prove that the number of the *certified* insane under the control of the Commissioners has increased and nothing more. The assertion made is about one of the most outrageous examples of the *non sequitur* order of fallacies that I have ever come across. To show the absurdity of the statement, take the case of a City sanatorium with which I am acquainted. The cases of scarlatina in 1894 and 1904 were as follows:

Year.	In hospital.	Cases notified.
1894	1415	3963
1904	2214	2988

The number of cases in the hospital rose by upwards of 700, but the number of cases notified fell by nearly 1000.

The returns of the Metropolitan Asylums Board prove that the same change of opinion is taking place in London. How great the change has been is seen from the following statistics of the percentage of admissions to notifications.

Disease	1891	1901
Scarlet fever	46·84	78·89
Diphtheria	25·07	74·85
Enteric	27·34	45·34
Typhus	70·37	85·0
Smallpox	55·26	97·29

The public are now accustomed to make use of what are really State hospitals for the treatment of physical disease, and there can be little doubt that the same is true in regard to those suffering from mental disease.

I am quite aware that during the last ten years the Registrar-General's return shows a very considerable rise in the mortality from insanity; the figures are:

1880	1885	1890	1895	1900	1904
65	99	93	119	130	127

But if you turn to the deaths from softening of the brain and reverse the order of years, you find some very suggestive figures:

1904	1900	1895	1890	1885	1880
67	70	90	120	124	127

If you add the mortality from insanity and softening together, you get the ratios as follows:

1880	1885	1890	1895	1900	1904
192	223	213	209	200	194

No alienist would assert that softening of the brain had really fallen by 50 *per cent.* during the last quarter of a century. Another cause must be found, and that cause is the fact that the cases of so-called softening are now sent in large numbers to the asylum, and so come under their proper classification in the returns instead of under their former *omnium gatherum*. A reference to the Commissioners' Reports strongly supports this view; taking at random the forty-seventh and sixtieth, we find the following ratios:

Years.	Under 15	15—	20—	25—	35—	45—	55—	65 and upwards.
1884—1888	3	2·8	5·8	8·6	10·9	11·1	10·1	9·9
1900—1904	3	3	6·2	9·0	11·9	13·2	13·1	14·8

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It is true that the ratio of patients admitted has risen from 5·4 per 10,000 to 6·5, but a glance shows that the really serious rise in numbers takes place after forty-five years of age. What a serious matter this is for the ratepayers is shown by taking the totals for the same periods:

Years	Under 15	15—	20—	25—	35—	45—	55—	65 and upwards.	
1884—1888	. 298	723	1359	3299	3221	2420	1554	1188	14062
1900—1904	. 266	975	1928	4741	4747	3834	2555	2252	21298
	−32	+252	+569	+1442	+1526	+1414	+1001	+1064	+7236
Population	10,545*	3246*	3120*	5255*	3996*	2362*	1943*	1517*	32,527*

* 000 omitted.

Another powerful cause of the increase of the number of certified insane is the extended gathering ground from which we now draw our cases. In 1859 the number of private cases was 4679; in 1904 the number of private cases was 9551. It had taken forty-five years to double the number of cases in private asylums, and that in spite of the fact that the population had risen from nineteen to thirty-three millions. If we turn to the pauper class, we find that the numbers in county asylums had nearly doubled in 1879, only twenty years, and had trebled by 1899.

Anyone who will carefully study the figures can come to no other conclusion than that a considerable number of cases that fifty years ago would have been sent to the private asylum are in these democratic days sent to the county asylum, or in some cases even to the workhouse.

That diseases of the nervous system are on the increase is an assertion often made, and on asking for the proof of it we are referred to the number of cases in the asylums. My opinion as to the alleged increase is very much that of Betsy Prig in regard to the existence of Mrs. Harris. The Registrar-General's Report certainly does not show an increase, as the following figures prove:

Causes of Death Showing an Increase.

	Per million. 1885	1895	1904
General paralysis and insanity, not puerperal . . .	99	119	127
Locomotor ataxy, paraplegia, and diseases of the spinal cord	63	75	80

Causes Showing a Decrease.

Meningitis, inflammation of brain	313	248	186
Softening of brain	124	90	67
Chorea	5	4	4
Epilepsy	116	93	86
Laryngismus stridulus	27	20	12
Other diseases of nervous system	171	113	108

We often hear a great deal about the increased worry and stress of life, but the pressure is far greater amongst the upper and middle classes than in the case of the labouring classes; yet amongst the former there is certainly no "enormous increase," and why there should be amongst the latter I fail to see, because they are better housed, better clothed, better fed, and work shorter hours of labour, under enormously improved sanitary conditions, to what they did formerly.

The increase in the number of the insane in our asylums is due (1) chiefly to the accumulation of the cases in the asylums. Few people take the trouble to reckon how rapidly this takes place. For example, you admit 100 people to a new asylum; 37 recover, 10 die. If the admissions, recoveries, and deaths continue at the same ratio in three years the number of cases in the asylum will have doubled without any increase in the prevalence of insanity.

(2) The enormously increased confidence of the public in the treatment of the mentally and physically sick in our State institutions as compared with what they were and what they were thought to be a quarter of a century ago. I well remember an old lady blaming me for sending a case to an asylum, because she asserted "if they are bad cases they smother them under feather beds." You do not hear such nonsense now; the nonsense you hear is more about castration to prevent the increase of the unfit.

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(3) The difference in the distribution of the people now and ten years ago. During that time the rural population of England and Wales only increased from 7,257,000 to 7,469,488. The urban in the same period rose from 21,745,000 to 25,058,000. There is no necessity to point out that a case of harmless dementia that could be easily tolerated in a thinly populated rural district becomes sometimes an intolerable nuisance to the neighbours if in an urban district and addicted to certain habits. Again and again I have been consulted about such cases by aggrieved parties. The cases that used to be kept at home are no longer seen. "The moping idiot and the madman gay" are both in the asylum now.

(4) Another powerful factor is the change of opinion that has come over the public in regard to what justifies you making use of the asylum for your friend if of unsound mind. The fact that you had a friend in an asylum when I was a boy used to be looked upon almost as a discreditable thing—a skeleton in the closet, to be concealed if possible. That is to a great extent changed, and we are looking upon the insane as far more probably possessed of toxins than possessed of devils.

(5) The alteration in the standard of mental disease required by the profession to justify a medical practitioner in certifying a case as insane and suitable for asylum treatment. I can very well remember the time when experienced men were very reluctant to sign a certificate unless the case was "dangerous to himself or others."

These are some of the causes of the apparent increase, and, after many years' attention to this question, I have come to the conclusion that Sir Arthur Mitchell and the late Sir John Sibbald were right when, in their Report, they said, "The facts and figures afford no ground for a belief that insanity is to-day more prevalent than when we entered upon our functions, over thirty-six years ago." The fact that the last four years have seen a decrease in the number of admissions affords ground for hoping that we are not far off the time when the question of how to increase the accommodation for our insane will cease to be the ever-burning question of the County Councils that it is to-day.

Discussion.

Dr. Ewan said that the figures in Lincolnshire bear out what Dr. Rhodes had said in respect to the increase in the number of certified patients. The increase there has been due to accumulation—*i.e.*, the admissions were more numerous than the discharges and deaths. As to the aged dements in country districts, there is no place else for them than the county asylum.

Dr. MacDowall asked about the statement as to the deaths from insanity; in his opinion such were very rare.

Mr. Royle and Dr. Bedford Pierce also concurred in the views expressed by Dr. Rhodes.

A small party of members dined at the Midland Hotel after the meeting.

SOUTH-WESTERN DIVISION.

The Autumn Meeting of the South-Western Division of the Medico-Psychological Association was held at Kingsdown House, Box, on Friday, October 26th, 1906, by the kind invitation of Dr. MacBryan, who entertained the members to luncheon and showed them over the asylum afterwards. There were present at the meeting:

Members.—Drs. P. W. Macdonald, H. T. S. Aveline, Manning, Aldridge, Bullen, J. L. Baskin, Soutar, Pope, MacBryan, Eden Paul, Bowes, L. A. Weatherly, and Millar.

Visitors.—Drs. Whitby, Fleming, Llewellyn Jones, and J. B. Walters. Letters of apology were received from Drs. Robert Jones and Brayn.

Dr. P. W. Macdonald was voted to the chair.

Votes of condolence.—After the reading of the minutes the Chairman alluded in feeling terms to the loss the Association had sustained in the recent deaths of Dr. Craddock of Gloucester, and Dr. Stewart of Bridgend, and proposed that the Hon. Secretary should be requested to convey their sympathies to the relations. The meeting assented without any formal resolution being taken.

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