Part III.—Alterations of the medullary sensibility. I. Disorders of the instinct for muscular action. II. Disorders of medullary sensations proceeding from the digestive organs. III. Disorders of the medullary sensations proceeding from the respiratory organs. IV. Disorders of the medullary sensations proceeding from the circulatory organs. V. Disorders of the sensations proceeding from the genital functions.

Part IV.—Cœnesthetic Disorders. I. Cœnesthetic perversions. II. Hypochondriasis. III. Melancholia.

Part V.—Psycho-pathological considerations upon the genesis of Melancholia. I. Distinction between the rational state and insanity. II. The physical constitution of melancholics. III. Previous mental character of melancholics. IV. Mesological influences on the forms of melancholia. V. Influence of disorders of sensibility on the forms of melancholia.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of the Medico-Psychological Association was held in London, on Wednesday, January 31st, at the rooms of the Medical and Chirurgical Society, in Berners street, the President, Dr. W. H. PARSEY, in the chair.

The Secretary, Dr. W. RHYS WILLIAMS, read the minutes of the last quarterly meeting, which were confirmed.

Dr. J. C. BUCKNILL read a paper on "The Relation of Drink to Insanity."

(We regret that we have received no abstract of this paper, and that our readers must form their opinions of the views expressed in it from the following discussion. The reporter did not take notes of it as it was read, being under the impression that it would be sent to the Journal, according to the usual custom.)

The PRESIDENT said they must all feel indebted to Dr. Bucknill for the very important, useful, and deep-thinking essay they had heard read. It deserved an earnest discussion, which should be taken, as requested by Dr. Bucknill, under the four separate heads that he had set forth. They would be glad to hear the opinions or suggestions of any gentleman present, but it would be convenient that every one should confine himself, for the time, to the particular question under its proper head, and he might then speak again, if he chose, upon the other parts of the subject. The first subject, then, for their discussion would be that of the pathological modes in which it was thought intemperance in the use of drink could produce insanity.

Dr. SAVAGE observed that it might have been expected, in a review of this subject, that more would be said of the pathology of general paralysis in its relation to drink. A young practitioner would think he should find excess in drink one great cause of general paralysis and consequent insanity. But looking at the cases of insanity where there had undoubtedly been excess in drink, he found mere wasting of the nerve tissue, choking of the nerve vessels, or thickening of the walls of the capillaries, or general degradation of all the tissues. There was a state of denutrition, which must gradually waste away the brain, till the man became demented, and finally died. Such a case was not unfrequently called one of general paralysis. All these injurious effects were no doubt produced by an excessive use of that which, perhaps, might, at an earlier

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stage of the disease have served to prevent the waste of nerve tissue, the alcohol having the atriptic effect which Dr. Bucknill ascribed to it; but, on the other hand, it was certainly the means of doing great mischief, especially among drinkers of the more ardent strong liquors. He did not for a moment believe that alcohol was the only thing which had these pernicious effects; they might equally be produced by other kinds of poisoning. But, after all, it was probably better to estimate the pathological result in the old way. If a portion of nerve tissue or of brain were put into alcohol, they would see it became hardened and, as it were, fibrous. And so it would be in the living body; if a man soaked himself with alcohol, his nerves and brain would be injured in the same way, and his powers, both of perception and of action, would be deadened.

No other speaker arising to continue this first topic of the discussion, the PRESIDENT remarked it would be paying Dr. Bucknill a high compliment if they were to assume that his paper was so exhaustive that no one could enlarge upon it. But let them pass on to the second division of his subject, which was his proposed amendment in the mode of keeping statistics of drink insanity. He said he had been much struck with Dr. Major's statistics, quoted by Dr. Bucknill, and he wished to hear some comments upon them from members of the Association who had large asylums under their government. For his own part, he could not help quite agreeing with Dr. Bucknill's remark that a great deal too much effect was attributed to drink as the originating cause, not merely as the exciting cause, of insanity. He had very little doubt that the experience of Dr. Major among a manufacturing population, which was likely to have much hard drinking, would lead him, as similar experience had led other physicians in such localities, to the conviction that drink was actually a very important cause of insanity in different forms. But from his own experience, he must say that he had not been led to the same conclusion. He looked upon drink as merely—almost exclusively—an exciting cause. It was, moreover, his impression that if strong drink, though an exciting cause, were to be removed, the amount of insanity would not, on the whole, be diminished. He derived this opinion from his own experience of twenty-five years in a rural county, with a population of less than 300,000, out of which he had last year received 157 patients. It happened last year that in order to give the information desired by the Lunacy Commissioners there were returns of the causes of insanity to be filled in. This was done by the very able senior assistant in his own asylum. The result was that out of the 157 cases there were only seven in which drink could be put down as the direct or indirect cause of insanity. It might, of course, be only accidental with so small a number, but on analysing these seven cases he found only two in which drink was given as *the* cause, the only real cause, of insanity. In one of these cases there was epilepsy combined with the insanity, and in four other cases there was an hereditary taint. Four of the seven persons were females, while three were males; and it singularly happened to be in two of the females that the insanity was ascribed purely and simply to drink. In all the males there was hereditary insanity also. Now, in that county (Warwickshire) he was sure they had as much insanity, as large a proportion of admissions to the asylums, as in most populous towns; but drunkenness was not the vice of that county. Indeed, there was very little of it, for the county population of which he spoke did not include Birmingham. This was a subject to which he had paid some attention, as a study of symptoms and of the means of cure, for several years past, but had not been able, before last year, to obtain any precise statistics. The proportion of cases supposed to result from drink had seemed to vary from five, six, or eight per cent. to eleven per cent. or more. Last year, however, statistics were carefully obtained, with the extraordinary result he had mentioned. He did not, indeed, think any of the statistics were yet sufficiently certain to be made the ground of any positive conclusion; but something

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might be got at by putting together the results of different experiences and observations. In the meantime it was his own impression that the notion of drink being the cause of insanity was a hobby which had been rather overridden. He even thought we should, perhaps, have as much insanity as now if we had not the drink.

Dr. HACK TUKE could not agree with the remark the President had just made. It seemed rather late in the day to be discussing whether drink was a frequent cause of madness. He would call attention to the testimony of an eminent French physician—Dr. Morel—who stated to him that the increase of insanity in France was in direct proportion to the increase in the use of spirits, and more especially of absinthe. He said that in districts where the people used *vin ordinaire* there was very little insanity. These statements as to the effects of spirit-drinking applied more particularly to Paris and to Rouen where Dr. Morel then resided. He (Dr. Tuke) said that during the late war in France there was an immensely increased habit of drinking, and from this cause, rather than from political or military excitement, there was an increase of insanity. He should have thought they were all aware of too many facts already on record proving this effect of strong drink, to entertain any doubt of its being, on the whole, even the largest factor in the causation of insanity.

Dr. W. WOOD considered the doctrine propounded by Dr. Bucknill to be one of the most dangerous he had ever heard. It seemed quite extraordinary, with all their experience of insanity, that they should be told there would be as much insanity if alcoholic drink were entirely abolished. He confessed that his own experience did not at all justify that conclusion. If it were to be admitted that strong drink only operated as an exciting cause of insanity, surely upon that ground alone its effects were most pernicious. The example of statistics in the Warwickshire Asylum last year, to which the President had referred, was open to some objection as ground for a general conclusion upon this subject. It was well known that an agricultural population was temperate compared with a town population. In a county where he (Dr. Wood) had had some experience, such was the manner of living of the lower classes, from whom the inmates of a county asylum would be drawn, that strong drink was almost unknown to them; indeed, they could not afford it. He should, therefore, be inclined to think any results from the experience of an agricultural county might lead to a fallacious estimate of the general effect of strong drink. But he should be most unwilling to have the opinion promulgated, upon the authority of that Association, that strong drink did not produce insanity. He could not conceive any opinion more likely to do harm. His own experience was, on the contrary, that strong drink was a fruitful cause of insanity; and if it was regarded as only an exciting cause, he did not think its importance much less upon that account. Why, surely nobody would attempt to dispute the awful consequences of excess in drinking or the terrible forms of insanity that it produced. They were among the most hopeless cases of insanity—he did not mean as to the result of the disease, but as to the chances of reclaiming or restoring the individual to his proper place in society. The members of the Association ought, therefore, to use extreme caution in expressing their opinions upon this subject, lest they should be misunderstood, and quoted as an authority for the maxim that after all there was not much harm in drink.

Dr. BOYD observed that, some years ago, inquiries were instituted by the late Dr. Dalrymple previously to bringing in his Bill for the legal custody of drunkards, and he (Dr. Boyd) then carefully went over the statistics of the Somerset Asylum, extending to three thousand cases. He found that the proportion of cases directly attributable to drink, so far as he could make out, was 19 per cent. The proportion among females was comparatively small.

Dr. W. RHYS WILLIAMS could not but sympathise, as, of course, they all did, with the feeling expressed by Dr. Wood. About twelve months ago, if he (Dr.

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Williams) had been asked for his opinion, it would have been very much the same as Dr. Wood's; and he did, in fact, say in his last report that he considered intemperance a true agent, and one of importance in causing insanity. Now, he was not aware that he had yet altered his view of that question; but facts were stubborn things, and his own analysis of a number of cases had shown results which seemed different from what he should have expected. Out of 250 admissions to Bethlem in 1875, only seven males and seven females were set down as cases of insanity caused by drink, and in 1876 about the same average. But the curious part of it was that the female cases seemed rather to predominate over the males. There was, however, in a London Asylum very great difficulty in getting at the fact of intemperance in cases of insanity. Several of these cases had been put down, from the statements of friends or relatives, as persons of sober and temperate habits, and there might be some fallacy in relying upon the statistics of drinking as the cause of insanity. But still the result of this late experience would be to make him very careful hereafter about committing himself to the statement that drinking was a true and important agent in the causation of insanity, though he quite agreed that excess in drinking was a very great evil.

Dr. MAJOR wished it to be understood that these classifications of cases in which alcohol was stated to have had some influence in the causing of insanity were due entirely to Dr. Bucknill, and not to himself. It was Dr. Bucknill who had suggested that it would be absurd to lump all those cases together as due to alcohol; and when he (Dr. Major) came to examine them carefully, he saw the truth of that remark. The result upon his own mind was that he had come to the determination never, upon any consideration, to state in round numbers that a certain proportion of cases of insanity were caused by drinking. What he intended henceforth to say was this, that in his own experience, be it limited or be it large, there were so many cases which were directly caused by alcohol, and so many other cases which were caused by alcohol combined with something else. He would not even accept as conclusive any statements which represented in round numbers a certain proportion of cases to be due to alcohol, without so distinguishing and subdividing them. His conviction, which was firm and deliberate, of the utility or necessity of this rule in dealing with statistics, would apply, not only to alcohol, but to many other so-called causes of insanity. He had often contemplated drawing up a table of those causes, but had found the attempt involved in such perplexity that it soon broke down. The causes of insanity were, in many a case, so much bound together that to give an adequate account of them would be to write the whole history of that case, which could not be put down in a table. He was, therefore, almost in despair of compiling such a table. The only step he could take was that of the subdivision of these cases in which alcohol was concerned into four classes:—1st, comprising those in which there had been nothing but alcohol, pure and simple, acting on the nervous system; 2nd, where, in addition to the effects of alcohol, there was hereditary insanity; 3rd, the cases in which, besides alcohol, there was some other physical cause of insanity —starvation and want, inanition, or bodily ailment of some kind; 4th, where there had been mental excitement or disturbance, as from worry or grief, or business anxieties or over-work.

Dr. NICOLSON said his experience had been rather among criminals, and these were divided into such habitual criminals as were in that way all their lives, and those who had begun life respectably but had been tempted somehow to commit a crime. The former class were certainly not led into it by drinking. The latter class would often mention drinking as the cause of their fall, but it would appear from closer examination that they had taken to drinking under the influence either of a sudden exaltation or a sudden depression, arising out of some departure from their regular and ordinary course of life. The habit of drinking had, then, grown upon them, till their position and actions were

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embarrassed by it, and they resorted to some criminal act; but it could not be said that drinking was the original cause of their becoming criminals. On the other hand, he believed that the disturbance of mind, under certain circumstances, might be counteracted, upon a particular occasion, by the beneficial effect of alcohol properly used; but if taken in excess time after time, it was likely to bring a man either to insanity or to a state of mind in which he would more easily be prompted to criminal actions. He thought Dr. Wood had rather misunderstood Dr. Bucknill, who had not denied that drink led, in some cases, to insanity, but had affirmed the possibility of its use, within reasonable bounds, counteracting the dangerous tendency of mental excitement or depression; and so far he agreed with Dr. Bucknill.

Dr. MAUDSLEY regretted that the discussion had wandered so far away from the particular topic which had been set before them by their President; but he was afraid that he should in that respect only imitate those who had preceded him in the discussion. He, like Dr. Wood, felt something of alarm at the tendency of much that had been said, so far as it might induce the public to suppose that this Association did not think intemperance such a formidable cause of insanity as it was usually considered to be. Now, he dissented *in toto* from such an opinion. He believed that intemperance, apart from any hereditary predisposition to insanity, was one of the most frequent and most powerful causes of insanity.

Dr. BUCKNILL—That is what I said myself.

Dr. MAUDSLEY replied that Dr. Bucknill had certainly the advantage of having considered the question at his leisure. The experience of Bethlem Hospital, to which Dr. Williams had referred, was likely to be fallacious, because the class of patients received there were not people among whom one would expect drinking to be the cause of insanity. There were no paupers in Bethlem, and it was among the poorer classes that drinking was most prevalent. It would, therefore, be misleading to depend on the statistics of Bethlem Hospital upon this question. The proposal for tabulating more correctly the cases of insanity produced by drink was one not easily to be carried out with perfect accuracy—that is, so that the tables should be entirely trustworthy. The experience of Dr. Major, at Wakefield, quoted by Dr. Bucknill, would seem to show that 10 or 11 per cent. of those cases were independent of any hereditary predisposition, and that in only 1½ per cent. there was hereditary predisposition. He (Dr. Maudsley) must say that his own experience was utterly and entirely opposed to this view of the matter, and had rather led him to believe that neither alcohol nor anything else often caused insanity without some hereditary predisposition. Why, if a man had a perfectly sound and stable nervous system, with no predisposition to insanity, he might go on drinking to a good old age, and die quietly in his bed. Many a man had done so, having a sound nervous system to begin with, and others might, no doubt, continue to do so; but if a man did so with a feeble nervous system, the alcoholic excess would be likely enough to cause insanity. They would, however, find the greatest difficulty in ascertaining what were all the predisposing causes of insanity, and distinguishing them as bodily or mental. For example, there was phthisis, which Schröder van der Kolk and others had put down as a predisposing cause of insanity: was that bodily or mental? Was it the bodily disease, the tubercle, that caused insanity, or was it not rather the peculiar mental temperament which accompanied phthisis? He must again demur to the proposition of Dr. Bucknill, that the use of alcohol now and then, or, perhaps, habitually, might tend to prevent insanity—that it was an armour to guard the man against that dread calamity—"a very present help in time of trouble." He believed that if alcohol were so used it would be at the cost of frightful sufferings at a later period. He who took alcohol to protect himself against depression from any present calamity or anxiety would, no doubt, get the better of it for that time, but what would

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he do the next time? Instead of summoning the whole energies of his mind, by a strong effort of will, to encounter the trouble, he would again resort to the alcohol, so more and more weakening his powers of mind, debasing his moral sentiments, and becoming more helpless amidst gathering difficulties. He would next, perhaps, find himself sleepless at night, and would have recourse to chloral night after night, till at last he might go mad or become a complete wreck. The man who took to alcohol as a remedy for mental trouble was a man wasting the capital of his life, and was sure to become bankrupt in the end.

Dr. MAJOR said he had not intended or wished to set his own experience in opposition to that of Dr. Maudsley, but as he found in the asylum last year a certain number of cases in which hereditary predisposition to insanity was specified, and a number in which it was not, he had merely set down those numbers. He did not say it would always be the same as a matter of general experience.

Dr. MAUDSLEY asked, in return, how could they find out the hereditary predisposition and family history of all those unfortunate paupers in a county asylum? Even in his private practice among families of the higher class he had found it was most difficult, sometimes almost impossible, to learn the truth about the previous existence of insanity in a family. He related an anecdote which would exemplify this remark.

Dr. BUCKNILL thought the family history of paupers in the rural districts was not difficult to ascertain, in general, from the local poor law authorities and other informants.

The PRESIDENT likewise believed there would be less difficulty in getting this information about the poor in the country than about the richer classes in town.

Dr. WICKHAM said that he and Dr. Clouston some years ago made a table of the causes of insanity in all the cases admitted into their respective small asylums. They put down many questions, in every possible form, to be answered in each case, inquiring especially as to the condition and habits of the father and mother, the brothers and sisters, and other relatives. In each case they made a personal investigation with the utmost care; they saw the husband or wife, or other near relative, but the stupidity they had to contend with, the reckless misrepresentations, the determination not to answer those questions defeated their attempt. He had long been of opinion that intemperance was not so large a cause of insanity as was generally supposed; but the statistical information obtained during three or four years was likely to be extremely faulty. There was always a wish to conceal the fact of drunkenness having existed in a husband or father. The best thing to be done with these tables of the causes of insanity, such as they were, was to throw them into the fire and try to get at the facts in some other way. His own experience led him to think every class of cases might in this respect be sub divided into twenty other classes, from the variety of combined causes and circumstances.

The PRESIDENT now observed that it was too late for them to proceed with the discussion of the remaining points, and he would invite Dr. Bucknill to reply at once.

Dr. BUCKNILL had very little to say in reply to those who had spoken. With one or two slight exceptions, he quite agreed with all they had said, and he had been much gratified by the kind reception of his paper, to which he had expected a larger amount of opposition. But he did regret that so intelligent a physician as Dr. Wood should have so completely misunderstood him. Dr. Wood had imagined him to have said that intemperance was not a cause of insanity [Dr. Wood—"No, no!"], or not so great a cause as was generally supposed, but he (Dr. Bucknill) had guarded himself by declaring that he thought intemperance in drink was by far the most potent of all the removable causes of mental disease.

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Dr. WOOD explained that his observations were rather directed to what the President had said than to what Dr. Bucknill had said. The President, if he was understood correctly, had said that he believed if strong drink were entirely abolished there would be just as much insanity.

Dr. BUCKNILL had not heard the President say that.

The PRESIDENT—Not so strongly as Dr. Wood puts it.

Dr. BUCKNILL had taken care to guard himself, as he thought it likely he would be misunderstood. He had stated as his strong opinion that "intemperance was by far the most potent of all removable causes of mental disease," but he had asked whether they believed that if all the people in this country were to become total abstainers, while all the other conditions of their life-battle remained unchanged, the total number of admissions to lunatic asylums would be diminished 15 per cent., or whatever might be the full extent of the number of cases now stated to be caused by drinking. He did not believe that it would be so. There would still be those other causes of insanity—grief and sorrow, misery and poverty, and the continual struggle of many people to live. The statistics of New England, where there was less drinking than in any other civilised community, showed that these causes were still fertile in the production of insanity; the percentage of cases in the New England asylums to the population was quite as great as in our own country or in other States of the Union. He could not undertake to answer Dr. Maudsley's objections to the statistics of Dr. Major. There were great differences of opinion; some people had even fancied that 80 per cent of the cases of insanity were caused by drink. Dr. Maudsley seemed to think an hereditary tendency produced more insanity than any other cause, but he (Dr. Bucknill) could not agree in that opinion; they must be content to differ. He believed there need not be such very great difficulty in getting at the percentage of hereditary cases in the pauper asylums, and it would surely prove to be of minor amount than from other causes.

The PRESIDENT thought it was about 30 per cent.

Dr. BUCKNILL, in conclusion, said he was much gratified by the reception given to his views, which might have appeared startling to many persons. He entirely agreed with Dr. Maudsley in saying that if a man resorted to alcohol for relief from every little care and trouble, and continued habitually to do so, it would go badly with him; but he (Dr. Bucknill) said that alcohol was not so uniformly mischievous or destructive of mental functions as had been represented, and on the principle *Ubi virus, ibi virtus*, he had no doubt alcohol might be preservative, or even conservative, taken in proper doses, at certain times and in certain cases. He thought a physician having to deal with cases of impending insanity might sometimes prevent it by the wise and judicious administration of alcohol upon some occasions; but, of course, if it were used as the mere indulgence of the ignorant and vicious, it would have all those evil results that were commonly seen.

This closed the discussion, and the Secretary (Dr. W. R. WILLIAMS) announced that the meeting had arrived at its termination. There were two or three members who had prepared and placed at his disposal papers which they had not time to hear read. One was contributed by Dr. Chapman, Superintendent of the Hereford Asylum, upon "The Comparative Mortality of Different Classes of Patients" (See Original Articles, p. 54). Dr. Boyd, also, had kindly offered to read a paper on "The Influence of Age in Mental Disorders." The Association was much obliged to both those gentlemen, as well as to Dr. Bucknill.

A vote of thanks to the President and Fellows of the Royal Medical and Chirurgical Society, for kindly granting the use of their rooms, closed the proceedings.

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