biology as the foundation of their studies. Philosophers, who do not ignore science, affirm that biological psychology is the axis of morality, logic, and æsthetics, studies which were formerly looked upon as branches of speculative philosophy.

The key-note of Dr. Ingenieros' former paper was despair; that of this one is hope. "The last generation of the nineteenth century," he says, "witnessed the *desastre* of 1896, and the end of the colonial power of Spain. This crisis gave rise to a particular sociological literature, the orientation of which was European and antitraditional. Books appeared, different in origin and in critical value, which gave hope of a renovation of Spanish ethics, opposing the virtues of work and the dictates of the sciences to the two traditional cankers of the Spanish character—laziness and routine. These, and these only, have caused the poverty and ignorance of Spain."

It will be observed that the writer's conclusions are not very different from those of Eloy Luis André, a notice of whose work *Etica Española*, appears in this number of the Journal.

Dr. Ingenieros concludes his paper thus: "At the same time that civilisation suppressed the conditions that give rise to the roguish novel, Spanish culture separated itself from theological scholasticism and approximated itself to the natural sciences. This evolution, slow but inevitable, permits one to hope that Spain will rise to the philosophical level of the other countries of Europe; and that in time she will think again in the thought of the world, with her own strength and accents, as in the centuries of Isidoro, Averroes, Maimónides, and Lulio."

J. Barfield Adams.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The Ordinary Quarterly Meeting of the Association was held at the Medical Society's Rooms, Chandos Street, London, W., on Tuesday, November 21st, 1916, Lieut.-Colonel David G. Thomson, M.D., President, in the chair.

There were present: Sir G. H. Savage, M.D., and Drs. T. S. Adair, R. Armstrong-Jones, H. S. Aveline, D. Bower, J. Chambers, R. H. Cole, M. Craig, T. Drapes, T. Duff, J. H. Earls, C. F. Fothergill, H. E. Haynes, T. B. Hyslop, C. F. McDowall, H. J. Mackenzie, A. Miller, W. T. Nelis, H. Hayes Newington, J. G. Porter Phillips, D. F. Rambaut, J. N. Sergeant, G. E. Shuttleworth, R. P. Smith, J. G. Soutar, T. E. K. Stansfield, J. Stewart, R. C. Stewart, W. R. Watson, H. Wolseley-Lewis, and R H. Steen (Acting Hon. General Secretary).

Present at the Council Meeting: Lieut.-Colonel D. G. Thomson, M.D. (President), in the chair, Drs T. S. Adair, R. Armstrong-Jones, James Chambers, R. H. Cole, T. Drapes, H. J. Mackenzie, A. A. Miller, H. H. Newington, J. G. Porter Phillips; J. N. Sergeant, G. E. Shuttleworth, J. G. Soutar, T. E. K. Stansfield, T. S. Tuke, H. Wolseley-Lewis, and R. H. Steen (Acting Hon. General Secretary).

The following sent communications expressing regret at their inability to be present: Drs. G. D. McRae, C. C. Easterbrook, Bedford Pierce, John Mills, J. R. Gilmour, G. E Peachell, P. W. MacDonald, Capt. G. W. James, R. B. Campbell, Lieut.-Col. Keay, G. N. Bartlett, Norman Lavers, James M. Rutherford, H. Devine, and F. R. P. Taylor.

The President said the first business of the meeting was to deal with the

minutes of the May meeting. As these had already been published in the Journal for July, he presumed that members would be willing to take them as read.

Agreed.

The PRESIDENT said that before proceeding to the agenda paper, he wished to ask those present to pass a vote of condolence with the mother and other relatives of a distinguished member of the specialty who had just died. He alluded to Dr. Ralph Brown, M.D., Lond., B.S., etc. Members might have noted an obituary notice concerning him in the *British Medical Journal* of a week or two ago. Though young, he had had a distinguished career. He was Assistant-Physician at Bethlem and Bridewell Hospitals, and his qualities were well borne testimony to in Dr. Porter Phillips' memoir to which he had just alluded. Dr. Brown was about to obtain a commission in the R.A.M.C., but he was attacked with typhoid fever, and had the disease so severely that he succumbed to it. He was sure the deceased's relatives would appreciate a vote of condolence from the Association.

The resolution was accepted by members rising in their places.

With regard to the business arising from the previous Council meeting, he wished to say that the interests of the Association were being closely watched by the Council, particularly in regard to a Bill for the State Registration of Nurses, for which a Special Committee had been appointed.

Another matter which had been receiving the attention of the Council, through a separate Sub-Committee, was the question of the formation of over-seas branches of the Association. The senior members of the Association would remember that this subject was taken up very strongly as far back as 1891, but, for various reasons, it never materialised. It was now being taken up again. There were certain difficulties arising in the Colonies with regard to the examination of mental nurses, and other matters, which would be very much facilitated by the formation of such branches, as also would the main interests of the specialty and the Association. The Secretary, Dr. Steen, desired him to say he would be glad to know the names of any Colonial members who were likely to be interested in the matter.

The ballot was then taken for the election of OSWALD HENRY VEVERS, M.R.C.S., L.R.C.P., late Junior Assistant Medical Officer, Nottingham City Asylum, Norton Vicarage, Worcester.

The PRESIDENT nominated Dr. Haynes and Dr. Mackenzie as scrutineers.

Dr. Vevers was duly elected.

PAPER.

"Functional Gastric Disturbance in the Soldier," by Colin McDowall, M.D., Capt., R.A.M.C. (Temporary).—(See p. 76).

Dr. R. H. STEEN expressed his appreciation of the paper, and said he hoped others would follow him in a discussion upon it. He would not like Captain McDowall to go away without knowing how much his contribution was valued. He had put excellent work into it, and its preparation must have occupied a great amount of time.

What at once struck one about the cases described was the presence of hereditary predisposition. Practically all the cases had a relative who had been in an asylum or who had suffered from nervous disease. Another thought which came to him while listening to the paper was, that in reading psycho-pathology one was as a rule given very few actual cases, but treated to a vast amount of pyschology. But with regard to the paper just read one could congratulate the author on presenting plenty of clinical material fully described.

With regard to the emotions, these exerted a very strong influence on bodily conditions. This was specially shown in the book which Cannon had written, in which he paid special attention to the influence of the emotions on the stomach, intestines, and adrenal glands. One could easily understand an emotional event causing sickness. With regard to the patients who were sick after hearing distressing news he, Dr. Steen, could understand vomiting following these emotional incidents, but he would like to ascertain the views of the author as to why the vomiting persisted for days and weeks. The author made use of the term "repressed emotions," and he would feel obliged if, in his reply, Captain McDowall would explain further what he meant by it. He presumed he meant emotions which had not had their

ordinary outlet. Therefore he supposed the theory of the treatment would be that if one talked to the patient, and discussed with him the whole situation, encouraging the telling of the whole story, this resulted in the repressed emotions having at least a partial outlet. One knew how, in ordinary life, if one had a secret trouble, or something which was causing anxiety, it was a great relief to be able to tell someone else about it. And he would like to know from Dr. McDowall exactly what he did in those cases; did he take the patient in a room by himself, or was somebody else present? Also, what was the actual method of procedure, and how did he start? Did the author first obtain the history, and then ask the patient for his confidence? He certainly would like to congratulate Dr. McDowall on his excellent results, for practically all the cases had made good recoveries.

Dr. ROBERT ARMSTRONG-JONES, wished to congratulate Dr. McDowall on his paper, as he also certainly congratulated Dr. Steen on his remarks in opening the discussion; these were extremely practical and to the point.

He thought that if the author had done one thing in this contribution, he had supported William James' theory that in such cases as were narrated the emotion was not the cause of the vomiting, but the vomiting produced the emotion; and in the illustrative cases, when the vomiting ceased, the emotion appeared to have passed away. Some said we were emotional because we cried: others that we cried because we were emotional. There certainly seemed much to be said in favour of the ideas of William James.

He would be glad to hear from Captain McDowall whether his patients had any elevation of temperature at about the period of vomiting, as that was a very important factor. At a military hospital, where he attended several times a week, he had seen many cases of shell-shock. On the previous day he saw one in the person of a South African, who had a neurotic history, and was troubled with the same kind of vomiting as the cases under discussion. Associated with the vomiting was a frequent elevation of temperature, which, in one instance, went up to 101° F.

While he was a dresser at St. Bartholomew's Hospital, he remembered Sir Anthony Bowlby experimenting with some of the children there in reference to the emotion of fear. For instance, he took the temperature of a child just before an arm or a leg wound was dressed, and in nearly all of them he found the temperature was elevated one or two degrees.

What he had very frequently noticed in neurasthenics was the exercise of the imitative faculty. One of the most frequent results of neurasthenia in soldiers appeared to be a tremor of some kind—a jerky or rapid tremor; and it was fatal for their recovery to send them to wards in which were patients subject to convulsions, because they would copy them.

He would like to know how Captain McDowall acted with regard to his cases eventually. Were they fit for service again, or not? That was the question most often put to him—could such and such men be sent back again? A typical case was the following: A boy, a Canadian, had shell-shock, following which he was aphonic for three weeks. He regained his voice, and was sent back to the Front on September 30th. On October 2nd he was again suffering from shell-shock and aphonia, and he was again in a military hospital. These seemed to be feeble people to send back again, and it was desirable that some conclusions should be arrived at as to what to do with them. When once a man had had real shell-shock, he seemed to be poor material to send to the Front again. He could quote many more cases, but he would be content with expressing his appreciation of the contribution and Dr. Steen's comments.

Dr. J. NOEL SERGEANT said the question of the relation of shock to gastro-intestinal disturbance interested him very much, because he had always been susceptible to the latter. When, in his younger days, he played football, he always had to visit the lavatory before a match, and he related an incident in British Columbia in which he underwent a thrilling experience, with a similar sequel. Even addressing an assembly produced warning qualms. He could, therefore, readily believe that the more serious forms of shocks could cause gastro-intestinal disturbance, and that it might become chronic. The disturbance was probably due to the fact that instead of the patient realising that the vomiting was due to the shock, he, in many instances, attributed it to something else, such

as grave organic disease or derangement. It was quite clear for the uninformed to attribute the condition to a mysterious disease of the bowels. Cases of the kind described continued to vomit when the cause had been withdrawn because they transposed cause and effect, and regarded the vomiting as the disease: it really acted as an irritant, and was responsible for the continuance of the vomiting. To convince such patients that the vomiting was due to the shock, and that no other factors were present, was equivalent to removing the irritant, and this paper was of particular interest to him as tending to confirm that interpretation.

Dr. FOTHERGILL said he also had seen a certain number of soldiers suffering from emotional vomiting. He agreed that the proper course was to go fully into the history of the case when the patient was first seen, and let him see that an interest was being taken in his condition. But when organic disease could clearly be eliminated, patients should be stiffly treated in reference to the vomiting. If they were declared to be able to take only a milk diet, the plan was to feed straight away on full diet, and if that was vomited, have another meal of like dimensions ready to be taken in its place. By that course of procedure many of these cases were cured of their vomiting at the start. One such man had been for weeks on ordinary milk diet, varied with occasional milk-puddings, and he vomited persistently when anything else was given him. He was in the habit of talking a good deal about his condition. He, the speaker, put him upon full diet: he vomited it, and a second full meal was brought for him. He never vomited again. He had done that in a number of neurasthenic cases, and the results were remarkably good. One case, that of a lady, had been operated upon by Mr. Rowlands for gall-stones. After the operation she persistently vomited whatever was given to her. With Mr. Rowlands' consent, he started her off on full diet. This she vomited, and a similar meal was at once given to her. She never vomited after the second meal.

He had never seen a rise of temperature in these people. With regard to the condition of patients who had recovered from shell-shock, he did not think they were the kind of people to send back into the Army, because the strains and stresses incidental thereto would be almost certain to break them down again, in one way or another.

Dr. DRAPES said he thought the main point to be elicited from the paper was, that all the patients whose cases were described were of the neurotic class, and therefore their vomiting should be regarded as of the hysterical order. Civil practitioners were, of course, familiar with the occurrence of that phenomenon in persons who had never been subjected to shocks in the sense in which they were met with in military life, but whose vomiting arose from purely emotional causes when there was no organic disease present. Lately he attended a young man who had been vomiting, said he had a weak stomach, and was labouring under a strong apprehension that he was going to die. He was a robust looking young fellow, and when Dr. Drapes first saw him he was lying in bed. Asked what was the matter with him, he said he could not eat anything, and he was evidently very frightened; in fact, he burst out crying, as in a similar case referred to by Sir George Savage in his paper contributed to the annual meeting. The fact was found to be that some of the Sinn Fein rioters—of which Enniscorthy was a hotbed—threatened to do something to him because he was a loyal man. He had a brother in the Army, and the rioters were down upon him for that reason. He told the young man that that was now over, and that he should dismiss the idea from his mind. He assured him there was nothing whatever the matter with him, and that he ought to get up and start at work again. In two or three days he was all right, and he was back at work in a week. The giving of good solid meals had a good deal of the power of suggestion in it, and would be likely to be effective when the patient was convinced that he was able to take more than a milk diet.

Dr. Armstrong-Jones had raised the question whether, in these cases, the emotion produced the vomiting, or whether the physical symptoms caused the emotion. The argument that the vomiting produced the emotion he could not feel was sound: it was much more likely to be the other way round. If, what Dr. Armstrong-Jones said was true, that the vomiting produced the emotion, the cure of the vomiting should have a like effect on the emotion. Dr. McDowall, acting on an exactly opposite principle, endeavoured to remove the morbid emotional state, and was rewarded by the cure of the vomiting. Probably some members

would have read the April number of the Journal, in which was a contribution from Dr. Salmon of Florence, in which the author urged the very interesting theory of hysteria that it was due to a hyperæsthetic condition of the cenæsthetic centres. The cases now related seemed to indicate that that impression was the right one. When a vivid impression was made on those centres, such as by the shocks of war, they became more easily susceptible, and senstive to stimuli from other parts of the brain. This hypersensitiveness might be permanent, and cause many hysterical symptoms. This would explain the point raised by Dr. Steen as to the persistence of the vomiting after the cause had ceased to operate. The cases quite bore out Dr. Salmon's theory, and would make fine material for the psycho-analyst. Incidentally, also, they showed the value, in neurotic conditions, of a good talk.

The PRESIDENT said that before asking Captain McDowall to reply to the various remarks he would like to add his tribute to the chorus of thanks, and say how interested he was to hear the account of his cases.

There were one or two points on which he would be glad to receive a little more enlightenment, particularly that mentioned by Dr. Armstrong-Jones, as to how, when the men recovered from this condition, the medical boards were induced to discharge them as unfit for further military service. He, the President, had seen many of those cases, though probably not so many as previous speakers had. Some 12,000 sick and wounded men had passed through his hospital, yet he could count upon the fingers of one hand the cases he had had of neurasthenic or hysterical vomiting. There were, of course, many shell-shock cases, and cases of outbreaks of acute mental disturbance, but vomiting in those states he had found to be very rare. From that chair he mentioned, about six months ago, the case of a man who had vomiting of the hysterical type; whenever anything unusual occurred in the ward he vomited; the provocation needed to bring on an attack was very small. He assumed that the cases which were seen by Captain McDowell were selected cases, those which were sent to his special hospital. (Captain McDOWALL: Yes.) The treatment which the author carried out—interrogation and getting at the personal history—revealed an industry and a patience which he did not think was very common. Most were, perhaps, inclined to take such measures as Dr. Fothergill referred to, making the patient eat a good meal, and if that were vomited, having another ready to be eaten. Both claimed success for their methods. Certainly the idea expressed by Dr. Fothergill was much the simpler to carry out.

As an administrative officer, what he was chiefly interested in was how discharge was obtained from the Army for the cases when they recovered.

Captain McDOWALL, in reply, said that when the patient was talked to and his history obtained in the first instance, no one but the patient and himself was present in the room. The notes when obtained were locked up, and he never discussed the cases with anyone else. The patient was made to understand that the notes were not communicated to anyone else. That was a great help.

They were dealing with all sorts of cases, and it was a method of psycho-analysis and common sense. There was no groping for filth; if there was filth in the history of the case, it had to be removed. Some element of sex came into everybody's life, but in these cases, if it did not happen to be in obtrusive evidence, he did not look for it nor emphasise it.

Dr. Armstrong-Jones said the vomiting was the cause of the emotion, but his own idea was that the emotion was the cause of the vomiting. Recently, a little girl came running into a drawing-room while he was there—she was expecting her father back from the Front—exclaiming "Oh, mother, I am going to be sick!" There it was clearly a case of emotional disturbance causing the vomiting.

He had not found a rise of temperature in any of his cases. They were not all what would strictly be called shell-shock cases. One or two had never been exposed to shell fire.

He agreed that there was a lot of imitation about these cases, though he did not think it was intentional. These cases were sent to them after they had become more or less chronic; some had been nine or twelve months in different hospitals.

With regard to the question whether such cases were fit to return to the Front, and the further question how their discharge from the Army was secured, some 36 *per cent.* of those discharged during the last two months had been returned to

full duty; they were put upon home service for a time, and later were returned to the Front. Many, however, would never be able to go back to the Front. He had not previously had any war experience, but he believed there was no more troublesome person to be dealt with than the vomiting hysteric, nor a more troublesome person to keep right. The man whom he mentioned as having been discharged from the Army had been sent back to the Front, but a few days later he was returned, and went to a provincial hospital, from which he was sent to him, the speaker. He vomited four times a day for nearly two years. His case was fully discussed, and it was felt that he was only a case for discharge from the Army.

The personal question was an important one; the patients must be dealt with as individuals. As to whether some of these men would be any good if sent back, certainly they would. They kept touch with their patients when they went out. One of them recently received the D.C.M.

He was able to confirm Dr. Sergeant's personal experiences from cases he had had. A boy recently told him that he always had diarrhœa after a Rugby match. Urinating was quite a common concomitant of examinations.

Dr. Fothergill talked about the need for firmness in these cases. Of course there must be firmness of treatment: but if a man were returned to the Front simply after having got him to take solid food, he did not think there had been a cure, because the cause had not been removed.

Dr. Drapes' instance, and the way he dealt with it, showed he was carrying out psycho-analysis and common sense, and that was what he himself claimed to do.

IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division was held at the Royal College of Physicians, Dublin, on Thursday, November 2nd, 1916.

The following Members were present: Major Dawson, Drs. Drapes, Rainford, Mills, J. O. C. Donelan, Irwin, H. Eustace, Rutherford, Redington, Leeper (Hon. Sec.).

Dr. Drapes having been moved to the Chair, letters of apology for unavoidable absence were read from Dr. Hetherington, Londonderry, and Dr. Nolan, Downpatrick. Letters were received from the representatives of other members stating that they were prevented from attending owing to their military duties.

Before the business of the Meeting was proceeded with, the Hon. Sec. drew the Chairman's attention to the loss which the Division has sustained since its last meeting by the deaths of Dr. Charles Fitzgerald, late President of the College of Physicians, and Dr. Kirwan, Superintendent of Ballinasloe Asylum. Resolutions of sympathy with their families were proposed by Dr. Rainsford, seconded by Dr. Mills, and passed in silence, the members standing in their places, and the Hon. Sec. was directed to forward these resolutions to their respective families. Dr. H. Eustace, in the absence of his brother Dr. W. Eustace, who was prevented from attending by illness, kindly proceeded to introduce the discussion upon "The General Paralysis of the Insane, with especial Reference to Recent Modes of Treating this Disease," which stood in his brother's name on the agenda paper.

DR. EUSTACE'S INTRODUCTION OF DISCUSSION.

It is with very considerable trepidation that I venture to present a paper in accordance with the wording on the agenda, *viz.*, "The General Paralysis of the Inane, with Especial Reference to Recent Modes of Treating the Disease."

My difficulty lies in the fact that I have only nursed cases of this disease, and I have never had an opportunity to adopt any of the modern lines of treatment by the new arsenical compounds, etc.

However, I have emulated the industrious mole, and by burrowing in the works of some savants I have raised a trifling mound, which may possibly interest you, and will, I hope, produce a discussion.

In 1894 Fourier wrote on *Les Affections Parasyphilitiques*, including locomotor ataxia, dementia paralytica, certain types of epilepsy, and (Osler adds) arteriosclerosis. Fournier held that these affections are not exclusively and necessarily caused by syphilis, and that they are not influenced by specific treatment. About