

Drs. PATTON, COPE, and CONOLLY NORMAN spoke.

The proceedings then terminated.

The members subsequently dined together at the Central Hotel. The following guests were present :—The Registrar-General, Dr. Walter G. Smith, Dr. J. W. Moore, Dr. Sigerson, and Dr. Guy P. L. Nugent.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION,
HELD AT NOTTINGHAM, JULY, 1892.

SECTION OF PSYCHOLOGY.

<i>President</i>	W. BEVAN LEWIS, L.R.C.P.
<i>Vice-Presidents</i>	{ W. BARNEY TATE, M.D. HENRY RAYNER, M.D.
<i>Honorary Secretaries</i> ...	{ FLETCHER BEACH, M.D. EVAN POWELL, M.R.C.S.

WEDNESDAY, JULY 27.

The proceedings of the Section were commenced by the President, who read an admirable address "On some desirable extensions of Asylum Ministration,"* in which he dealt with the duties and status of a skilled pathologist as a member of the medical staff; and he spoke encouragingly of the working of out-patients' departments in connection with our asylum system, the nursing and ambulance lectures developed by the Medico-Psychological Association, and outdoor private nursing he also discussed and praised highly.

Dr. RAYNER proposed, and Dr. MURRAY LINDSAY seconded, a vote of thanks to the President for his able and instructive address, which was carried by acclamation.

Dr. JULIUS ALTHAUS then opened a discussion on psychoses after influenza (this paper will appear as an Original Article in this Journal). The discussion was continued by the President, Sir Frederick Bateman, Dr. H. Rayner, Dr. Goodall, Dr. Murray Lindsay, Dr. Urquhart, Dr. Mickle, Dr. Batty Tuke, Dr. Corner, Dr. J. Peeke Richard, Dr. Richardson, and Dr. Aldridge.

Dr. URQUHART proposed, and Dr. H. RAYNER seconded, the following resolution :—"That a recommendation be made to the Council that a committee be appointed to consider the influence of influenza on the insane in asylums." This resolution was carried unanimously.

Dr. JULES MOREL, Commissioner in Lunacy for Belgium, gave an interesting account of the creation of a medico-psychological service in his country in connection with the prisons. Three alienists were now appointed to supervise the mental condition of prisoners. He contended that prisons always contain a certain proportion of insane people among the prisoners, and he advocated the importance of having them looked after in other countries as they were in his own. The aim of the alienists appointed by the Belgian Government was to remove and to certify the mental cases to asylums and to call the attention of the prison officials to any doubtful cases. The system had worked most favourably in Belgium and had been the means of giving many prisoners, whose insanity had not previously been recognized, a fair chance of recovery.

Dr. BEVAN LEWIS congratulated Professor Morel on the admirable results he had obtained, and thanked him for his able and highly suggestive paper. He was convinced there was a growing feeling in favour of the necessity for better

* See "British Medical Journal," July 30, 1892, p. 246.

supervision of the prisoners in this country by alienists. The prison medical officers were keenly alive to the necessity of asylums experience and the matter had not been lost sight of by Government.

Dr. URQUHART had great pleasure in welcoming Dr. Morel, and he supported his view of this important subject. Dr. Morel appeared as the exponent of the system in actual use in Belgium, and he could substantiate the theories he advanced by reference to the work done.

Dr. RAYNER thanked Dr. Morel for his interesting presentment of the subject. He agreed that certain criminal cases required treatment and not punishment, and he believed the result would be of great advantage both to the criminals and to society.

Dr. F. ST. JOHN BULLEN read a paper entitled "Enquiries into a variation of type in general paralysis." He was impressed with the fact that general paralysis is undergoing some modification under various influences. The points upon which he proposed to dwell were as follows:—(1). The relative frequency of certain recognized types of general paralytic, and the prominence or predominance of any one type. (2). Evidence that locality, this including questions relating to urban or rural life, occupations, modes of life, etc., has any notable influence on this change of type. (3). Whether any alteration is observable in (1) the age at which patients are attacked, (2) the duration of the disorder, and (3) its distribution as to sex. (4). Whether convulsive and apoplectiform seizures bear the same relation to each other, and to this disorder now as formerly (1) in frequency of and (2) period of occurrence, and what is their present significance in prognosis. (5). Whether there are any changes to be noticed in the coarse post-mortem features. With regard to the relative frequency of certain types he found dementia occurring within a month of the earliest symptoms in 23%, by the end of three months, 38%, by the end of 12 months no less than 62%; 23% were fatuous within a year, 53% by the end of the second year, and 79% by the end of the third. The admission rate in general paralysis seems to move up with the diminution of rural and the increase of urban employments, but besides variation in numbers there are differences of type in different districts. Dr. Smith, of Durham County Asylum, states that he finds the former boastful, elated characteristics replaced by violent and aggressive tendencies. The average age of all cases of general paralysis would seem to be about 42 years. The author found that $\frac{1}{4}$ th die by the end of the first year, $\frac{4}{5}$ ths by the end of the second, $\frac{7}{8}$ ths by the end of the third, and nearly $\frac{9}{10}$ ths by the end of the fourth year. The increase in the proportion of females to males seems probable. Convulsive attacks are less frequent, Dr. Bullen only recording twenty cases of convulsions among a resident number of 50 males, and he thinks the number of cases where mening-encephalic adhesions occur remains unchanged.

Dr. JULES MOREL finds that although general paralysis is increasing in Belgium the patients are more demented. He considered the disease remained as fatal as ever.

Dr. MICKLE thought there was some ground for believing there was a slight change of type from the excited expansive maniacal forms towards the depressed, and also probably the supposed change of type in many cases resulted from an earlier recognition of general paralysis.

Dr. FRANCIS WARNEE read a paper on "Neural Action corresponding to the Mental Functions of the Brain."

The PRESIDENT remarked, we are all profoundly interested in the neural actions underlying attentive ideation and volitional activities. He gave reasons for assuming that attention is of a sensory and not of a motor nature. Motor accompaniments, however, occur, as we see by altered facial expression and altered rate of breathing in cases where the attention is strained. Again the flood of convulsive twitchings which pass across the forehead of the chronic alcoholic under strained attention, and the unilateral brow spasm which dis-

tinguish the chronic alcoholic from the general paralytic. The sudden arrest of the articulation, the sudden lapses of attention, the snipping of a word all seem to indicate a disorder of the motor adjustments associated with speech. The one important feature to recognize is the fact that the current passes through an intermediate centre of resistance, through which all sensory stimuli must pass to be interpreted into volitional actions. The feature he considered all important is the fact that ere these centres can issue in action the initiatory phase of consciousness has passed away. Our appreciation of the guidance we afford our movements is, of course, due altogether to the ingoing sensory currents aroused by the act itself.

Dr. MICKLE said that the early movements in the infant mentioned by the reader of the paper were those due to the inherited constitution of some of the comparatively higher centres, the infant inheriting a very slight nascent degree of co-ordination of some higher centres, the co-ordination of some lower centres, such as deglutition and phonation, being inherited in a somewhat complete condition. He also discussed the question of attention and volition referred to by the reader of the paper and the President.

Dr. HARRY CAMPBELL said that all parts of the body may be dynamically affected from the highest level in the cortex. This is proved by the effects of emotion, in which all the non-nervous parts of the body may be profoundly influenced. It is also shown by the effect of directing the attention to different parts of the body when an agitation occurs of the sensori-motor representatives of the part attended to in the highest level.

Dr. WARNER, in his reply, remarked that his views of neural action corresponding to mental action have mainly resulted from observation and inspection of children, and that in such work it is impossible to note and record objective and subjective consciousness. For physical study it is desirable to learn to describe mental states in the terms of the physical expression. The main point insisted on was the representation of mental acts by groups of centres, not by single centres.

Dr. HARRY CAMPBELL read a paper on "Minor Psychical Disturbances in Women," in which he discussed the liability of women to psychical disturbance and enumerated many examples—thousands of these women were treated in the out-patients' departments of the London hospitals—and exemplified in a remarkable degree the cases known as borderland. His deductions were based on an analysis of 200 cases, none of whom became actually insane—(1) Depression of spirits in varying degree; (2) irritability, (*a*) sensorial, (*b*) emotional; (3) fear; (4) fear of impending insanity; (5) loss of memory and power of attention, so common among climacterics; (6) hallucinations; (7) unpleasant dreams. With regard to the causation of the above symptoms the question as to how far they were the result of heredity and environment or defective organization had to be considered.

Dr. URQUHART congratulated the section on having had an opportunity of learning from Dr. Campbell's careful study of the slighter psychoses how these maladies came under the review of the hospital physician. Especially it is important for those of us who practise in asylums to learn how the minor psychoses are developed and treated and cured in the outer world. He referred to the practice in asylums of giving nourishment in the early morning when melancholic and irritable patients first awake. The treatment directed to driving toxic elements from the system evidently had the sanction of Dr. Campbell, and he hoped that Dr. Macpherson's paper on "Intestinal Disinfection" would still further elucidate the matter.

Dr. G. M. ROBERTSON thought it was most important that a study should be made of the minor psychoses and the early stages of insanity. He wished to bring forward a physiological view of sleep. There are two varieties of chemical metabolism which take place in the brain, the anabolic or building up or feeding of the nerve cells, and the katabolic or burning up or energizing of

the nerve cell. The former takes place at night when the brain is anæmic, the other when the brain is hyperæmic. In an excited brain the nerve cells will be in action during the night, when they are supplied with less oxygen, than during the day, and hence they will degenerate more and there will be greater exhaustion in the morning. Whenever the blood supply increases, as it does after food or stimulants, the morning depression will pass off.

Dr. FRANCIS WARNER remarked on the frequency of delusions and ocular illusions in women, and the importance of ascertaining their existence, as when kept secret they frequently engender the fear of insanity.

Dr. DUNN—Many of the cases alluded to seemed to him to correspond to cases of slight melancholia. Dr. Mercier insisted in his work upon the importance of the somatic nerve current in the production of such conditions. The fact that they are relieved by food in the early morning is significant.

Dr. JOHNSTON LAVIS considered these conditions were due to low nutrition at a period when vitality was at its lowest. He considered that caffeine or any drug that increased the blood supply would relieve the symptoms by driving towards the brain cells a larger quantity of nutrition.

Dr. CAMPBELL was gratified with the discussion his paper had elicited, and thanked the members for the views expressed in confirmation of his own.

Dr. JOHN MACPHERSON'S paper on "The Influence of Intestinal Disinfection in some Forms of Acute Insanity" referred to the too great readiness with which narcotics were employed in some asylums, and this led to the desire to find if possible some more appropriate line of treatment. The use of narcotics often produced a reaction which could only be overcome by the continuous administration of the drug, which in many cases meant the emaciation of the patient and the depression of his physical vitality. It was a matter of common knowledge that acute attacks were frequently averted by the simple exhibition of a purgative, for constipation of the bowels undoubtedly tends towards the exacerbations of the symptoms of acute mental disease, and an instantaneous, though maybe temporary, improvement follows the relief of a loaded intestine, which is so frequent a symptom of the mental malady. Indeed, as had been pointed out by Lauder Brunton, nux vomica in small doses acts in some cases as a mild hypnotic, and Sir Charles Bell, in his work on the nervous system, gives the notes of a case, among others, where a man was cured at once of a painful nervous affection by the exhibition of a simple purgative. We must not forget the depression accompanying hepatic derangement, nor the form of mental depression, which we might describe as visceral. He would point out that the acid of the gastric juice is primarily and chiefly antiseptic, and that where the gastric secretion is perverted, as in acute mental disease, its antiseptic power is in abeyance, and the line of treatment he now advocated was by the exhibition of antiseptics to remedy this defect. He selected a suitable case, washed out the stomach, and then gave a dose of calomel varying from 2½ to four grains at night, with a mild cathartic in the morning. This was followed by the exhibition of mild laxatives to keep the bowels acting daily. On the second day naphthalin in ten grain doses three times a day between meals is given, and this may be gradually increased until 80 grains are given in the course of twenty-four hours. In his experience in no instance was there the most remote symptoms of poisoning apparent. Dr. Macpherson gave the details of cases illustrating the benefits of the treatment. During the treatment nitrogenous foods were eliminated as much as possible from the patient's dietary. In the treatment of thirty acute cases there was no apparent interference with the general health. The action of the drug in preventing and removing anæmia was very marked. The bodily weight increased steadily; in fact, none of the cases lost weight. The tendency to pigmentation of the skin so common in melancholia was checked, and the skin lost its dry appearance. The promotion of sleep was, however, the most gratifying result, for when fully under the influence of naphthalin the patients slept normally and naturally for seven or

eight hours, and the sleep was undoubtedly not narcotic. What Dr. Macpherson claims for the remedy is its power to modify the prominent, troublesome, and distressing symptoms of acute melancholia; that it is safe and harmless; 120 grains were given to one patient in twelve hours with no ill effect; that its influence upon the bodily condition is to promote nutrition and induce normal sleep, and that its influence upon the mental symptoms is beneficial.

Dr. SUTHERLAND was anxious to know the formula used in the exhibition of naphthalin, and also if it could be used in cases with organic disease of the heart where the ordinary sedatives had failed to procure sleep?

Dr. GOODALL doubted the antiseptic influence of naphthalin in the doses mentioned, though he valued the paper as highly suggestive, and trusted it would lead to further developments in the same direction.

Dr. JOHNSTON LAVIS mentioned two cases in which a similar line of treatment had been followed. One was a case of mania, and the other of melancholia.

Dr. RAYNER agreed with the author in considering the disinfection of the intestine a matter of great importance, and referred to the observations of Dr. E. Blake upon the absorption of pus leading to disorders of the nervous system, etc.

Dr. URQUHART referred to a series of experiments he had made some years ago in this direction. Latterly he had given eucalyptus, which seemed to him equally efficacious as naphthalin, and more readily accepted by the patients. Not only did calomel also act like a charm, but it was a possible purgative where a tasteless drug was necessary, and this added greatly to its value. He regretted the absence of Professor Ball, of Paris, and Dr. Clouston, of Morningside, for both could have added to the interest of the discussion by a statement of their special experience on the subject.

Dr. G. M. ROBERTSON urged the importance of the antiseptic line of treatment in mental cases where the disordered condition of the gastric juice so plainly indicated it, and he pointed out the advisability of digesting the food for acute cases. Antiseptics need only be sufficiently strong to enfeeble the germs formed in the intestines, and prevent them producing ptomaines.

Dr. MACPHERSON, in reply, pointed out the effect that naphthalin had in reducing the sulphates in the urine, and that the fæces of patients treated by it were almost devoid of smell. Naphthalin was, however, a difficult drug to administer, for it was not readily soluble, and its odour was unpleasant. He was glad to hear his views corroborated by other members of the section who used different antiseptics. Naphthalin had one strong point in its favour; it was, as far as his experience went, a safe drug to administer.

Dr. E. L. DUNN read a paper on "Paranoia and its Relationships," in which he dealt with the views of various authors upon this much-debated form of mental alienation. He discussed the various phases and symptoms of the disorder, and gave his views with regard to secondary paranoia, in which a small group of delusions might remain and become systematized as the outcome of a previous acute psycho-neurosis. The symptoms in these cases were generally of the melancholic type.

Dr. HACK TUKE recalled the time when *Verrücktheit* was the popular term abroad, and English alienists were thought behindhand in not adopting it. He thought the course pursued by the latter was justified. Now paranoia is substituted for *Verrücktheit*. It must, however, be remembered that there exists the greatest difference of opinion as to its definition, and he thought that a very difficult subject had been made ten times more so by the conflicting views expressed. If it could be shown that three stages followed one another as asserted by certain authors, there would be a justification for the adoption of a separate term. He thought, however, that the term "systematized delusional insanity" sufficed for a large group of cases, and that if ideas of persecution are present the term can be qualified accordingly. He of course admitted the importance of recognizing persecutory mania.

Dr. MICKLE divided paranoia into two great divisions of the depressed and expansive, and subdivided the former into the persecutory, hypochondriacal, and querulous; and the latter into the ambitious, the religious, and the erotic. All cases of paranoia do not belong to the great group of hereditary degenerates. He referred to the change in paranoia by conditions of ill-health.

Mr. J. PREEKE RICHARDS quite agreed with Dr. Hack Tuke in deprecating the creation of so many fresh and new sub-divisions of mental disease. He thought the term paranoia quite unnecessary. Our own language was comprehensive enough.

Dr. RAYNER wished to endorse Dr. Mickle's opinion that the emotional state accompanying systematized sensory delusions was due rather to the bodily health of the patient than to the definite progress of the disorder.

Dr. MACPHERSON stated that so far as he remembered Magnan excluded all hereditary degeneracy from his special entity—all cases who had had previous attacks of insanity and all cases commencing in early life.

Dr. GOODALL suggested that the term paranoia might be used to describe that form of insanity which, commencing with auditory hallucinations, passes through stages of persecution and exaltation, and terminates in weakness of mind. He did not think the terms hereditary and acute paranoia should be employed. He should like to know if heredity was considered essential to paranoia.

The PRESIDENT was quite in accord with Dr. Hack Tuke in his dislike to the use of the term, because he doubted if the mutual cohesion of the branches was sufficient to justify its elevation to the dignity of a special morbid entity. Secondary paranoia he considered was merely another name for delusional insanity. So far as he understood the form paranoia persecutoria there was the necessity for a psychopathic basis. The paranoiac has arrived at a level at which affective disorder is no longer possible in most instances. He maintained that what was termed paranoia is simple delusional insanity engrafted on a psychopathic basis. The question of systematization depends upon the incidence of insanity in a psychopathic subject, and has had too great an emphasis assigned to it.

Dr. DUNN, in reply, said he was aware that there existed a prejudice in England against the term paranoia—a prejudice for which there was probably a considerable amount of ground. Still he thought that these cases were well worthy of separation from others for the purposes of clinical teaching, prognosis, and cure.

"Insanity as a Plea for Divorce" was the title of an interesting paper by Dr. WEATHERLY. He pointed out that the existing law was to the effect that if one of the contracting parties was insane at the time of the marriage contract the marriage was void. Dr. Weatherly, among other points in his paper, which he placed before the section with great clearness, laid particular stress upon those cases in which the insanity of one of the contracting parties prior to the marriage had been kept from the knowledge of the other contracting party, and he held that this was a contract which should be set aside. He also held that incurable insanity arising after marriage which had existed for say seven years under skilled supervision, and then pronounced incurable, should be a plea for divorce.

Dr. RAYNER thought the marriage contract was one which should not be set aside, and that the maintenance of the contract would tend to make the contracting parties more careful to ascertain family tendencies before entering into it.

Dr. HACK TUKE also advised caution in endeavouring to set aside the marriage contract, though he fully agreed that insanity at the time of marriage should invalidate it. He could not agree that in cases where insanity occurred after marriage the contract should be set aside.

Dr. KINGSBURY thought that where a marriage had been entered into during a lucid interval between two attacks, the marriage should be set aside.

Dr. DOUGLAS thought that as insanity made the mental condition practically dead to the duties and obligations of the married state it might be a justifiable plea for divorce.

Dr. SUTHERLAND mentioned cases which had come within his experience where the maintenance of the contract inflicted great hardships.

Dr. STEWART believed that the relief sought should be confined to incurable cases.

On the discussion closing, the subject was put to the vote, and the questions the section was asked to decide were:—

1st. Is insanity at the time of marriage a sufficient plea for divorce?—This was unanimously agreed to.

2nd. Is a fraudulent marriage (that is, where the knowledge of the insanity of one is kept from the other contracting party) a sufficient plea for divorce?—This was also agreed to unanimously.

3rd. Is incurable insanity, after a specified time of skilled supervision, a sufficient plea for divorce?—Ayes, 17; noes, 13.

Dr. WARNER gave a report upon exceptional children, and Dr. POPE, of Leicester, read a note on the establishment of a special class for feeble-minded children by the School Board of Leicester.

Mr. ABEL, Clerk of the Nottingham School Board, also spoke as to the value of Dr. Warner's researches in this connection, and a resolution confirmatory of Dr. Warner's report was passed.

Papers were also read by Dr. Lloyd Tuckey on "The Value of Hypnotism in Chronic Alcoholism;" and by Dr. Robertson on "The Use of Hypnotism among the Insane." Drs. Hack Tuke, Draper, Stewart, and Bedford Pierce joined in the discussion.

THE INTERNATIONAL CONGRESS OF EXPERIMENTAL PSYCHOLOGY.

The subject of experimental psychology seems to be attracting an ever-increasing number of scientists, and the Congress held on the first four days of August last will be remembered, not only for the many valuable papers read and the discussions connected with them, but also from the large number of eminent men from other countries who were present, and who contributed largely to the business of the meetings. In fact, so numerous and varied were the communications that the executive found it necessary, in order to get through the business, to divide the work of the Congress into two sections. Each morning there was a general meeting of the whole Congress, and in the afternoons the two sections sat.

Professor Sidgwick, who presided, was supported by the following vice-presidents:—Professor A. Bain, Professor Baldwin, Professor Bernheim, Professor Ebbinghaus, Professor Ferrier, Professor Hitzig, Professor Liégeois, Professor Preyer, Professor Delbœuf, Professor Richet, and Professor Schäfer. The honorary secretaries were Mr. F. W. H. Myers and Mr. James Sully, and to their energy and skill in organizing the work of the Congress the success achieved was mainly due.

The meetings were held in University College, where ample accommodation was afforded for the large number of members present. The Congress numbers about 270 members, and a large proportion were present each day.

In the space at our command we can but give the list of the papers read; to enter into a description of them would be impossible. The greatest interest seemed to be centred in the question of Hypnotism and cognate questions,