

The following candidates for ordinary membership were balloted for and unanimously elected, Dr. Collins and Dr. Hunter acting as scrutineers.

Ellerton, John Frederick Heise, M.D.Brux., M.R.C.S.Eng., L.R.C.P.Edin., 8, Leam Terrace, Leamington Spa. (Proposed by W. Douglas, R. Percy Smith, and Alfred Miller.)

Gavin, Lawrence, M.B., Ch.B.Edin. L.R.C.P. & S. Edin., L.R.F.P.S.Glas., Assistant Medical Officer, London County Asylum, Horton, Epsom. (Proposed by John R. Lord, David Ogilvy, and Samuel Elgee.)

Hughes, Frank Percival, M.B., B.S.Lond., M.R.C.S., L.R.C.P., The Grove, Pinner, Middlesex. (Proposed by W. H. B. Stoddart, R. P. Smith, and Maurice Craig.)

MacCarthy, Hilgrove Leslie, M.A., M.D.Dubl., D.P.H.Oxon., Park Hospital (M.A.B.), Lewisham, S.E. (Proposed by J. G. Porter Phillips, G. F. Barham, and C. Hubert Bond.)

Robson, Lieut. Hubert Alan Hirst, *I.M.S.*, M.R.C.S., L.R.C.P.Lond., care of Messrs. Grindlay Groom, Bombay. (Proposed by R. Percy Smith, G. F. Barham, and C. Hubert Bond.)

Sargeant, John Noel, M.B., B.S.Lond., M.R.C.S., L.R.C.P., Medical Superintendent, Newlands House, Tooting Bec Road, S.W. (Proposed by R. Percy Smith, Frank R. King, and James Chambers.)

A very interesting and valuable paper was read by Dr. GEOFFREY CLARKE on "Sterilisation from a Eugenic Standpoint." The paper was largely based upon a laborious analysis of the clinical records at Long-Grove Asylum. It was followed by a discussion in which Drs. STANSFIELD, EDEN PAUL, WOLSELEY-LEWIS, BOYCOTT, M. A. COLLINS, BOND, D. G. THOMSON, SOUTAR, HAYES NEWINGTON, G. M. ROBERTSON, and the PRESIDENT took part, and to which Dr. CLARKE replied.

The Association then resolved itself into a joint session with the Section of Gynaecology and Obstetrics of the Royal Society of Medicine, Dr. Dawson gracefully surrendering the Chair in favour of Dr. Amand Routh, the President of the Section. The subject for debate was "Amenorrhœal Insanity," and it was introduced in a very comprehensive paper by Dr. C. T. EWART.

The paper led to an animated and interesting discussion, in which Drs. ROBERT JONES, MACNAUGHTON JONES, PERCY SMITH, RUSSELL (Glasgow), WALTER GRIFFITH, HAYDEN BROWN, STODDART, and the PRESIDENT OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION took part.

Dr. AMAND ROUTH congratulated the joint meeting on the discussion. It was known, he said, that menstruation was due to something, some chemical agent, which accumulated in the blood, reached a certain pitch, and encouraged the uterus and the ovaries to become active. The change in the blood was due to the formation of an excess of calcium, and the first act of the menstruating uterus was to excrete a large quantity of lime salts, which lowered the lime content of the blood and encouraged hæmorrhage from the uterus. Amenorrhœa showed that the products which ought to be in the blood in order to encourage menstruation were absent. So probably amenorrhœa meant that the patient suffered from a diminution of some substances and an excess of others.

Dr. EWART replied, but did not attempt to traverse all the arguments which had been adduced, owing to the pressure of time.

The members subsequently dined together at the Café Monico.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the South-Eastern Division was held, by the courtesy of Dr. Hugh Kerr, at the Bucks County Asylum, Stone, Aylesbury, on Wednesday, October 4th, 1911. Among those present were—Drs. H. M. Baker, Fletcher Beach, David Bower, T. O'C. Donelan, F. W. Edridge-Green, Francis H. Edwards, Hugh Kerr, J. Grimmond Smith, T. E. K. Stansfield, John Turner, F. Watson, and David Hunter (Hon. Secretary).

Visitors: The Rev. E. C. Stukeley and Dr. J. P. Westrup.

Letters regretting absence were received from Drs. Bond, Greenlees, Haynes,

Heasman, Robert Jones, A. L. Newington, Pasmore, Peachell, Phillips, and Shuttleworth.

From noon to 1.30 p.m. the members visited the Asylum wards. At 1.30 Dr. Kerr entertained the members to luncheon. At the termination of lunch Dr. Fletcher Beach proposed a vote of thanks to Dr. Kerr for his kindness in so hospitably receiving and entertaining the Division. Dr. Kerr suitably responded.

The Divisional Committee held a meeting at 2.15 p.m., Drs. Donelan, Stansfield, and Hunter being present.

The General Meeting was held at 2.45, Dr. Kerr in the chair.

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

The invitation of Dr. Francis H. Edwards to hold the Spring Meeting of the Division at Camberwell House on April 23rd, 1912, was unanimously accepted with much pleasure.

Dr. JOHN TURNER read a paper entitled "A Classification of Insanity" (see p. 9).

The following communication was received from Dr. Robert Jones, who was unable to be present:

Dr. John Turner has essayed a labour which of all others is the most liable to criticism. To suggest a classification of insanity is not to invite but to command criticism, but he is an old warrior and is well acquainted with the field of combat.

I sympathise with his desire to have an anatomical basis, but apart from a few conditions associated with mental symptoms such as general paralysis, a pathological classification is impossible, and we are compelled to fall back on one based upon symptoms, and it is probable from the treatment point of view that when the nurse or doctor is called in, either would be glad to know whether the patient needed calmatives and sedatives or some other or opposite treatment. It is *symptoms* after all which decide whether the patient is to be tried at home or whether he or she should be at once removed into a special home, hospital, or asylum.

A classification based upon the evolution of the personality, *i.e.*, upon the psychological changes occurring during the life of the individual, would be a most desirable one, for in the "normal" psychology of our text-books we have the physiology of the mind and a key to it in disease, but at all stages of evolution there are abnormalities and morbid changes occurring which defy the construction of any scheme based only on psychological analysis. Changes in the feelings, emotions, the intellect or the will imply such a commingling of psychic processes as would make a psychological classification impossible.

Dr. Turner suggests one based on prognosis, but surely the division of diseases into curable or incurable is not only unscientific but impossible, as some of the incurables recover and the curable remain uncured.

The suggestion of the late Dr. Andriezen to classify the insanities upon a biological basis should certainly find some favour, but even his division of paraphrenia and phrenopathy is an overlapping and is not a mutually exclusive scheme.

Dr. Turner's paper suggests a feeling of discontent with, or, may I suggest, perhaps of insufficiency in regard to our present tabulated scheme, and the fact that this is now some five or six years old implies it is an infant that appears to be outgrowing its clothes.

I have no quarrel with dementia *præcox* except that personally I think we have a better term in "primary dementia," and, as he says, the dementia is not limited to the period of youth, nor do I regard the division hebephrenia as implying a well-defined type unless it is applied to the mental changes in the very young which may come under that term. From the point of nomenclature I dislike manic-depressive because in all or almost every case of so-called manic-depressive insanity there is a normal stage, and alternating insanity is a more descriptive title.

I certainly would like to add to the scheme of the Medico-Psychological Association Committee a group to include the many hysterical, impulsive, and irrational symptoms that one sees in large asylums with a population recruited from urban areas. They are not maniacal, nor are they melancholic, and the

alternating phases of suggestibility and impulse characteristic of what is described as dementia præcox do not cover the symptoms. I think we can accept the explanations of Freud, Janet, and others as to the origin of these symptoms, but I think the hysterical group would be a valuable addition in any new scheme. There is no doubt that with the changes occurring in our civilisation there are mentally adaptive conditions to meet them, and we see among our incipient cases many examples of a failure in the mental states associated with hysteria, neurasthenia, and compulsion neuroses which cannot at present be definitely covered by the scheme we all now make use of, and Dr. Turner's suggestion here is a good one.

Dr. Turner appears to include idiocy or certain forms of it as traumatic and accidental and he refers to the form amaurotic idiocy. In some of the sections and plates I have seen there appeared to be a remarkable gliosis involving every part of the brain. It is difficult to see how this can be accidental or traumatic in origin unless on the ground suggested, that a lesion in infancy tends to spread and become general whereas a like lesion in adults becomes circumscribed and encapsuled. Also, it seems to me—but I am not a pathologist—impossible to distinguish mesoglia from neuroglia except only in the possible size of the cells.

The division of delusional cases in Dr. Turner's practice is interesting. Hitherto those not relating to the senses have been considered more in regard to their content, such as persecutory, grandiose, etc., rather than in their tendency, and I am not satisfied that "puerility and perverseness" quite denote or connote their significance.

I certainly object to "lucid insanity." Lucidity inclines and prejudices one to look for sanity rather than insanity, and such a terminology in my opinion confuses any proffered explanation, and would certainly lead to adverse criticism from a jury in a medico-legal case. I quite appreciate what Dr. Turner means to imply, and I should prefer "logical insanity" to "lucid insanity," for logic has nothing to do with the content of the premise—only with the truth of the conclusion.

In his classification of mania-melancholia there is overlapping. In the one case these are considered from the psychological standpoint under "emotional" and from the developmental under "involutional." If these, then, why not vascular, diathetic, etc. The suggestion that confusional insanity should be classed as "exhaustion" and alcohol, is a further example of an overlapping proposal, being a form of insanity as well as a classification from the point of view of causes. A desideratum in any scheme is the possibility of placing any case at any moment of examination into a definite category, and this is not possible in Dr. Turner's scheme as the form may be mania, and the only place where alcohol figures is under "confusional" insanity.

I also object to the term "idiopathic," and especially where, as in the case of alcoholic confusional insanity, a definite cause is suggested, and, I think, although Dr. Turner has presented a very valuable contribution, and one with many suggestions, that the ideal classification is yet to come.

I am sorry at the last moment to be unable to attend, and it is only at Dr. Turner's suggestion (for he very kindly permitted me to read his paper) that I venture to criticise it *in absentia*, as it is not unlikely that hearing his own explanation might modify what I write.

Drs. KERR, FLETCHER BEACH, and EDRIDGE-GREEN also discussed the paper.

The CHAIRMAN regretted that, owing to the lateness of the hour, there would not be time to hear Dr. Corson's paper on "Insane Heredity in the Insane of a Rural Population," and this was taken as read.

After the meeting Dr. Kerr kindly entertained the members and visitors to tea.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of this Division was held at the Bristol City Asylum at Fishponds, Bristol, on Friday, October 27th, 1911.

The following members were present: Drs. Aveline, Bazalgette, Lavers,