

in them. This is one of the oldest asylums visited, and, like the city in which it is situate, seems to have a halo of departed glory about it. Warsaw has seen better days—its Royal Palace is now the barracks for Russian troops. In this asylum there was insufficient light; all the windows are barred. The rooms (scarcely wards) were low and close, cheerless-looking, with worn-out furniture; the bedsteads in the dormitories were wooden, and had loose straw for mattresses. Some restraint-chairs were also seen here, but were not in use at the date of my visit. Patients are secluded, and, I believe, restrained without previous medical permission. The bath-rooms were dingy, and the floor was stone, cement, or hardened earth, with a boiler (unprotected) in one corner for supplying hot water. The baths are sunk in the floor. The airing courts are small; the patients pent up and hemmed in by a high wooden palisading. There are no paths, the whole of the court being tracked, while the only shelter from the sun is furnished by a few lanky trees, such as poplars, birches, or acacias. Private patients are received here, and have a somewhat better accommodation than the others. I was much indebted to a chronic patient, who was cosmopolitan in his sentiments, for pointing out everything of interest in the patients or their surroundings, while they not infrequently looked upon him as one of the great among men. He was most useful to me (as the medical officer, who was free to escort us round the asylum, could speak very little French), appearing to be quite conversant with the general principle of treatment in this awful and cheerless old building. He was employed as assisting clerk in the medical superintendent's bureau. A new asylum in process of construction, about four miles by railway from Warsaw, was, owing to my limited time, not inspected. Women are treated in a section of the Hôpital de l'Enfant Jesu for general diseases, and number about 200.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of this Association was held on Thursday, the 13th ult., at Manchester. The members assembled in the Chemical Theatre at Owen's College, Dr. Newington, President, in the chair. There were sixty-three members present, including the following gentlemen:—Drs. Fletcher Beach, R. Baker, T. N. Brushfield, D. Bower, Crochley Clapham, David M. Cassidy, E. Marriott Cooke, L. F. Cox, J. W. Stirling Christie, T. S. Clouston, B. Fox, L. Francis, R. W. Hewson, W. S. Kay, S. Rutherford Macphail, G. W. Mould, J. G. McDowall, W. R. Nicholson, Evan Powell, Sutherland Rees Philipps, T. L. Rogers, G. Revington, Ross, E. L. Rowe, G. E. Shuttleworth, Geo. H. Savage, J. B. Spence, George J. Swanson, Percy Smith, T. S. Sheldon, Strahan, Hack Tuke, C. Tuke, A. R. Urquhart, Joseph Wiglesworth, John A. Wallis, E. Whitcombe, D. Yellowlees, etc.

The PRESIDENT—Gentlemen, before we commence the strictly scientific

portion of the business, we have a little routine work to do with regard to the election of members. There are eight names submitted to you for election. While the ballot is being taken I wish to mention that it is proposed to place before you for election as Corresponding Members two celebrated foreign psychologists. It is not usual to put these names to the ballot. The Society has hitherto been good enough to rely upon the Council with reference to the selection of its Corresponding Members. Their names will be submitted to you by Dr. Tuke.

Dr. HACK TUKE—Before proposing the names of these gentlemen, who I believe you will admit are in every way suitable for election, I should like to refer to the loss which the Association has sustained with regard to three of its Honorary Members, namely, Dr. Nichols, of New York, Prof. Westphal, of Berlin, and Prof. Leidesdorf, of Vienna. They were three excellent men, and their appointment as honorary members reflected honour on our Society. Dr. Nichols was in England, as many here will remember, in the autumn. He was then engaged in visiting asylums in Europe with the view to the erection of a new asylum in the neighbourhood of New York. We all felt at that time that his health was in a precarious condition, and that he was undertaking a work which at his time of life was scarcely judicious, exposing him as it did to so much labour and fatigue. Shortly after his return to New York he died of carcinoma of the stomach and liver. I am sure that those who met him in England will remember him with affection and respect. With regard to Prof. Westphal, his name is so universally known that it is quite unnecessary for me to say a word. Those who knew him personally, as I did, and have seen him in the Clinique of the Charité of Berlin, will remember how modest and unobtrusive he was, notwithstanding his distinction and the knowledge and experience that he had. It is a little remarkable and very sad that he should himself have succumbed to that form of insanity, general paralysis, which he himself had done so much to illustrate. With regard to Prof. Leidesdorf, of Vienna, he was a man who wrote well, lectured well, and was held in the highest esteem. Some of his works are of great merit, and there is one of his articles which bears on the subject to be brought forward by Dr. Ross, a paper written a good many years ago, on the sympathetic relation between the disorders of the peripheral nerves and the central organ of the brain. I am sure that we all feel that we ought to make some reference as an Association to the loss Medical Psychology has sustained; and in accordance with a suggestion made at the Council, I beg to propose that an expression of our regret at the loss of these distinguished men shall be entered on our minutes.

Dr. YELLOWLEES—I will second that with great pleasure.

The resolution was unanimously adopted.

Dr. TUKE—I will, then, proceed to propose the election of these two gentlemen as Corresponding Members, namely, Dr. Régis, of Bordeaux, and Dr. Ritti, of the Maison Nationale, Charenton. I came across a passage the other day in a speech of Dr. Conolly's, at the Annual Meeting in 1860, which is so much to the purpose that there is no need to apologize for reading it. He said, in proposing a rather long list of names to which some objection was made, with regard to the number at one time, "It appears to me we ought to endeavour to carry out the feeling that has lately prevailed, by associating as much as possible our enlightened neighbours of the great country of France with ourselves. So far as our small influence can go, we might show that there are nobler feelings existing between the two countries than any of those which our military preparations might lead us to fear." That shows a very fine feeling, I think, on the part of Dr. Conolly, and I trust it will be generally felt at the present day. Dr. Régis is the author of many works on psychological medicine; he has written a large number of excellent articles, amounting to twenty-five, and he is Corresponding Member of the similar societies in France and Belgium; he is Professor of Medical Psychology in the University at Bordeaux. I hope, therefore, you will agree with me that he is a suitable candidate for election as

Corresponding Member. Then, as regards M. Ritti, he is the co-editor of the "Annales," and he holds the office of Honorary Secretary to the Société Médico-Psychologique in Paris. He also has written a great many able memoirs, and, therefore, I think you will say that he is a very proper man to become a Corresponding Member. I should say we have at present only three Corresponding Members, although we are allowed to have thirty. Seeing, therefore, that if these two gentlemen are elected the number will only be five, I think it is not too much to ask that you should add them to our roll.

The resolution was carried by acclamation.

The PRESIDENT—I have to announce that the ballot for the eight ordinary members has been successful, and they are hereby declared to be members of the Medico-Psychological Society.

WILLIAM GILMORE ELLIS, M.D.Brux., Superintendent, Government Asylum, Singapore.

JOHN SPENCE LAW, M.B., C.M.Edin., Junior Assistant Medical Officer, North Riding Asylum, Clifton, York.

ALFRED W. CAMPBELL, M.B., C.M.Edin., Assistant Medical Officer, Salop and Montgomery Counties Asylum.

WILLIAM WOODWARD, L.R.C.P., M.R.C.S., Junior Assistant Medical Officer, Cornwall County Asylum, Bodmin.

AUTON HUGH SYFEE, M.R.C.S. and L.S.A., Assistant Medical Officer, Wilts Asylum, Devizes.

JOHN JAMES PITCAIRN, L.R.C.P., M.R.C.S., Assistant Surgeon, Her Majesty's Prison, Holloway.

WALTER SCOWCROFT, M.R.C.S., Senior Assistant Medical Officer, Royal Lunatic Hospital, Cheadle.

GEORGE FINDLAY, M.B., C.M.Aber., Assistant Medical Officer, James Murray's Royal Asylum, Perth.

(Paper read by Dr. Ross. See "Original Articles.")

The PRESIDENT—I am sure I may tender to Dr. Ross the thanks of this Society for his very able, and I may say picturesque paper on a condition of which he sees at least half, and most of us only see the other half. I may say that Dr. T. W. McDowall has sent Dr. Tuke a case illustrating peripheral neuritis, and I propose to call on him to read that before any remarks are made on either of the two papers. (See Clinical Notes and Cases, p. 228).

The PRESIDENT—We will now proceed to discuss Dr. Ross's paper and Dr. McDowall's case.

Dr. TUKE—Might I just say with regard to this case that it seems to me that it is highly probable that, considering the pain in the limbs felt in consequence of the peripheral neuritis, and the existence of delusions of that kind which are mentioned with regard to electricity and so forth, it seems to point to a case in which there is reasonable ground for believing that there was a connection between the neuritis and the mental condition. I confess with regard to a great many cases which are mentioned as bearing on psychical disorders and peripheral neuritis that that connection is not clear to my own mind, and in regard to the particular paper which we have heard to-day from Dr. Ross, I would venture to ask whether the title of the paper, "The Psychical Disorders of Peripheral Neuritis," expresses exactly what is the real truth, that is to say, whether they are the psychical disorders of peripheral neuritis or merely psychical disorders which are the complications of peripheral neuritis. It seems to me in so many of these cases that the common cause—alcohol—may have affected the brain primarily. I suppose the great advance which has been made with regard to our knowledge of the symptoms and nature of peripheral neuritis shows that there may be paralysis which was formerly supposed to be connected with the cord and central, but which has been found to be produced by peripheral disease. It seems to me, carrying on that idea to our present subject of discussion, that we ought to have some proof that there is a connection between the peripheral neuritis and the brain trouble. As regards

the case mentioned of a steward, it did not seem to me that there was any association in that instance between the peripheral condition and the mental trouble. With regard to the girl suffering from fumes of naphtha, I do not quite see why the mental trouble should not arise directly from these fumes of naphtha, and why it should be associated in any special way with neuritis. Of course I do not deny that there may be conditions of nerve which give rise to disorders of the brain; it seems natural that it should be so, the wonder to me is that it is not oftener so, yet Dr. Buzzard says mental trouble is a rare accompaniment of peripheral neuritis. One would suppose that in myxœdema, the mental trouble may to some extent be referred to the condition of the peripheral nerves—that the obscuration of mind is in close relation to the break between the peripheral impression and the brain perception. But that does not seem to me to apply to the cases which Dr. Ross mentioned to-day. However excellent his description of the symptoms of alcoholic insanity may be, I should like to have had pointed out to us more definitely the relation between the psychical disorders and the peripheral neuritis.

Dr. CLouston—I am sure we all agree in what you said, sir, as to our obligation to Dr. Ross. His paper has been a very suggestive one. I think one part of the pleasure we have derived from Dr. Ross is this: that he, like many of us, has attempted the definition of a delusion, and that his definition is probably quite as liable to objection as the definitions that many of us have constructed with regard to this most impossible subject. I am sure we are all very much interested in Dr. Ross's account of hallucinations and delusions and illusions. One particular clinical feature which he has perhaps scarcely dealt with is this, that those hallucinations and delusions of the alcoholic sort come on at night more than they do during the day. I think this peculiarity in alcoholic cases is exceedingly marked. I am rather in the habit of looking on all men and all women as undergoing a certain process of dissolution once in the twenty-four hours, going back in the process of evolution with regard to some of their higher faculties. During the night we find as a matter of fact that the difficulty in distinguishing the subjective from the objective is very marked in regard to almost every person, although not subject to disease at all. This is a psychological peculiarity that has not been sufficiently dealt with, that all men perhaps undergo a certain process of dissolution during the darkness. The quotation which Dr. Ross made from the play of *Macbeth* illustrates it very well, and Shakespeare's ghosts and hallucinations all occur at night. With regard to disease, we all know that hallucinations occur in nearly all cases of delirium, from the child who becomes delirious with a temperature of 99°, up to the alcoholic, going in for delirium tremens, who is pretty sensible during the day, but who at night goes back into the characteristic symptoms of delirium tremens. With regard to Dr. Hack Tuke's remarks as to the special connection between neuritis and the mental troubles, my experience is very much that of Dr. Tuke. In ordinarily good examples of peripheral neuritis it is a very striking fact that in a large number of cases of alcoholic and opium neuritis they are to a large extent free from marked mental trouble, and that in alcoholic insanity and in the case of morphinomaniacs, the typical cases to a very considerable extent are free from neuritis. No doubt it stands to reason that there will be in a certain number of cases an association of the two. Why have we any alcoholic cases of insanity with neuritis? Probably the reason is that in these cases we have a hereditary weakness and excitability of the central nervous system and a tendency to disease from heredity, and if *plus* the hereditary weakness we have this alcoholic poisoning, it is a mere accident, an accident the cause of which we do not know, whether the disease becomes neuritis or becomes a psychical disorder. It is very surprising how very seldom we have the neuritis and the psychical disorder crossing, and with Dr. Tuke I would rather be disposed to say that the association was merely accidental, and I would scarcely be disposed to use the term "the psychical troubles of

neuritis." I think where the two co-exist it means probably that you have a brain hereditarily weak, and that the poison that has gone to the various mental centres and the motor centres is affecting both and also affecting the peripheral nerves. Apart from that, however, I am sure we are all very much indebted to Dr. Ross for the paper he has given us.

Dr. SAVAGE—I feel a good deal of difficulty in approaching this subject, quite independently of what Dr. Ross said, that we see more especially of one side and he of the other. I go entirely with Dr. Hack Tuke and Dr. Clouston in the statement that they do not find the very frequent correlation between insanity and peripheral neuritis which we might expect. First of all, we all expect that interference of nerve conduction will certainly alter the psychological state. We recognize fully that under certain conditions of deafness a person becomes suspicious. One has seen more than one case in which, in optic neuritis, due to syphilis, suspicion, doubt, and uncertainty have arisen, and in many alcoholic cases one has also seen the prevailing element of doubt arising, as if in those cases alteration of conduction, alteration in the psychological focussing of ideas, was associated with suspicion and doubt. But, on the other hand, one meets cases in which, undoubtedly, changes have been described as occurring in the peripheral nerves, in which such ideas are rare. Many years ago, at the West Riding Asylum, the state of peripheral nerves in general paralysis of the insane was investigated, and, though peripheral neuritis was not as carefully studied as it is at present, the changes that were described seemed to be very nearly allied to those which are now described and figured as those found in peripheral neuritis, and yet in general paralysis of the insane, with these changes it is extremely rare to find psychical symptoms distinctly related to them. One would say, then, that undoubtedly in some alcoholic cases suspicion has some relationship to the peripheral neuritis. Take, for instance, an example that made me think first of all about it. A man, having been intemperate for many years, came to me with the idea that the workmen were boycotting him, that all the workmen in the shop had determined to get rid of him as foreman, and that as a means they had fixed galvanic batteries under his seat. The constant result was trouble and suspicion, and in the end violence. In that case the alcohol and peripheral neuritis, from which he was also suffering, were interpreted in the way that Dr. Ross has described. It seems to me, however, that there is something more—that there either is a strong neurotic inheritance, or that the alcohol has affected, not only the peripheral, but also the central nervous system. It is, of course, interesting to notice that poisons, such as lead, morphia, and alcohol, will produce similar conditions of the peripheral nerves, and may be associated with similar mental symptoms. Syphilis, I may say, also serves as a good example of morbid development, in which pain passes into imperfectly-received impressions, and develops into hallucinations and delusions, and, of course (bearing out what Dr. Clouston has said), it is not only the peripheral neuritis which causes the effect, but the general environment. For instance, one man who had optic neuritis and interference with the general horizon, having been a horse-trainer and brought up in the midst of suspicion of men in general, and having been used to take the law into his own hands, directly his optic discs became obscured and his sight interfered with he became much more suspicious and violent. And so one would say in the majority of these cases there is not only to be considered the peripheral neuritis, but also the brain which is affected by the false impressions, and whether that is direct or the result of alcohol. One feels at present that peripheral neuritis is on its trial. Everyone is looking out for peripheral neuritis. I would place myself rather in the opposition, thinking that thereby the sure line of truth will be fixed—neither to be too enthusiastic in explaining all the symptoms by peripheral neuritis, nor certainly being in a position to deny that peripheral neuritis has a very definite influence on the production of such symptoms.

Dr. YELLOWLEES—I would like to say two words. I agree with Dr. Savage

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in the middle position he has taken, yet it seems scarcely a middle position, because he will agree with me when I say that every one of the mental symptoms enumerated by Dr. Ross is very often found by us in our department of practice entirely without peripheral neuritis, and that he seems to us, from our side of it, to go much too far in ascribing those to its existence and its effects. The other word I have to say is a word for the Highlanders. I am not disposed to believe that every hot-headed Highlander, even if he does like whisky, is the subject of peripheral neuritis. A great many sanguine folks who live further south would also require to be included in this very comprehensive category. But especially for the Highlanders I must say that if we are to include all the hot-headed people and the older sanguine folk as being the subject of peripheral neuritis, then it is a much more extended morbid condition than any of us knew.

Dr. WIGLESWORTH—I would draw your attention to the last case Dr. Ross mentioned. That case seems to have an almost special relation to peripheral paralysis, an extraordinary mental condition in which the individuals imagine, whilst in bed or in their rooms, that they have been for journeys or walks in different parts of the country. I believe that a Liverpool physician was one of the first to call attention to it. I myself have seen one or two striking instances of it; it seems to me to be an altogether peculiar condition. It is a very remarkable thing to hear a man sitting in his arm-chair describe the walk he has taken that morning, saying, perhaps, he has been to Wales or other parts of the country, and describing what he has done, when all the time you know he has never left the room. I do not think that condition is at all common in insanity generally; it seems to have some kind of relation with peripheral neuritis. The question is whether you can simply trace it to changes in the nerves, whether the effect of conduction caused by the inflammation has in some kind of way acted to produce this effect. I have long held the opinion that some forms of delusion are due to change in the nerves, although I may not be able to demonstrate it, and I think some forms of peripheral neuritis furnish us with very good examples of this. I should like to ask Dr. Ross whether he has met with a great many more cases of the kind which he last enumerated, in which there is an extraordinary loss of memory and also an excess of imagination, in which people describe these journeys they have had, when they have never left the room. It seems to me, as far as one can judge from the recorded cases, that that particular form of mental condition is almost peculiar to peripheral neuritis. I do not think I have ever seen any case exactly like it in which there was not alcoholic peripheral neuritis, and if it could be established by further induction that it was peculiar, it would be a very important point to establish.

Dr. Ross—I find myself hardly knowing how to begin to reply. Dr. Tuke and Dr. Clouston expressed some objection to the title of the paper. I have a great objection to it myself, and should have very much preferred to have put it: "The Psychological Symptoms which accompany Peripheral Neuritis." I did not say that they were due to the affection, and I never denied the hereditary matter. I hope Dr. Yellowlees won't think I am wishing to deprive the Highlanders of whisky, nor do I wish to deprive the country of alcohol, but of 500 who are exposed to these poisons a very large number would break down in this way, a much larger number than of those not exposed to the poison at all or only in moderation. In the early stages of mental aberration the symptoms may be only such as might occur without these poisons, but they take the more distinctive features later on. When they come to the second stage, I think they are clearly marked, but they assume the most distinctive features when it becomes the final stage of dementia. I have another case of a man who was a vendor of green vegetables about here, and he also gave an account of how he went out and walked about. He always went out to have a glass of beer, and never could remember the names of things. He had a very limited memory of names of all kinds. He would say he went into a public-house. "What public-house?"

"Oh, the public-house up yonder." He will tell you the direction, where it is. "What do you call it?" "Don't remember exactly; it is the public-house at the corner, and you know it quite well." They are always very facetious and amusing, most of these people, ready to crack a joke about the subject of whisky and alcohol. There is one thing which the case read just now has impressed very much upon my mind, viz., that in asylum practice cases of alcoholic paralysis are comparatively rare. I think Dr. Reynolds will bear me out, however, in saying that at the infirmary we get them by the score; we can hardly keep them out of our beds. Another class of alcoholic cases is that of dilated heart. There is a very curious thing that where you have the most advanced condition of peripheral neuritis the mental trouble is always in the background, or very generally; but when you go to the asylum, to my friend Dr. Mould, I find the mental trouble in the front, and only the slightest possible symptoms of neuritis. You go to the bedside of cases of œdema, dropsy, dilated heart—some die very rapidly, but there also the neuritis of the limbs is in the background. Some people seem to break down by the poison acting upon the higher centres; others break down on the automatic centres of circulation; others by the action of the nerves themselves. It is clear there must be inheritance for one part of the body to be more susceptible to attack than the same parts in other people.

The PRESIDENT—I must again thank Dr. Ross in the name of the Association for his admirable paper, and the opportunity he has given us for having a very good discussion upon this question.

The PRESIDENT—I dare say I shall be allowed by you to ask Dr. Clouston to take back the thanks of the Association for the paper we have just heard from Dr. Robertson. I would invite a little discussion upon it, but I am afraid we cannot give much time to it.

Dr. HACK TUKE—As I have been appealed to with regard to the two passages in "Bucknill and Tuke" which in the opinion of Dr. Robertson appear to be at variance, I may say that I think that on more careful examination they will probably be found in harmony, like the descriptions by the two Apostles St. Paul and St. James, of faith and good works, which although apparently to our minds completely at variance, theologians tell us are in complete accord. (Laughter).

Dr. YELLOWLEES—I am very much impressed by those wonderful pictures, and I rose partly to get a better look at them and partly because I would like to say that No. 1 is by no means necessarily a stage of No. 3. This man No. 1 is angry mainly because he imagines he has some reasons for anger, and No. 3 may be angry or joyous or affectionate in alternate five minutes for no reason which he can realize to himself at all. I therefore say the two conditions are not to be confounded as being the one a stage of the other. We all know how easily acute mania varies from one emotion to the other, and this angry fellow is by no means necessarily in a state of acute mania, but is very much like a man angry from some delusion which he is unable to control. Mental is at the bottom of emotional excitement. I think it is very much a matter of expression and of terminology. We have all learned that in melancholia the excitement may be as wild and as impracticable a mental condition as what we call acute mania proper; and I think it is really much more a matter of terminology than any real and absolute distinction.

The PRESIDENT—I have now to propose a vote of thanks to the Council and Governors and to the Principal of Owen's College for their kind hospitality to us to-day. We cannot do less than thank them for the use of their rooms, and also for supplying so many willing and clever listeners to the two papers which have been read at the request of the Association. I beg to propose a vote of thanks to the governing body of this University for the use of the rooms, and to couple therewith the name of the Principal.

The *réunion* of the Association in Manchester has afforded another proof of the wisdom of meeting occasionally in the provinces. Much regret was felt on account of the enforced absence of Mr. Rooke-Ley. Mr. Mould exerted himself to the utmost to make the meeting a success, and entertained the members of the Association in the most hospitable manner. On Friday, the day following the meeting, a party met at Cheadle, on Mr. Mould's invitation, and visited the Manchester Royal Asylum and the Villas on the Estate. Too much praise cannot be awarded to Mr. Mould for the perseverance, energy, and judgment (to say nothing of his scrupulous regard for the Lunacy Acts and the bye-laws of the Commissioners) with which he has carried out what, in the first instance, was largely experimental, but which has proved in his able hands to be a great success. We are sure that with all who inspected the outlying houses there was but one feeling of satisfaction and admiration, while even those who had visited them before were afresh impressed with the importance of the example which Mr. Mould has set to others engaged in the same work. We only express the sentiments felt by those who examined this remarkable cluster of home-like residences for the insane, when we express the hope that the genial and able director of this institution and of its appendages, will long be spared to continue his labours, and that the system which he has shewn to add so greatly to the comfort of the insane may be extended by other superintendents of asylums wherever practicable.

The dinner of the Association took place at the Queen's Hotel, Manchester, March 13th, the President, Dr. Newington, in the chair, many members of the medical profession in Manchester attending.

LUNACY CONSOLIDATION BILL.

There appears to be no reason to doubt the easy passage through Parliament of the Bill, intituled "An Act to consolidate certain of the Enactments respecting Lunatics," and which has by the House of Commons been referred to a Select Committee. It will be the means of greatly facilitating a knowledge of Lunacy Law. There are 342 clauses, occupying 164 pages.

CORONER'S CENSURE OF A SURGEON.

An insane father in Cambridgeshire killed his two children in February last. Mr. Baldwin, F.R.C.S., of Royston, a Magistrate for the above County, received a telegram from the medical man in attendance, Dr. Kidd, stating that Walter Lawrence, of Litlington, was suffering from homicidal mania, and it was necessary to remove him to the Fulbourn Asylum that day. When he arrived at the house, where he was met by the relieving officer of the district, he found that a policeman had already been, but had not taken any action in the matter. After