

Dr. Panizza sends us the third edition of his work on the "Physiology of the Nervous System and Psychological Actions," which I have noticed in a former number of this Journal. He has collected a large number of objections to the received doctrine of transmission of sensory impressions and motor impulses by the nerves, for which he would substitute a conception for the whole nervous system like that which Brown-Séguard advocates for the encephalon.

## PART IV.—NOTES AND NEWS.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Friday, the 24th February, 1888, at 4 p.m. The chair was occupied by Dr. Needham, and among others present were Drs. A. J. Alliot, S. H. Agar, R. Baker, G. F. Blandford, Fletcher Beach, D. Bower, C. S. W. Cobbold, H. Chapman, H. Case, P. E. Campbell, T. J. Compton, P. M. Deas, W. Eager, L. Francis, W. Habgood, H. G. Hill, J. Hughlings Jackson, S. E. Lisle, J. M. Lindsay, H. Maudsley, J. M. Moody, W. J. Mickle, P. W. MacDonald, H. C. MacBryan, J. T. E. Mortimer, A. MacLean, H. Hayes Newington, D. Nicholson, A. S. Newington, S. R. Philipps, W. H. Platt, J. H. Paul, H. Rayner, G. H. Savage, H. Sutherland, R. L. Rutherford, H. R. Sankey, J. B. Spence, S. A. K. Strahan, E. Toller, F. W. Thurnam, Hack Tuke, T. S. Tuke, E. B. Whitcombe, T. O. Wood, F. J. Wright, &c.

The following gentlemen were elected members of the Association:—John A. Cones, M.R.C.S., Burgess Hill, Sussex; Magnus V. Manson, B.A., L.R.C.P. and M.R.C.S., Haywards Heath Asylum.

Dr. SAVAGE exhibited a carcinomatous brain of a patient supposed to be a general paralytic, explaining that Dr. Percy Smith, who had prepared a paper, was unfortunately prevented from being present. (See "Clinical Notes and Cases.")

Dr. HUGHLINGS JACKSON said that the paper was a consoling one to him, as he had made the same mistake. He should like to know whether there was any alteration in the condition of articulation.

Dr. SAVAGE said there was an alteration distinctly in that direction. There was tremor of the muscles. The handwriting was affected. The reflexes were exaggerated, and her walk was unsteady. The pupils were unequal. She had convulsive seizures. There was no optic neuritis. At one time there was a certain amount of exaltation as to her own powers. Dr. Hack Tuke had seen the case many times, and would concur in what he said.

Dr. HUGHLINGS JACKSON read a paper "On Post-Epileptic States."

The PRESIDENT said that a study of such complexity and elaborateness as was contained in the paper just read was calculated almost to take away one's power of expression if not power of thought. He must profess himself quite incapable of offering criticism upon the paper; but this did not preclude him from saying with what interest he had listened to it, and how gratified he was that Dr. Hughlings Jackson had consented to read it.

Dr. SAVAGE said that in offering a few remarks upon the subject he felt like a Curtius, and feared that he might lose himself in the gap. With regard to the subject of Dr. Jackson's paper, one felt that it was so much part of himself that

it was never tiring to meet the question again and again from fresh aspects. The whole subject of loss of control in its different degrees, the effects, as it were, of the truncation of intellect in degrees—had been thought out and elaborated by Dr. Hughlings Jackson very carefully. One thing he would say was the extreme difficulty which they experienced in persuading those who were not connected with the treatment of the insane that there could be such highly organized actions performed by persons who were more or less unconscious. It was not necessary to have complete unconsciousness with complete epilepsy. There was a patient at Bethlem who had a very good imitation of a fit of general paralysis. He was convulsed in every muscle, and was in such a state that the attendant, referring to his dropping his pipe, which he was very fond of, said, "Poor So-and-so will not enjoy his pipes any more." One of the first signs of returning consciousness was his saying that John Stephenson hoped he would enjoy his pipes. Then there was a lady who professed to be unconscious, and yet performed the most elaborate acts, such as stealing jewellery, &c. Probably Dr. Jackson would agree that it was quite possible that a person might perform the most elaborate and cunning acts, and that those acts might repeat themselves, and yet each of those acts might have been completely unconscious. He did not know whether Dr. Hughlings Jackson had seen a recent American article on the use of anæsthetics in what might be called the clearing-up of insanity—a kind of removing of the covering of self-control and seeing what was underneath, effected by putting the patient under the influence of nitrous oxide. It would be interesting to compare the gradual truncation of intellect by anæsthetics with similar effects produced by epilepsy.

Dr. NICOLSON said that, speaking from the point of view with which he was most concerned, viz., the question of responsibility for crime, he could not but think that the great outcry against lunatic asylums and the late difficulties in regard to certification of patients would end in another Broadmoor Asylum having to be built. The number of cases of so-called criminal insanity, which ought to have been at first taken in hand by medical men in attendance, was on the increase, and it could not be said that the medical profession were to blame for this. For years past the medical profession had been more and more prepared to work out what insanity consisted of in relation to a man's capacity to earn his livelihood and live respectably, and they had been successful, in so far as introducing the question to the public mind; but the sooner the question was dealt with by responsible officers the better. The difficulty arose on the point of actually getting mentally-diseased fellow-creatures away from their homes and into asylums without the result that such and such a person would be able to bring an action for damages. That was the point which touched practitioners in the country and in small towns where they felt they were, perhaps, not so cognizant with the outs and ins of insanity as to make them take the responsibility upon themselves of sending a patient to an asylum away from his work or home, and that caused a tendency to tide over events and say, "Well, I will come in the next day and see how things are getting on," the next thing heard, perhaps, being that the patient had committed a criminal act which made the public shudder. Thus many crimes of a grave sort were committed which could not but be regarded as preventible crimes. He had brought with him a newspaper report of the trial of an epileptic lad who shot his sister, and had just been received into Broadmoor Asylum. It contained the following paragraphs, viz.:—"Mr. Bucknill suggested that the opinion of a medical man regarding a prisoner's state of mind now might assist the jury in concluding as to his state of mind when the act was committed.—His Lordship (Mr. Justice Field): 'I shall rule clearly not. The jury see what his conduct and appearance are and have been. I don't see that the opinion of a medical gentleman carries it a bit further—he can no more dive into the man's state of mind than I can.'" When they met with this as the outcome of things, he thought it was

time to congratulate themselves that they had men like Ferrier and Hughlings Jackson and others to take up the subject and work it out, so as to enable them to speak in a more exact manner than they had previously been able to do as to the physical side of the mental condition. Such a paper as that now under consideration would help experts in courts of law, where they were able to produce actual facts, where the question of mental condition was removed from mere metaphysics, and where they could say that this and that have happened, and that this and that are the result of certain conditions, which their present experience referred to a state of mind connected with disease of the brain. With information of this kind they would be all the better able to make out their case against the very top-lofty dogmas of the law. Of course, there could be little doubt that in an ordinary way a judge would be perfectly able to say that a patient was a lunatic where the insanity expressed itself in outrageous actions; but, in a court of law, the prisoner might represent a sane person pretending to be a lunatic, a really sane person, or a real lunatic, and if a judge could say which of these three the prisoner was, then good-bye to their science. With respect to the questions raised in Dr. Hughlings Jackson's paper, the only difficulty he had was that, so far as his experience went, he would be unwilling to limit the epileptic condition to the moment when, what might be called, the explosion or discharge took place. They must accept the epileptic condition as beginning *prior* to the attack, namely, at the very earliest departure, when the patient got irritable, and gradually working up to the moment when the epileptic fit occurred. And again, after the epileptic fit had gone off, there would be certain conditions due to it which were not epileptic—the post-epileptic states Dr. Jackson had described.

Dr. HACK TUKE had no doubt that Dr. Hughlings Jackson would admit pre-epileptic as well as post-epileptic conditions. He had known a striking instance in which an impulse to commit suicide was the prelude to attacks of epilepsy. Probably the aspect of the question of most practical interest to medical psychologists was the occurrence of attacks of excitement or violence in the place of epileptic fits, attacks marked by their suddenness and by the patient's inability to remember what had happened, in most instances, though he was not prepared to say in all. He had known an epileptic patient volunteer the remark that the effect of an attack of excitement without a fit injured the memory as much as the fit itself. He had seen cases in which there occurred attacks of excitement or murderous violence in persons who had never suffered from epilepsy, but which, he felt certain, were epileptic in their character, even although it was very difficult to prove that the violent acts were automatic and unconsciously performed. M. Garnier, who was the medical head of the Paris infirmary for the insane of the Préfecture de Police, had recently reported the case of a man subject to attacks of hystero-epilepsy, and who removed articles of furniture from a shop opposite his own dwelling, and was evidently quite unconscious of what he had done. When brought before the magistrate he passed into a state of somnambulism, and was eventually discharged on the ground of irresponsibility. The case was rendered more interesting by the fact that the patient was removed to the Hôtel-Dieu, where it was found possible to induce one of the most striking phenomena of artificial somnambulism. He was hypnotized, and became susceptible to suggestions. Thus it was suggested, or rather he was ordered when in this condition, to appropriate the watch-chain of one of the students on the following day, and was then suddenly roused from his sleep. The experiment succeeded, and is only one of a number of similar experiments as to the effects of hypnotic suggestions upon the subject after he is awake. He would thank Dr. Jackson, in conclusion, for his kindness in bringing this subject before the Association.

Dr. HUGHLINGS JACKSON, in reply, said that he had been very much interested in the remarks which his paper had elicited.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

PASS EXAMINATION.\*

The following gentlemen having satisfied the Examiners, obtained the Certificate of Efficiency in Psychological Medicine, the examination being held at Bethlem Hospital on the 22nd and 23rd of December, 1887 :—

Barker, Alfred James Glanville, M.R.C.S.Eng., Bethlem Royal Hospital, S.E.  
 Staveley, William Henry Charles, L.R.C.P.Lond., M.R.C.S.Eng., Bethlem Royal Hospital, S.E.

Will, John Kennedy, M.A., M.D.Aberd., Bethnal House, E.

*Examiners* : Dr. D. HACK TUKE. Dr. G. H. SAVAGE.

SCOTCH EXAMINATION.—DEC., 1887.

PASS EXAMINATION.

The following candidates passed the examination for Certificate of Efficiency in Psychological Medicine held at the Royal Edinburgh Asylum on December 23rd and 24th :—

Collie, Frank Lang, M.B., C.M.Aberd.

Gemmell, William, M.A., M.B., C.M.Edin.

Rowand, Andrew, M.A., M.B., C.M.Edin.

Thorpe, Arnold E., L.R.C.P., L.R.C.S.Edin.

*Examiners* : JAMES RUTHERFORD, M.D. T. S. CLOUSTON, M.D.

SPECIAL MEETING OF THE ASSOCIATION.

A Special General Meeting of the Medico-Psychological Association was held at Bethlem Hospital at the close of the quarterly meeting, February 24th, to consider the recent appointment at Haywards Heath Asylum. The President, Dr. Needham, occupied the chair.—Letters expressing great indignation were read from Drs. Clouston, Yellowlees, Brushfield, and others, and a petition, numerously signed by assistant medical officers, was read by Dr. Rayner protesting against the appointment. It was as follows :—

TO THE PRESIDENT, COUNCIL, AND MEMBERS OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

GENTLEMEN,—We, the undersigned Assistant Physicians of English County and Borough Asylums, beg respectfully to direct the attention of the President, Council, and members of the Medico-Psychological Association to the recent appointment of Medical Superintendent to the Sussex County Asylum at Haywards Heath, and to the effects such an appointment is likely to have (1) on the future prospects of assistant physicians in asylums, and (2) on the administration of asylums apart from the general medical treatment of the insane.

We understand that the gentleman who has received the appointment of Medical Superintendent to Haywards Heath Asylum does not possess any practical knowledge of insanity such as should be obtained by a residence in an asylum, nor can he have had any experience in the duties of the administrative head of a large institution. Further, we understand that use was made, by testimonials and otherwise, of the influence possessed by the Lord Chancellor's Medical Visitors, who happened to be acquainted with the successful candidate, to assist his candidature among the several members of the Committee of Visitors to the asylum.

We, who devote the best portion of our lives to the study of insanity and to the management of asylums, many of us with most unremunerative incomes, in the hope of future promotion, naturally feel that the above appointment has been a miscarriage of justice, and we respectfully call your attention to the unfairness of the appointment, trusting that the Medico-Psychological Association, through its Parliamentary Committee, will direct the attention of the House of Commons (1) to the appointment itself, and (2) to the unwarranted interference of the Lord Chancellor's Medical Visitors in such appointments, in order that such a thing may not occur again.

After a number of resolutions had been put to the meeting and discussed, it was ultimately decided that the Association should adopt the following :—

I.—That this Association is of opinion that it is highly desirable that medical superintendents of asylums should have spent, before their appointment, some time as resident medical officers in asylums, or in the study of mental diseases in these institutions.

\* The next examinations will be held in July. For particulars apply to Dr. Rayner, Hanwell; Dr. Urquhart, Perth; and Dr. Conolly Norman, Richmond Asylum, Dublin.