

notions. The result is that the patients are allowed to carry out these violent acts and to come to a premature end. There are a great number of cases in which the medical practitioner has hinted that the patient ought to be carried away, but has left it to the family to carry out his advice—that is, generally speaking, not to carry it out. After what the President has said to-day in the way of encouraging increased education in psychology amongst medical men, I do not think I need say anything more as to the importance of this matter, and as to the special risks that are incurred by not saying in such cases that the patient must be removed to a special asylum sooner. If the right practice in these matters becomes more general in the profession, much good will have resulted from the President's remarks on the question of education. We want those who are sent out from our medical schools instructed in the preliminaries of psychological work so as to be able to see what is probably going to happen in the minds of the unfortunate patients who happen to come before them in private practice. (Hear, hear.)

Dr. YELLOWLEES—The President made one valuable suggestion that ought not to be lost sight of, and that is the formation of an Education Committee. There are a great many questions bearing upon the education of nurses and students which might very properly come before such a Committee, and I think we ought to have such a Committee. As we have half-a-dozen Examiners, I think the Examiners and the President might constitute a Committee for educational purposes, always to be available for reference on occasion arising. The paper was so full of suggestions that one hardly knows what to take first. As for the indictment that the medical profession fills Broadmoor by not being more explicit, I scarcely accept that, though certainly increased knowledge of insanity would enable them to speak more emphatically as to the treatment necessary for the "half-baked" folks who ultimately reach Broadmoor. As to the mixture of all classes in asylums there is a great deal to be said on both sides. I am expecting shortly to lose all my pauper patients, and I look upon that as by no means an unmixed gain. I have seen patients of the better class who were much benefited by having the opportunity of visiting, helping, teaching, and reading to those of a lower grade, just as they would have done at home when busy in works of well-doing. I heartily join, sir, in the praises that have been offered to you for your admirable Address. (Applause.)

The Meeting then separated.

The members dined together in the evening at the Great Western Hotel, Birmingham. The Mayor (Mr. Clayton), Sir Walter Foster, M.P., Sir Thomas Martineau, Mr. Lawson Tait, Dr. Wade, and Mr. Alderman Lloyd were among the guests.

THE BRITISH MEDICAL ASSOCIATION.

BOURNEMOUTH, JULY, 1891.

SECTION OF PSYCHOLOGY.

President—P. MAURY DEAS, M.B.

Vice-Presidents— { HENRY JOHN MANNING, M.B.C.S.
D. NICOLSON, M.D.

Honorary Secretaries— { P. W. MACDONALD, M.D.
WILLIAM HABGOOD, M.D.

WEDNESDAY, JULY 29, 1891.

The PRESIDENT proceeded to deliver his Address, in which he dealt in a masterly manner with Lunacy Legislation and the Lunacy Act, 1890. With regard to private asylums, he was of the opinion there was a distinct demand for such institutions, and that if the public confidence in them ceased the public

would cease to have recourse to them. He then dealt with the protection which the new Act was supposed to give to medical men signing certificates, and proceeded to criticise the spirit of distrust and suspicion which ran through the Act. With regard to the introduction of the "judicial authority," he thought nothing could be more ineffective, and he pointed out how the introduction of urgency orders rendered it easier to get a person under treatment, and that although this was an advantage to the patient, it was not exactly what was intended by the framers of the Act. Again, the Act places the medical chief of an asylum more in the position of a gaoler. He then classified the alleged difficulties in working the new Act into three divisions. 1st. Those which seem good and useful. 2nd. Those which seem unnecessary or useless. 3rd. Those which seem positively hurtful and objectionable.

1. *Good and useful Enactments.*—(a) The supposed protection to medical men signing certificates he considered insufficient. (b) Power for local authority to provide accommodation for private patients and other classes of the insane was a valuable addition. (c) Enactments for regulating and restricting the reception of insane persons into workhouses was a decided advance. (d) The provision for private patients being placed under treatment without delay in urgent cases is an unqualified boon, also that allowing the reception of voluntary boarders.

2. *Unnecessary or useless Enactments.*—(a) The reception order by a justice acting ministerially would be unobjectionable, but the justice and not the asylum medical officer should be responsible for all documents being in due form, and the Commissioners in Lunacy should deal directly with him. (b) The multitudinous reports are a masterpiece of useless and unnecessary circumlocution. (c) With regard to the duration of reception orders, this is not of the smallest practical value and is a veritable trap for the unwary. (d) The prohibition of the licensing of any new private asylums has established a most valuable monopoly for the licenses of the private asylums. (e) The section which prohibits a member of a committee of a registered hospital from presenting a petition for the reception of a patient into that hospital is most unnecessary and contrary to justice and common sense. (f) The power given to the Commissioners in dealing with registered hospitals is of a most objectionable and inquisitorial character.

3. *Hurtful and objectionable Enactments.*—(a) Calling the medical superintendent of an asylum the manager. (b) The right of a patient to be examined by a justice. (c) The posting of notices in asylums regarding patients' correspondence. (d) The power given to the Commissioners to give an order for the visiting of patients or for their medical examination. (e) The giving power to receive more than one patient in an unlicensed house. (f) Restrictions as to mechanical restraint. (g) Empowering the Commissioners in Lunacy to make rules.

The PRESIDENT concluded by stating the following rough heads as indicating the direction reform should go:—

1. Insanity and its treatment should be a compulsory subject in medical education. 2. No one should give a medical certificate of insanity except properly qualified. 3. Especially so with regard to asylum officers. 4. The appointment of district inspectors and certifiers. 5. The inspection being that of procuring more frequent visitation of individual patients. 6. Diminution of the powers of the Commissioners who should be made more a medical board with special experience in the treatment of insanity. 7. The simplification of legal forms. 8. The cumbrous and costly method of inquisition to be simplified.

Dr. NICOLSON, in relating his experience of the delay occasioned by the provisions of recent legislation, called attention to the wants of knowledge of the treatment of insanity among the members of the profession generally. Were this not so the insanity of individuals would be discovered before acts of violence were committed.

Dr. FARQUHARSON, M.P., said the very able and outspoken address of the President was especially interesting to him, as he had followed the Lunacy Bill very carefully in its passage through the House. Already it had been found necessary to introduce an amending Bill to prevent a deadlock. He thought the danger to medical men from signing certificates would be minimized if the plaintiffs were bound to pay into Court a proportion of the costs before the action. This would prevent actions being brought by men of straw.

Dr. BUCKNILL approved of the bringing in of the judicial authority and deprecated the tone of blame which ran through the President's Address.

Dr. DRAPEE suggested the establishing of local homes for the reception of cases suspected of being insane; these should be examined by an expert specially appointed. Again, a medical man called in should be paid for examining the patient whether he certified or not.

Dr. ROLSTON supported the suggestion of Dr. Draper.

Dr. SAVAGE thought the Act was defective, and there was a tone of distrust through it from first to last. The Act did not sufficiently protect medical men. Voluntary boarders should be encouraged by the Commissioners, whose duty it was to administer and not to make the law. Again, although a person was not decidedly insane, he should be allowed to submit to treatment. The procedure of inquisition required amendment, and governors of hospitals should not be prevented from signing orders of admission.

Dr. CLIFFORD ALLBUTT, from his position as a Commissioner in Lunacy, forebore discussing the Address, for which the meeting had so much cause to thank the President. With regard to voluntary boarders, the object was to check abuses and not to discourage legitimate voluntary boarders.

Dr. NEEDHAM spoke against the many absurd and vexatious provisions of the Act. The mass of returns required at irregular times for no object was most obnoxious.

Dr. LANGDON DOWN pointed out how difficulties arose in procuring judicial orders of admission. He did not consider the intervention of the judicial authority any safeguard whatever to the public.

Dr. STANLEY HAYNES commented adversely upon the provision allowing more than one patient in a private house. He regarded the Act as unsatisfactory and vexatious.

Dr. OUTTERSON WOOD thought the Act, having had upwards of twelve months' trial, they were in a position to criticise it. The appointment of every Magistrate as a judicial authority had now been proved necessary. The difficulty of procuring medical certificates continued. In the case of voluntary boarders the Act said *any person* may be so received, and such admissions should be encouraged.

Dr. C. ALDRIDGE spoke strongly of the inconvenience, worry, and hardship inflicted by the provisions of the Act.

The PRESIDENT, in the course of his reply, drew attention to the attempt made in certain quarters to discourage the admission of patients as voluntary boarders, and called attention to the wording of the Act upon the subject.

A paper was then read by Dr. T. CLIFFORD ALLBUTT, F.R.S., on "The Proposed Hospitals for the Treatment of the Insane." (See "Original Articles.")

The PRESIDENT—We must all express our obligation to Dr. Allbutt for the very interesting manner in which he has opened this discussion, and for his extremely valuable suggestions. It is stated on the agenda paper that, in conjunction with Dr. Allbutt's paper, Dr. Walmsley will read one on "The Desirableness of Throwing Open our Asylums for the Post-Graduate Study of Insanity." As that touches on matters alluded to by Dr. Allbutt, it is desirable that Dr. Walmsley should read his paper before we enter upon the discussion.

Dr. WALMSLEY then read his paper. (See "Original Articles.")

Dr. SAVAGE—One feels that the agitation of this subject is of importance, as a notification that the subject of lunacy is being more carefully studied.

In all directions one finds there is a desire on the part of the public, as well as of medical men, to know more. I think nearly all of us who have practical knowledge of insanity, and especially those who have had a good deal to do with both treatment and teaching, are sure that the essentials of a hospital are not covered by the proposition made by the London County Council. First of all, for the treatment of the insane, one ought, as Dr. Allbutt pointed out, to consider fully that much more depends upon other things than drugs. We all feel that the enormous amount of arsenic and phosphorus and similar drugs that have been given are of little or no use. The gross ignorance on subjects of the kind is astonishing. I remember being called into the country to see an idiot, when the doctor said, "I have done all I can; I have been giving phosphate of iron." If more knowledge of insanity existed, not only among the public, but among our own profession, perhaps such things would not occur. With regard to the question of teaching the students in London, if, as I say, it has become absolutely necessary that teaching should be considered, the present means for teaching can be organized. At the present time Bethlem Hospital is pretty fully supplied with students. But there are many other hospitals and asylums in the neighbourhood of London, and I agree with Dr. Walsley in saying that immense advantage would accrue not only to the patients, but also to the medical officers themselves, if the asylums are utilized for teaching. One is sure that the admission of students, of classes, into an asylum is not only good for the medical officers, but for the patients. One feels that the lines upon which this proposed hospital has been started are wrong, but in connection with asylums, one recognizes that some greater and more useful plan may arise. We all feel the importance of having had Dr. Clifford Allbutt's and Dr. Walsley's opinions on this subject.

Dr. MACPHERSON—Up to the present time we have been directed to five separate asylums to find a dozen hospital classes in connection with those asylums. The asylum over which I have the medical supervision is at present erecting a large hospital in connection with itself. But it has occurred to me that the discussion might have taken place from the very opposite point, and that, instead of talking about the establishing of lunatic hospitals for the treatment of the insane, the energies of those who have directed attention to this matter might more justly be directed towards dispersing and removing all the chronic harmless patients from the existing asylums. In this way, I think, the energies of medical officers of existing asylums would be less hampered, and their work would be less interfered with by administering to the wants and necessities of the large numbers of harmless chronic patients who do not derive any benefit from medical treatment. In Scotland we have had for a long time the boarding-out system of pauper lunatics. It has worked very well, in so far as it has kept down the numbers who accumulate in pauper asylums, but I fear that it has at last reached the breaking point, because there is a tendency on the part of the peasantry who used to receive these patients to expect more money for their maintenance, and because there is also a tendency on the part of the boards to reduce the weekly charge. The difference between boarding-out and keeping a patient in an asylum is therefore so little that the parochial authorities won't exert themselves to do so. I think it is right that we should in no way attempt to conceal the fact that medical skill can do nothing towards the cure of those chronic cases. I therefore think that measures should be adopted to draft these patients into industrial colonies or large chronic institutions for such cases, where the elaborate and expensive working of the majority of asylums for acute cases is not required. I believe that by removing chronic patients, leaving only the curable and those needing attention in the existing asylums, you will greatly develop the curative energies of those asylums, so that each one will become a curative hospital for insanity without the necessity of adopting the plan proposed by the London County Council's Committee.

Dr. MERCIER—I think we have had a very great advantage indeed in hearing the opinions of a Commissioner in Lunacy on this vexed question of the con-

tinuation of asylums or their substitution by hospitals, and I have no doubt it will be a gratification to all to find that the opinion of such an authority is distinctly in favour of the continuation, with modifications, of the present system. It seems to me, as has been said, that this idea of the founding of hospitals for lunatics is, as it were, the inarticulate expression of dissatisfaction with the present way in which lunatics are cared for and treated, and it seems to me that this is due to the fact that they are treated wholesale. The cry is for more individuality in the treatment of the insane. In this connection I would deprecate very strongly the suggestion made by the last speaker, that chronic cases should be separated from the acute, for he seems to assume that the chronic case is necessarily incurable. I am perfectly sure that that opinion is erroneous, and that there are many old cases which astonish us by complete recovery. More than that, I wish very strongly to put this opinion before the meeting, that however chronic a case may be, and however long standing it may be, there is no case which is not improvable to some extent, provided, that is to say, that we treat it individually, and study and treat it with a view to its own individual peculiarities. In cases of very long standing, 25 and 30 years, I have seen very material improvement. Then, the view that Dr. Clifford Allbutt put before us of the little village for lunatics, in which each section, with its bungalow and so on, should be provided for, with all the proper surroundings adapted to it, is a very charming one, and we should all desire to see it brought about. Asylums are apt to stagnate, and in order to do good work, and to keep fully alive the intellectual side of one's nature, it is absolutely necessary to have abundant contact with other minds. I don't see how that is to be obtained without throwing open the doors of the lunatic asylums to the profession at large, and (under reasonable restrictions) allowing the profession of the neighbourhood to go in and study lunacy within the walls of the county asylum.

Dr. MACPHERSON—May I explain that I did not mean that no chronic case of long standing had recovered, but that the great majority of cases of long standing are incurable.

Dr. BUCKNILL—I don't know whether a man who has not made up his mind has any right to address such a well instructed audience as this. A man who enters into a discussion is generally assumed to have made up his mind one way or the other. I am not in that position. I have thought a good deal on this subject, and I hold my judgment in suspense, and am bound to do so until I see good grounds for differing on the one hand from the position which has been taken by my old friend Sir J. Crichton Browne, or, on the other hand, from the position which has been formulated somewhat in opposition to this by Dr. Clifford Allbutt, also my friend. I think I see the way to an agreement between them. I think that the position taken up by the former tends to the question of knowledge; some more intimate knowledge than we possess of the nature of insanity—some scientific knowledge of the nature of insanity which we may possibly come across by adopting what he suggests. Now, what we have heard so ably and eloquently set before us to-day by Dr. Clifford Allbutt tends rather to the perfection of treatment. Now, if the hospital for minute observation, and possibly experiment, had been established by the London County Council it is possible that some discovery might have been made which would have thrown the electric light of science upon the operations of the brain. I don't think, however, that if I were to become insane myself I should wish to become an inmate of that asylum. (Laughter.) I would rather inhabit one of the cottages which Dr. Clifford Allbutt has pictured to your minds, where individual treatment would be adopted, and where the individual knowledge of the medical man would cheer and console. I quite agree with Dr. Allbutt that the physicians of a curative hospital should not be visiting medical officers. They should be resident. I am old enough to remember the days of the visiting physicians of asylums, but in no case did I know of any asylum where the visiting physician was of any good. I was appointed to the Devon Asylum

myself in 1844, before it was opened, and there were visiting physicians to a good many asylums. They were really obstructive, and of no assistance, a great many of them. I think, therefore, that to return to the system of visiting physicians would be of no good whatever. What strikes me with regard to the possible improvement of county asylums is the increase of the medical staff. In the United States, and I think on the Continent, they have special persons—medical men—whose duty it is to make scientific observations—pathologists they call them; but they ought also to be chemists, and be also able to take the variable character of the secretions, and to relieve the superintendent, who ought to be all that Dr. Allbutt describes him, and I am fain to believe very frequently is. Such an arrangement ought to be able to relieve the burden, and duty, and responsibility from him; and I think that the medical service of county asylums might be so arranged and so improved that a good deal of scientific investigation might be carried on there. I cannot endorse the word I have heard since Dr. Clifford Allbutt's paper was read about "failure." I read the *Journal*—which is worth reading in these days—and I noticed there a record of 68 per cent. in one of our asylums cured last year. That is not a failure, and will compare with the treatment of almost any serious disease. Therefore do not let us say our treatment in the county asylums is a failure. I endorse what was said by a gentleman just now, that almost all cases are improvable, and that is an enormous gain. It is an enormous ground for satisfaction and pride. Of course one would like to cure all the patients who come under one's treatment, but that cannot be. Still, if we can cure 68 per cent., and if we can improve all the remainder, it is something to be proud of. I don't know that I have anything more to say. While, therefore, I don't think it is our place to object to the establishment of a hospital for observation and experiment if the County Council of Middlesex, or any other body of men who have the expenditure of public money, can afford to spend money in such a way, I think we are quite justified in claiming for our own treatment and our own system—our own greatly-improved system, which I have seen the growth of—that it is now a thoroughly successful system, and that we are quite justified in saying that no one has a right to taunt us with failure.

Dr. HOWDEN—I have listened with great pleasure to Dr. Clifford Allbutt's address, which contains so much good sense. I regret that I have not the fortune or misfortune of having formulated my ideas on the subject. My mind is very open indeed, and at present I should feel exceedingly disinclined to express any opinion as to the desirableness or otherwise of this proposed hospital. The only thing that weighs with me is that there are so many "ifs" about it. *If* it is to do good, certainly we should have it. But what is to be done? I don't know that there is any particular medicine which could be found and used in such a hospital that could not be employed in any asylum if the medical skill were sufficient, which it ought to be. I think the great thing in an asylum, or in lunatic colonies, is to have the greatest possible variety of treating patients; not to have the patients contained in one large block of buildings, such as we were accustomed to some years ago, but to have every variety of accommodation and means of treatment. Why should we not have the hospital in connection with an asylum, where you could apply other means of treatment, just the same as you would in London? In the institution I am connected with just now we have built a hospital containing 100 patients, 50 of each sex, and although we have not done anything very wonderful in the way of medication, we have surrounded the patients with complete sanitary conditions, and everything we could think of to make them well, and I am bound to say many of those chronic patients who would probably have been sent away to an incurable hospital have since been in a more favourable mental condition. I don't know whether a chronic asylum is a good thing or not. I

have very great doubts about it; and I don't see why in the large lunatic colonies, as I prefer to call them, we should not have cheap wards where chronic patients could be more cheaply kept than in the main building or special hospital. We have in Scotland, besides the boarding-out system, a plan of putting small colonies of patients in cottages and separate houses on the estate under the charge of the tenant, small colonies of 15 or 20, who have absolutely no restrictions upon their liberty. These patients live on the farm, and they seem so contented and well that many visitors ask why they should be kept there at all, and not sent home? Unfortunately there is a very large number of chronic lunatics who don't do well at home under the care of their own relatives, and who have not the supervision necessary when they are boarded with strangers. As Dr. Macpherson has said the time has come when there is a difficulty in getting people to take boarders on that system. In the old days a great many people were always glad to eke out their incomes by taking patients at five or six shillings a week. That time is past, and now they won't take them, their circumstances being such that it is not an advantage to have patients of that kind boarded with them. I should have been very glad if we had had some knowledge of what is proposed to be done in this London hospital which we cannot do as well in a district county asylum. Possibly there may be something; there may be brain surgery, for instance. That is a matter which may be supposed to be likely to be considered, but I don't think the time has come when we can give our sanction to indiscriminate brain surgery. (Hear, hear.) If it is a thing we have a great deal to hope from, we have not quite arrived at that stage yet. If this hospital would teach us country people to adopt measures for the cure of insanity, I am sure we shall be only too thankful to adopt them, whatever they are, but I think we are quite as well prepared to adopt them in a county as in a metropolitan asylum.

Dr. P. W. MACDONALD—As superintendent of an asylum I must thank Dr. Clifford Allbutt for two remarks he has made. The first is that he, as a member of the Lunacy Commission, has raised his voice so distinctly and clearly against building huge asylums. If a superintendent who now manages a county asylum with 2,000 patients, being a humane man, says it is easy to work it, I can only tell him I don't believe it. He cannot do it. Another thing I was very glad to hear Dr. Allbutt say was in reference to the many who complain so much of the lay work they have to do. My opinion and experience is that you never hear the hard-worked superintendent who is thoroughly imbued with the true scientific spirit of his work, complaining of his work, but he takes it, as I always have, as a mental recreation. But I fear very much that a great many superintendents do not, as Dr. Allbutt hinted, delegate certain duties to others, but keep them on their own shoulders, and thereby increase their burdens. In one thing I differ entirely from the opinion that has been expressed as to the future. I agree that a hospital should be built in connection with the county asylums, but I hope never to see the chronic cases separated entirely from the acute. If you do that, what does it mean? It means that you take away from us the opportunity of getting experience of chronic insanity. From what class do we get our pathological knowledge? Is it not from the chronic? A few cases die, and this gives you the opportunity, but if you take them away you run the risk of not getting any post-mortems. I think in most well managed asylums you have your chronic wards, your acute hospital wards—such as have been built so successfully by the last speaker in Scotland—as to form a perfect model to the whole of the asylums of the United Kingdom—and it should have the infirmary ward.

Dr. CLIFFORD ALLBUTT, in reply, said (after making a few remarks as to the views of the Commissioners, which he preferred not going further):—I venture to think that the scheme which I put forth, and which I told you was not original, is not Utopian at all. It is a scheme which is more or less in exis-

tence, although, of course, there are no two schemes exactly alike, but it is running on all fours both in America and on the continent. This plan of breaking up asylums into separate buildings, and having bungalow houses for certain classes of cases, is done both in America and in Germany in a certain way which may or may not be perfect. It is certainly not a matter of Utopia. It is done there, and will, in fact, come into England. I know that Dr. Hack Tuke is in favour of a scheme of that kind, and urged it upon the London County Council. They have declined at present, but I know that he has pressed it upon them very strongly. In cases where the scheme is defective I think it is due to not being well carried out. In one large German asylum certain wards are stuck down among piggeries and things of that kind, which obviously the meeting would complain of, and properly so, but that does not affect the essential nature of the scheme. There is another matter in which I have been very much misunderstood, as it seems from the remarks of Dr. Macdonald, which I was glad to hear. I did not think it would be possible that I should be supposed to say that the chronic insane should be separated from the acute. I quite understand Dr. Macpherson took that point, and I am bound to say that when I was a visiting justice I did think that; but since I have had my experience very much enlarged I no longer think so. What I mean was simply that there should be a separate hospital, not in the same building, not part of an immense huge public block or barrack, but grouped round about it on the same estate, and sufficiently near to readily give access from one place to another; what are roughly called bungalows, to contain, say, thirty patients apiece, if not too costly, scattered about the estate if you like, or grouped round the central hospital, and all under one superintendent. The arguments Drs. Macdonald and Mercier put forward against separating the chronic from the acute in entirely distinct asylums were, I think, unnecessary, as I have held the same view for some time. With regard to Dr. Bucknill and Sir J. Crichton Browne, I have been a little misunderstood there. I have not been abusing Crichton Browne at all. So far as the published report goes—I did not hear his evidence—he did not anywhere, I was rather surprised to find, advocate the establishment of a hospital entirely on the lines proposed by the London County Council Committee. At any rate, he is not stated to have favoured the plan of having general physicians visiting the hospital. The scheme is entirely Dr. Batty Tuke's, so far as I know, and taken up by some other members of the profession. Crichton Browne has merely said that he is exceedingly anxious to see light thrown upon the whole subject of investigating insanity. The difficulty about having one in London is that you can't have one to give that treatment which we think the right treatment for the insane. There is no reason why it should not be a few miles out of London, where estates could be got, and if you have a resident staff the thing could be done. I am very far indeed from objecting to seeing a hospital of that kind, only you must have plenty of air and water, and opportunity for working outside the town. I think, however, that such a hospital would only give a special impulse to the subject while it was new. I think after twenty-five years it would take the position of any other hospital, such as that superintended by our President, and would then settle down on a level with the others.

THURSDAY, JULY 20, 1891.

Dr. SAVAGE read a paper on "The Influence of Surroundings on the Production of Insanity" (see Original Articles). This was followed by a communication by Dr. WALLACE on "The Truth of the Idea of Heredity," and the two papers were taken and discussed together.

Professor BENEDIKT said that of late his views with regard to heredity had been modified, and he concluded heredity as a cause of disease was on the increase. He quoted a case where the neurosis of the offspring appeared before that of the parent, who ultimately became a general paralytic. He

called attention to the fact noted by Professor Engel that the bones of the face became changed by the influence of psychic, moral, and social conditions.

Dr. MERCIER said the organization we inherited from our ancestors was our fate, and we looked for the influence of our surroundings to modify our destiny. Insanity he believed to be (1), the result of heredity; and (2), the stress of circumstances. The strongest nervous system would fail if sufficient strain were brought to bear upon it. He was amazed at Dr. Wallace's doctrine. If qualities were not transmitted how was it that sheep were not born of oxen, or that children were not produced out of the traditional strawberry bed. With regard to mutilations being transmitted, not one of those mentioned could compare with the mutilation of the hymen, which had occurred for countless generations.

Dr. FLETCHER BEACH thought that it was an acknowledged fact that not only the characters of patients, but also those of the ancestors, were transmitted. He strongly believed in maternal impressions. Idiocy and imbecility often were the result of worry and anxiety of the mother during pregnancy.

Dr. NEECH discussed at some length the theory of mind.

Dr. WARNER stated some facts connected with cranial abnormalities.

Dr. NICHOLSON had worked out the effects of surroundings in the case of prisoners in solitary confinement, and his researches proved to him the enormous influence it had upon the mental condition of the convict.

Dr. SAVAGE and Dr. WALLACE briefly replied.

Dr. AUGUSTE VOISIN (physician to the Saltpêtrière, Paris) read a paper on "Incendiarism Committed under the Influence of Hypnotic Suggestion." He described in detail how patients of his had been hypnotized, and when in the hypnotic state had been induced to set fire to imaginary buildings. The gist of the paper was to prove that persons could be made to commit crimes when in the hypnotic state at the suggestion of the operator. All the details of the surroundings of the suggested crimes were prepared most elaborately, and then the patient sent to commit the fatal deed at the word of command.

Professor BENEDIKT said in considering the subject we must not forget that criminals would seize upon the idea conveyed in M. Voisin's paper, and accuse innocent people. Manslaughter might be committed as an experiment in a drawing-room, but he doubted if it could be carried out in reality as suggested. Hypnotism was a remedy for some states, but it had its dangers, and should be employed with caution.

Mr. ERNEST HART said he had given the subject much attention for many years. It was easy to say that hypnotic phenomena must be phantasms of the imagination; that was what anyone would say without knowledge or investigation. He, however, had proved that the phenomena could be verified in various ways, both by physical influence and by suggestion. It was the same kind of influence as that which acted upon a hungry boy looking into a confectioner's who thought he would like a jam tart. He felt a watering in the mouth and a hollowness in the stomach. This was the influence of suggestion producing a flow of saliva and gastric juices without his knowing how it came. In this the will had nothing whatever to do with the phenomena; they were subjective. It was quite easy to make anyone sleep; this was a subjective state produced either by the mental condition of the patient, or by his induced physical condition. Hypnotism was accepted by all the world. Somnambulism was also accepted. Professor Benedikt had ridiculed the idea that persons hypnotized would obey orders of a very complex kind. It was known that a simple order such as to jump out of the window would be followed by an endeavour to do it. They had seen dozen of times, no doubt, that a mesmerist could impose his announced will upon a hypnotized or mesmerized subject. No one who had real knowledge of the facts would deny that. Now because Professor Voisin said he could by word of mouth produce post hypnotic effects which were more complex operations, surely it was not philosophical to say that because it

was more complex it was impossible or untrue. For anyone to say such things were impossible was to say that which was beyond their knowledge. To have that knowledge it is necessary to see the things such as had been shown to him by close observers—not by M. Voisin, but by Professor Charcot and his students, men of the closest observation and the most extreme scepticism. It did not follow that hypnotic suggestion might not be more harmful than useful, or that it might possess therapeutic value, but he could assure them if they investigated the phenomena it would be seen that they were real.

Dr. DRAPER (Huddersfield) said twelve months' investigation had produced in his experience astonishing results, and he gave the details of several cases showing that hypnosis had a therapeutic value.

Dr. MCNEE (Inverness) thought the subject required working out. He related a case where hypnotism had been used by a charlatan with bad results to the patient.

Dr. DOUGLAS (Leamington) said all who had investigated this subject must admit there was something in it, and that it possessed considerable therapeutic value. He hoped the Committee appointed by the Association would report after due investigation, so that the profession and the public should be made aware of its limitations. He gave cases in which he had found hypnotism of use. He asked if it was possible to protect a person from being hypnotized.

Dr. WILBERFORCE thought that hypnotism should be treated like morphia and other valuable remedies, and placed under wise restrictions.

Dr. OUTERSON WOOD said he would answer Dr. Douglas's question by stating that he had succeeded in hypnotizing a patient said to be protected. Since the meeting in Birmingham last year, when he was appointed a member of the Committee to investigate the phenomena of hypnotism, he had conducted a number of experiments, and he was bound to confess he had found hypnotism of therapeutic value in certain cases. The details of these experiments would be made known later on. He was strongly of the opinion that no public exhibitions of hypnotism should be tolerated in this country.

Dr. NEECH said they must be careful not to confound hypnotism with suggestions made under hypnotic influence. He believed with Mr. Ernest Hart the phenomena were actual and real.

Dr. BRIDGEWATER would warn the members against going to either extremes in this matter. He thought hypnotism might be used now and then by intelligent medical men with advantage.

Dr. NICOLSON said personally he should object to use hypnotism for the detection of crime. At the same time he should give the facts laid before them due consideration.

The PRESIDENT did not profess to have any experience of hypnotism, except from having witnessed some degrading public exhibitions, which he hoped would soon be a thing of the past, and he supported the suggestion that they should be put a stop to. He begged, therefore, to propose the following resolution:—"That in the opinion of this Section popular exhibitions of hypnotism, and of persons under the influence of hypnotic suggestion, should be prohibited, and that the Council of the Association be requested to make representations to the proper authorities urging the necessity of such prohibition."

This was seconded by Mr. ERNEST HART, and after some discussion was carried.

FRIDAY, JULY 31.

Professor VICTOR HORSLEY, F.R.S., read a paper on "Cranieotomy," in which he described the operations he had performed to relieve intra-cranial pressure. In one case headache due to pressure was relieved by the operation which gave fibrous tissue of some elasticity instead of bone. The details of cases were given. He considered the first risk was shock from the operation, which consisted in removing a large strip of bone in a line with the vertex from before backwards on one or both sides.

M. VOISIN related a case where an operation similar to that described by Professor Horsley had been followed by good results. In cases where the brain is small and the membrane healthy the operation might succeed, but not in those where the membranes had become opaque.

Dr. CLAYE SHAW read a paper on "The Surgical Treatment of General Paralysis." The operation had been successful in relieving pressure and in prolonging life. In one case the epileptic fits from which the patient suffered ceased, and the mental symptoms improved. In another case the patient so far recovered after the operation as to resume his occupation. In another delusions and headache were both cured by the operation.

Professor VICTOR HORSLEY had no experience of operating in general paralysis, but he knew a case where epilepsy and headache were completely cured by operation.

Dr. MERCIER considered this a serious operation, which should not be undertaken without strong reasons. He thought you might as well try to improve the ritual of the Church by removing a few slates off the roof of the building.

Professor BENEDIKT thought we wanted practical results, and not mere surgical theories.

Dr. HACK TUKE said that in considering the subject they should ask themselves two questions—1st. Is the operation justifiable? and 2nd. Is it likely to be beneficial? He did not see any intrinsic objection to the operation in the hands of capable men. At the same time he confessed that the evidence hitherto advanced in favour of the operation drawn from actual cases was not encouraging.

The PRESIDENT thought they should suspend their judgment while waiting for further information upon this interesting subject. One point struck him as being of great importance, and it was the continuance of the improvement in the symptoms long after the cicatrization of the wound.

Dr. MACPHERSON gave notes of a case where the symptoms disappeared on the deposit of tubercle in one lung.

Dr. SNOW remarked that improvement often followed operations on other parts of the body.

Mr. JOHN EWENS (Clifton) gave particulars of a case where relief to mental symptoms followed a suicidal attempt with wounds of the head.

Dr. NICOLSON doubted if a patient could improve sufficiently after the operation as to make a will.

Dr. NEEDHAM pointed out the difficulty in dealing with the earlier stages of the disease, which was simulated by many other diseases in their initial stages.

Dr. CLAYE SHAW, in reply, did not consider the operation was a serious one if due care were taken.

Dr. HERBERT SNOW's paper on "Cancer in its Relation to Insanity" (see "Original Articles") and Dr. BENEDIKT's paper on "Spinal Adynamia" concluded the business of the Section.

Dr. LANGDON DOWN proposed, and Dr. HACK TUKE seconded, a vote of thanks to the President.

THE LUNACY ACT, 1891.

(54 and 55 Vict., c. 65.)

An Act to amend the Lunacy Act, 1890.

[5th August, 1891.]

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1.—This Act may be cited as the Lunacy Act, 1891, and this Act shall be construed as one with the Lunacy Act, 1890 (in this Act called the principal Act), and this Act and the principal Act may be cited together as the Lunacy Acts, 1890 and 1891.