BRITISH MEDICAL ASSOCIATION.

Annual Meeting, Portsmouth, 1899.

Section of Psychology.

President: David Nicolson, C.B., M.D. Vice-Presidents: S. R. Macphail, M.D.; P. W. Macdonald, M.D. Honorary Secretaries: James Neil, M.D., Oxford; B. H. Mumby, M. D., Portsmouth.

The Section of Psychology had a highly successful meeting at Portsmouth under the genial presidency of Dr. Nicolson. On each of the four days the section was well attended, and the discussions were interesting and animated. The material available in the shape of papers was of ample amount; indeed, several important communications had to be taken as read for lack of time.

The business of the Section opened with the President's address, on the question "How can the reproachable Differences of Medical Opinion in Cases of Lunacy be obviated?" The cases in which these differences of opinion are liable to occur may be classified as (*a*) Ordinary lunacy cases, (*b*) Civil cases, (*c*) Non-capital criminal cases, and (*d*) Capital criminal cases. In the last two classes, malingering often acts as a complicating factor, adding greatly to the difficulty of diagnosis. Differences of medical opinion might be due to differences in experience and in carefulness of observation, or, in some cases, they might be attributable to prejudice. All medical men who sign certificates of lunacy should have had asylum experience in the study and treatment of mental disease. It was a deplorable fact that, owing to the absence of such experience among the body of general practitioners, cases of lunacy with suicidal, homicidal, or other dangerous impulses, passed largely unrecognised in the community. Too much stress should not be laid on the methods and measurements of anthropologists and criminalists as indices of character or of disposition towards crime. Sentiment should not be allowed to bias the evidence of independent facts. If due regard were paid to such considerations as these, differences of opinion among medical men as to the nature of lunacy cases, and as to questions of sanity and responsibility in alleged lunatics, would tend to be reconciled, or solved smoothly and harmoniously.

A vote of thanks to the President was proposed by Dr. Orange, who referred to the advice given by Sir James FitzJames Stephen that, when medical men were about to appear on opposing sides, in a case regarding a person's sanity or insanity, it would be well if they conferred together beforehand, regarding the medico-psychological aspects and facts of the case.

The formal discussions were three in number. The first was on lunacy legislation, as it affects the temporary care of incipient cases. It was opened by Dr. Savage, who criticised the provisions of the proposed Lunacy Act of last year in Clause 23, pointing out the desirability of extending some of the provisions of this clause as regards the certification, readmission, and care, as single patients, of incipient lunatics. The number of members who took part in this discussion showed the interest which it commanded in the speciality, for at the close of the meeting the discussion stood adjourned. It was resumed and finished next day. The general tendency of the opinions expressed was strongly adverse to the present prevalence of the clandestine treatment of insanity in private houses by incompetent persons, and a system of registration and supervision of those who undertake the private care of mental cases was advocated. Some of the speakers declared that only medical men should be allowed to have insane patients in private care, and one seemed to advocate that not even a medical man should be allowed to engage in this line of practice unless he could show that he had special experience of mental disease, and special training in the treatment of it.

The second discussion was on the evergreen subject of general paralysis.

Dr. A. W. Campbell opened with a paper on the "Ætiological Relations of Syphilis to General Paralysis." He contended that accumulated evidence, especially as collected and interpreted by Continental observers, has now proved it as a fact that syphilis is the great predisposing cause of general paralysis. He asserted that this fact formed a weighty additional reason for the legislative control of syphilis.

Drs. MACDONALD and DAVIDSON followed with a joint paper on cases of congenital general paralysis. These authors opposed Dr. Campbell's view as to the part played by syphilis in general paralysis, and held that the facts of their cases were against the syphilitic ætiology of that disease.

A prolonged discussion followed, and various views were expressed, but the general opinion appeared to be that the upholders of the syphilitic causation of general paralysis had not made out their case. One speaker who supported the syphilitic theory asserted that there was "an enormous increase of syphilis in the community," which, to his mind, accounted for the increase of general paralysis; but he brought forward no facts in support of his assertion regarding the enormous increase of syphilis.

On the last day of the meeting Drs. SHUTTLEWORTH and FLETCHER BEACH opened a discussion on the treatment of epileptics and imbeciles; sane epileptics only were considered, the insane being already provided for in the ordinary asylums. Dr. Shuttleworth dealt with the administrative aspect of the question. He pleaded for a more systematic provision by the Poor Law authorities for the class of sane epileptics. He remarked that the law made no provision in this country for the sane epileptic. He quoted the examples of America and Germany and other countries, where, by timely care, the sane epileptic was often prevented from becoming insane. The Craig Colony, New York, was the most notable of the American institutions for epileptics. Its system of housing was that of detached cottages spread over large cultivated grounds, and under medical direction. The great colony at Bielefeld, in Germany, was referred to as the pioneer colony in that country, which has been followed by several similar institutions at Alt Scherbitz, Wühlgarten, and elsewhere. The London County Council had decided to build cottages to accommodate 300 male epileptics upon 127 acres of ground, on which they would be employed. This will be an interesting experiment, and will no doubt form a precedent for other counties. The treatment at such institutions has done much good in ameliorating fits, and in improving patients generally, and the experience was that the patients seldom became insane. The patients find interest and useful employment in the institutions, and were saved from the temptations to which they most easily fall a prey—drink and sexual vice. The cost of maintenance was found to vary from £35 to £50 per head per annum, and it had been calculated that in a large institution it would be about £20. Provision for imbeciles was briefly referred to. In the metropolitan district there were three special institutions for imbeciles, with a total of 6000 beds. Outside the metropolitan area, however, accommodation for imbeciles was insufficiently provided.

Dr. FLETCHER BEACH discussed the treatment of sane epileptics from the medical point of view. This treatment varied according as the patients were at home, or in a hospital, or at a colony. He specially advocated the use of the bromides of ammonium and strontium as being less depressing than the bromide of potassium. When large doses were given he combined strychnine with the bromides to counteract the depressing effects of the latter. He favoured a diet from which the nitrogenous elements were excluded for a time. The combined treatment by diet and drugs gave, in his experience at the Chalfont Colony for Epileptics, the most gratifying results. Dr. Beach also pointed out that in the treatment of imbeciles great attention should be paid to the hygienic conditions under which they lived, and emphasised the fact that a good physical foundation must be laid before attempting to improve the mind. All epileptics should be emphatically advised not to marry.

A contribution to the discussion by Dr. Telford Smith was read in his absence.

Dr. HAIG advocated a diet that does not form uric acid, composed of such foods as vegetables, milk, cheese, and macaroni.

Several other members and visitors took part in the discussion.

In addition to the three formal discussions, several valuable papers were read.

Dr. J. F. SUTHERLAND (Edinburgh) read a paper on the urgency of legislation for the well-to-do inebriate. The Acts of 1879 and 1888 were, in a measure, provisions for dealing with inebriates among the lower classes of society who came under police cognisance, a measure also contemplated by the Act of 1898. But notorious drunkards existed in every parish among the better classes, whom the legislation of 1898 scarcely touched. Dr. Sutherland proposed that drunkenness *per se*

should be made an offence and should be punished by a fine or short imprisonment. At the conclusion of the discussion on Dr. Sutherland's paper a resolution was moved to bring the question under the consideration of the council of the British Medical Association.

Dr. ARCHDALL REID contributed a paper on "The Relation of Alcoholism to Heredity," in which the prevalent belief that the offspring of alcoholic parents were liable to suffer from the drink craving was controverted on *a priori* grounds. It was added that drunkenness in parents arose from some innate vice or from some internal blemish, and that the latter might reappear in the children in the form of some nervous or other disorder, but not as an impulse towards drink. From historical considerations it appeared that nations indulged in drink in an inverse ratio to the length and antiquity of their use of intoxicants.

Surgeon-General HARVEY read notes on some of the asylums of India.

Dr. LIONEL WEATHERLEY read a paper on the question, "How can we instil rational ideas on the subject of Insanity into the public mind?"

Dr. MILNE BRAMWELL read a paper on "The Conditions involved in the Post-hypnotic Appreciation of Time."

All these papers gave rise to discussion.

The following papers were taken as read on account of the absence of the authors or from lack of time: by Dr. Hyslop, on "Double Consciousness;" by Dr. Harry Campbell, on "Morbid Self-assurance;" by Dr. Macphail, on "Post-operative Insanity."

The interest in the work of the Section was sustained up to the last hour.

PARLIAMENTARY NEWS.

TREATMENT OF INEBRIATES IN SCOTLAND.—*April 11th.*

The LORD ADVOCATE, replying to a question by Sir John Leng, said that the local authorities in Scotland have been duly informed by the Secretary for Scotland as to the regulations formulated by him for the use of certified inebriate reformatories, but that as yet he had not received any applications for the appointment of such a reformatory. Her Majesty's Government proposed to defer the expenditure required for the establishment in Scotland of a State inebriate reformatory until experience has been had of the operation of the new legislation and the permanent demand it is likely that such an institution will have to meet.

INEBRIATE REFORMATORIES.—*April 20th.*

Mr. PICKERSGILL asked the Secretary of State for the Home Department how many inebriate reformatories had been certified under the Inebriates Act, 1898, and how many of these had been established by county councils and borough councils respectively; whether any inebriate reformatory had yet been certified for men; whether several cases had occurred in which men who had been ordered by courts to be detained under the Act had to be discharged because there was no institution to receive them, and if so, what steps he proposed to take in order to prevent similar miscarriages in future; and whether any State inebriate reformatory had yet been established, and if not, what temporary arrangements, if any, had been made for the reception of persons committed under Section 1 of the Act.

Sir M. WHITE-RIDLEY.—Three inebriate reformatories have been certified. No local authority has yet established a reformatory, but several are to my knowledge actively considering the question, which, I need scarcely point out, is not one that can be settled in a day. There is as yet no certified reformatory for men; but though I am officially aware of one case such as the hon. member mentions in the third paragraph of his question, and though there are probably a few others, I do not think I am called upon to take any steps. I am confident that magistrates will not, as a rule, commit persons under the Act until they know that provision exists for their reception into a reformatory. No State inebriate reformatory has been established. All the institutions already certified are, with one small exception, willing to receive persons committed under Section 1 of the Act.