

(3) The difference in the distribution of the people now and ten years ago. During that time the rural population of England and Wales only increased from 7,257,000 to 7,469,488. The urban in the same period rose from 21,745,000 to 25,058,000. There is no necessity to point out that a case of harmless dementia that could be easily tolerated in a thinly populated rural district becomes sometimes an intolerable nuisance to the neighbours if in an urban district and addicted to certain habits. Again and again I have been consulted about such cases by aggrieved parties. The cases that used to be kept at home are no longer seen. "The moping idiot and the madman gay" are both in the asylum now.

(4) Another powerful factor is the change of opinion that has come over the public in regard to what justifies you making use of the asylum for your friend if of unsound mind. The fact that you had a friend in an asylum when I was a boy used to be looked upon almost as a discreditable thing—a skeleton in the closet, to be concealed if possible. That is to a great extent changed, and we are looking upon the insane as far more probably possessed of toxins than possessed of devils.

(5) The alteration in the standard of mental disease required by the profession to justify a medical practitioner in certifying a case as insane and suitable for asylum treatment. I can very well remember the time when experienced men were very reluctant to sign a certificate unless the case was "dangerous to himself or others."

These are some of the causes of the apparent increase, and, after many years' attention to this question, I have come to the conclusion that Sir Arthur Mitchell and the late Sir John Sibbald were right when, in their Report, they said, "The facts and figures afford no ground for a belief that insanity is to-day more prevalent than when we entered upon our functions, over thirty-six years ago." The fact that the last four years have seen a decrease in the number of admissions affords ground for hoping that we are not far off the time when the question of how to increase the accommodation for our insane will cease to be the ever-burning question of the County Councils that it is to-day.

DISCUSSION.

Dr. EWAN said that the figures in Lincolnshire bear out what Dr. Rhodes had said in respect to the increase in the number of certified patients. The increase there has been due to accumulation—*i.e.*, the admissions were more numerous than the discharges and deaths. As to the aged demented in country districts, there is no place else for them than the county asylum.

Dr. MACDOWALL asked about the statement as to the deaths from insanity; in his opinion such were very rare.

Mr. ROYLE and Dr. BEDFORD PIERCE also concurred in the views expressed by Dr. Rhodes.

A small party of members dined at the Midland Hotel after the meeting.

SOUTH-WESTERN DIVISION.

The Autumn Meeting of the South-Western Division of the Medico-Psychological Association was held at Kingsdown House, Box, on Friday, October 26th, 1906, by the kind invitation of Dr. MacBryan, who entertained the members to luncheon and showed them over the asylum afterwards. There were present at the meeting:

Members.—Drs. P. W. Macdonald, H. T. S. Aveline, Manning, Aldridge, Bullen, J. L. Baskin, Soutar, Pope, MacBryan, Eden Paul, Bowes, L. A. Weatherly, and Millar.

Visitors.—Drs. Whitby, Fleming, Llewellyn Jones, and J. B. Walters. Letters of apology were received from Drs. Robert Jones and Brayn.

Dr. P. W. Macdonald was voted to the chair.

Votes of condolence.—After the reading of the minutes the Chairman alluded in feeling terms to the loss the Association had sustained in the recent deaths of Dr. Craddock of Gloucester, and Dr. Stewart of Bridgend, and proposed that the Hon. Secretary should be requested to convey their sympathies to the relations. The meeting assented without any formal resolution being taken.

Dr. Sidney Bazalgette, L.R.C.P., M.R.C.S., Assistant Medical Officer to the City and County Asylum, Fishponds, Bristol, was unanimously elected an ordinary member. The proposers were Drs. Marnan, Aveline, and W. F. Macdonald.

The next business was to elect a representative member of Council in place of Dr. P. W. Macdonald, President-Elect. Drs. Soutar and Bowes were appointed scrutineers, and declared Dr. Bullen unanimously elected.

Dr. R. LEWELLYN JONES then read a paper on "The Relation of Rheumatoid Arthritis to certain Diseases not uncommonly associated with Mental Disorder, namely Raynaud's Disease, Graves' Disease, and Myxœdema."

We hope to publish this paper in a future issue of the Journal.

REMISSION IN GENERAL PARALYSIS OF THE INSANE.

The Hon. Secretary read some notes on two cases of remission in general paralysis of the insane. He prefaced his remarks by saying that authorities were almost unanimous in agreeing that recovery from general paralysis was practically unknown, and that the nearest approach to that state was the incident of the disease known as a "remission."

The two cases described came within the definition of a "remission" as given by Bianchi: "We may have in the course of progressive paralysis periods of improvement, during which almost all the somatic and psychic disturbances disappear, sometimes to such an extent as to simulate recovery. There always remains a certain degree of depression of the various mental activities, but on the whole there is established a condition that is generally satisfactory and very like recovery."

Both cases exhibited the expansive type of the disorder, and in each the "remission" lasted only a few months and did not lengthen the total duration of the disease.

The improvement appeared gradually, while the relapse was sudden and was followed by rapid dissolution.

In one of the cases, as well as in a similar one recorded some years ago by Dr. Bonville Fox, there was a history of syphilis. In both these improvement followed the employment of antisyphilitic remedies, offering an inducement to give such remedies a further and more extended trial, and above all to continue their use over a longer period after the improvement, if any, had been obtained.

Dr. LIONEL A. WEATHERLY said it had been interesting to hear of those two cases, for he was sure they must have all met with more or less similar cases. From the point of view of the private asylum superintendent they were not only very interesting but very difficult and trying cases. He well recollected not so very long ago that of a doctor who was placed under his care. He had a fleeting practice, which he recommended should be sold at once, and it was. He stayed with him for some weeks, but the case was too noisy and violent, and he had to be transferred to a neighbouring institution. He was intensely surprised to hear one day that the patient was quite well and back in Bristol, which was the town from which he came, and he (Dr. Weatherly) was having an unpleasant time of it at his hands. He was represented as having ruined him. He was in Bristol, stranded, with nothing to do, and he (Dr. Weatherly) was the cause of his practice having been sold. He took the position of ship's surgeon, and made a trip, during which he performed his duties with perfect success, but within six months he was back in the asylum again, and very soon died. His was a definite remission. But the most interesting case of remission that had come across his experience was one that Dr. Aveline, when he was his (Dr. Weatherly's) assistant, might have had something to do with. The patient had many grandiose delusions, and this went on for some time, when a succession of fits took place, and he became bedridden. He went downhill fast, had very little use in his hands and arms, and became hopelessly bedridden. Bed-sores developed, and an operation subsequently took place. His mental symptoms disappeared, and he mended in a remarkable way, although his friends had been to see him and say good-bye. He went out driving, attended horse shows, and thoroughly enjoyed life. He became intensely religious, and was to a certain extent unreasonable, because he wrote sheets upon sheets out of the Bible for

circulation among the poor, under the impression that they could not afford to buy the written Word of God. Later he developed the idea that he was the Holy Ghost, and that it was his bounden duty to bite out the testicles of anybody he could find to save them from ultimate perdition. Finally a state of acute mania developed, and he died.

Dr. AVELINE stated, in reply to Dr. Paul, that the dose of iodide of potassium which he had prescribed in the case alluded to was 10 grs. three times a day, continued over a period of some months.

At the close of the proceedings the CHAIRMAN said he had the pleasurable duty of offering their kind host their thanks for having received them so hospitably.

Dr. MACBRYAN, in reply, assured the members that it had been a great pleasure to him to have received them that day. It would interest them to know that Kingsdown House was said to be the oldest licensed house in England, dating back to 1792.

The members dined together at Messrs. Fortt's restaurant, Bath, in the evening.

SCOTTISH DIVISION.

A meeting of the Scottish Division of the Medico-Psychological Association was held at Perth District Asylum, Murthly, on Friday, November 2nd, 1906.

The following members were present: Drs. Alcock, Carlyle Johnstone, Easterbrook, Goldie Scott, Gostwyck, Keay, Kerr, Macdonald, McIlwraith, Mackenzie, Marr, Parker, G. M. Robertson, J. M. Rutherford, and L. C. Bruce, Divisional Secretary.

Dr. Carlyle Johnstone was called to the chair.

Letters of apology were intimated from the President and Dr. Watson.

The minutes of last meeting were read, agreed to, and signed.

The following nominations were made: Drs. Turnbull and L. C. Bruce to be Representative Members of Council; Dr. Hamilton C. Marr to be Divisional Secretary; examiners in psychological medicine, Drs. Easterbrook and Oswald.

Dr. BRUCE showed a case of melancholia, and illustrated the disease process by charts; (1) of the urinary excretion of urea as against the nitrogen ingested in the food; (2) leucocyte charts, comprising that of the melancholic patient with charts compiled from sane persons who were at the time of observation suffering from known disease processes; (3) charts of opsonic indices in similar cases of melancholia to the patient shown, and in whom bacteria had been isolated to which the serum of the patients gave a definite agglutinative reaction; (4) charts of the opsonic indices in a case of chronic rheumatism and in a case of fissure of the tongue—both sane persons—were also shown and compared with the indices in the cases of mental disease.

An interesting discussion followed.

The Division appointed Drs. Ireland, Urquhart, and Ford Robertson, with powers to add to their number, to represent the Division at the International Congress for Psychiatry and Neurology to be held at Amsterdam in September, 1907.

The project of a joint meeting with the American Medico-Psychological Society was mentioned, and a letter was read from Dr. A. E. Macdonald.

The meeting terminated with votes of thanks to the Chairman and Dr. Bruce.

The members afterwards dined at the Station Hotel, Perth.

IRISH DIVISION.

The Autumn Meeting of the Irish Division was held on Monday, November 5th, 1906, at the Royal College of Physicians, Dublin, by the kind permission of the President and Fellows of the College. Dr. Conolly Norman occupied the chair, and there were also present Drs. G. T. Revington, F. E. Rainsford, G. F. West, T. Drapes, E. D. O'Neill, R. L. Graham, J. Mills, R. R. Leeper, W. Graham, J. J. Fitzgerald, M. J. Nolan, H. M. Eustace, and W. R. Dawson (Hon. Sec.).

Dr. NORMAN said that before the minutes were read he would ask the permission of the meeting to propose the following resolution: "That this meeting desires