

Dr. Venturi has returned to the old *treatment of insanity by revulsives*. In a case of choreic insanity he believes that an issue cured the patient; and, in four cases of general paralysis, he produced considerable improvement (especially as to the motor symptoms) by putting a seton in the neck, and rubbing croton oil into the scalp.

The *Societa Freniatica Italiana* held its annual meeting at Reggio in September. We have not yet received any report of the proceedings, but it would appear, from the account of a preliminary meeting in April, that some of the members desired to alter the constitution of the Society, so far as to combine medical jurisprudence with its more special objects.

A new periodical is announced—"Archivio di Psichiatria, Antropologia Criminale, e Scienze Penale," edited by Professors Lombroso and Garofalo. We have not yet received a copy of it, but hope, in the next issue of this Retrospect, to give some account of it to our readers.

#### PART IV.—NOTES AND NEWS.

##### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held on Wednesday, Dec. 1st, at Bethlem Hospital, the President, Mr. G. W. Mould, in the chair. There were also present:—Drs. Herbert Major, G. H. Savage, D. G. Thomson, H. Rayner, Fletcher Beach, W. H. Platt, James Stewart, Robert Boyd, G. M. Bacon, Hack Tuke, Crochley Clapham, W. J. Mickle, W. E. R. Wood, W. R. Huggard, D. Bower, T. H. Lowry, O. Jepson, W. Eager, C. S. W. Cobbold, G. H. Pedler, A. H. Stocker, and E. S. Willett.

The following gentlemen were duly elected members of the Association, viz. :—

H. Case, M.R.C.S., Medical Superintendent, Leavesden, Herts.

Thos. Morgan Joseph, L.R.C.P., Medical Superintendent, Gladeston, New South Wales.

R. Battersby Scholes, M.B., C.M. Ed., Medical Superintendent, Callan Park, New South Wales.

W. B. Kesteven, M.D., St.A., Little Park, Enfield.

In accordance with the notice given on the agenda, Dr. SAVAGE introduced the subject of "The Nomenclature of Insanity." He said that members of the Association would be aware that the College of Physicians was about to make alterations in the nomenclature of diseases, and Dr. Bucknill and himself had been placed on the committee for naming mental diseases. Both Dr. Bucknill and himself felt that it would be well that they should be assisted by any gentleman who had any points to suggest for consideration. In the present nomenclature there was much that was faulty to a degree; certainly it must be remembered that it was not meant at all to be a scientifically exhaustive classification. It was to be used, as the preface said, "in England and all countries where the English language is in common use" for the registration of disease, and would consequently apply more to the registration of deaths from diseases than anything else. It would be quite out of the question to have an exhaustive nomenclature, but a careful examination of the present one would readily show that the principles upon which the diseases were classified were faulty. To begin with, it was said in the introduction that the classification was intended to be upon an anatomical basis. The words

were "that the proposed classification of diseases should be based upon anatomical considerations." They could not at present give an anatomical basis to several of the diseases which they had to treat. The diseases were mixed up in the most extraordinary way. The only series of classification in regard to cases of mental disease was that of "Disorders of the Intellect," and under that head there appeared mania, melancholia, dementia, paralysis of the insane, idiocy, and imbecility. Those were the only forms of mental disease that were recognized. There were many forms of mental disease that were ignored altogether. Puerperal insanity was classified under "Diseases of the organs of generation." Well, that was not satisfactory, and if any of the gentlemen who were present, or any of their professional friends who had paid sufficient attention to the subject, had any suggestions to make thereon, he (Dr. Savage) would be most delighted to bring them before the Nomenclature Committee of the College of Physicians.

Dr. HERBERT MAJOR read a paper entitled, "A proposal for securing uniformity of classification and tabulation of the causes of insanity in Asylum Reports."

The PRESIDENT said that he hoped this topic would be the first outcome of that statistical committee of which he regretted to see that Dr. Major had been the only active member. He did not attribute this laxity to indifference. It was simply from inactivity, and although the Association would not like to put a greater burden upon Dr. Major's shoulders, still he (the President) would like to hear him say, that he would write to the medical superintendents of every asylum and ask them whether they would cause these tables to be published in their Reports. Possibly it might be said that some little feeling existed in opposition to the powers that be, but the Commissioners said that they had received from every superintendent full information, so there was no reason why this should not be printed. It would be only a duplicate of what was supplied to the Commissioners.

Dr. HACK TUKE felt very much obliged to Dr. Major for bringing forward this subject. In regard to the classification of the causes by the Commissioners, it was probably not perfect, and admitted of improvement. Any classification of the kind would, from a scientific point of view, be extremely imperfect, for no classification would meet their wants unless it was a combination table and gave the causes at work in each individual. That would, of course, be a very laborious operation. He had himself tried the experiment at St. Luke's, where, through the kindness of Dr. Mickley, he was enabled to take a large number of cases and endeavour in each case to get the different causes, and in that way a much more valuable scientific table was produced than could be obtained in the reports of the asylums. With regard to the mode of procedure, it was a question whether they ought that evening to commit themselves to the classification of the Commissioners. It would be more judicious to refer the subject to the Statistical Committee. That committee, fortified by the feeling of the present meeting, might take the subject into consideration and communicate thereon with the Commissioners in Lunacy, and the secretary to the Committee would perhaps communicate with the several superintendents. He (Dr. Tuke) thought that if the table were sifted by the Statistical Committee and if amendments were suggested, the outcome would be the proposal of a table of causes for general use. His only objection in connection with Dr. Major's paper was that it would be premature at present for them to commit themselves to that particular table.

Dr. RAYNER said that he felt that he was responsible for the Statistical Committee not having yet commenced actual work. Since the last general meeting he had been absent on his vacation, and on his return Dr. Major kindly promised to read the paper now under discussion. After hearing the expression of opinion which would be elicited by Dr. Major's paper, the Statistical Committee would be able to go to their work more freely, and he considered that they were greatly indebted to Dr. Major for bringing the subject forward. It was one of the greatest interest: one which might never be entirely

satisfactorily settled, but which would, he hoped, be improved by the consideration given to it by the Association. He thought that the tables issued by the Commissioners in Lunacy were certainly very useful, and a step in advance; but they had great drawbacks, and he was inclined to disagree with Dr. Major in accepting them as the best he could get ("No, no," from Dr. MAJOR). Well, at all events, he should endeavour to obtain a better tabulation at the outset, for unless they went at reform boldly at the outset they would not get it. It was best to aim high, even if they fell short of their mark. He quite agreed with Dr. Major that the statement of a single cause in cases of insanity would rarely prove correct, and that multiple causes should be stated in every case. Taking heredity, for instance: that might be a cause which in a given case might be only five per cent. of the whole. On the other hand, there might be a case in which heredity was ninety-nine per cent. of the whole, and the other cause, the fright, or the grief, or the trouble would prove to be the last straw which had broken the camel's back. To classify these causes side by side in the same table was obviously absurd, and it was only by taking multiple causes that they could reduce the result to anything like truth. Of course, if there were, say, four causes in a certain case, and each were stated, it would reduce the operation of each to 25 per cent., which would probably be much nearer the mark than singling out one and valuing it at one hundred per cent. He should not venture that evening to propose any scheme, which would be a work involving very considerable time and thought, but he trusted that the Statistical Committee would endeavour to elaborate one much more comprehensive than that now in use.

Dr. BOWLE referred to the incompleteness of the particulars given on the forms of admission, which were frequently absolutely wrong and represented only part of the cause. Drink was sometimes put down as the cause of insanity, when it was, perhaps, only the result, and as the cases in private asylums were greatly associated with drink, he suggested that the experience of medical superintendents of private asylums should be ascertained as well as that of the superintendents of public asylums.

Dr. STEWART said that, with reference to the remarks from the Chair, as to the suggested information being looked upon only in the light of a copy of the Reports furnished to the Commissioners, or what medical superintendents would return in their own private reports, he must say, from his own knowledge of three county asylums, that he believed medical superintendents very often considered that they were under an obligation to return to the Commissioners statistics which, as physicians, they would be rather disinclined to return, and which they would not like to be published as the result of their own ideas. Then, again, in this particular matter, one of the things which had been alluded to strongly in Dr. Major's very excellent appeal to them was a very important one, and that was the absolute incorrectness of a very large number of the causes given in the papers, and when they thought of such large institutions as Dr. Major's own, the Kent Asylum, and others, and remembered what a very great labour it was to get at the causes except through those documents which they had in their possession, one almost hesitated to ask medical superintendents, unless they were plentifully supplied with skilful assistance, to sift out the causes in such a way as to be of any practical use. Of course, if they could accept the statements contained in those papers by laymen, the difficulties would be greatly removed, but the chances were that they would have to start afresh, as though no information had been given at all. Would it not be well to make an appeal to the Commissioners in Lunacy to use their influence to get the certificates as sent in to the various medical superintendents altered in this respect, so as to have a statement signed by one at least of the medical men who gave the certificates containing one or two facts in reference to the case which he could give his authority for? At present the causes were only stated by laymen. It should be the duty of the physician, and this mode of proceeding had been already carried out in Ireland with very beneficial results. He felt sure this had only to be urged by the Committee, and the sooner it was

taken in hand the better. With regard to the suggested request to medical superintendents being issued by Dr. Major, they all knew the enthusiasm with which that gentleman entered into anything connected with science, but he was sure that Dr. Major would quite agree with those of them who thought that his own opinion would be fortified, and his appeal very much strengthened, if he was associated in it with the other members of the Committee. It was very unlikely that anything would be done in regard to the statistics of this year, and if anything were done which could be published next January, it would be thought a sort of private appeal. It would be better to defer it so as to give time in the early part of the next year for the Committee to meet. Then, with regard to Dr. Rayner's remarks, as to a more elaborate system being started at once, he should be very much against that. That was far more likely to be gained by asking for adoption of such tables as Dr. Major had brought to their notice.

Dr. SAVAGE said that it seemed to him that the collection of statistics, as it was at present going on, was altogether a mistake. He thought that neither Dr. Major nor himself would place one atom of value either upon the statistics of the Commissioners in Lunacy or the reports from any single asylum. If that were true, the mere collecting and elaborating of those statistics still further would be merely adding rubbish to rubbish (hear, hear, and laughter). His feeling was that the investigation of the causes of insanity would not be effectually carried out by mere generalization.

Dr. BACON said that he quite agreed with what Dr. Savage had said. He had always felt, in making the returns to the Commissioners, that it was labour lost. He had done it to the best of his ability, but he had ever had in his mind the fact that the cause could not possibly be arrived at without knowing all the circumstances and history of the case. That was very rarely given, and medical superintendents had to endeavour themselves to get hold of the family circumstances by private enquiry, which was practically impossible in the majority of cases. He recollected very well the first year that he made the return to the Commissioners, they sent it back to him because he had put down so many "unknowns," and they asked him whether he could not put more known causes in. He wrote back that it was impossible, and he gave instances showing the utter impossibility of stating definitely what they wanted. He felt the same difficulty to the present day, and therefore would certainly not anticipate the slightest benefit in publishing tables of causes. He had always declined to do it in his printed reports, simply because it was utterly useless, and would only add to the rubbish heaps which Dr. Savage had alluded to. He would, however, be most happy to co-operate in any plan for bringing about a satisfactory result.

Dr. MAJOR, in reply, said that, although the remarks made might be quite true, and they might not be able to get all the facts which they required for the causes, still there was a certain amount of information within their reach. If they were only to proceed upon statistics of exactly even value, the chances were that they would never advance. Now, when they came to look at the Commissioners' tables, which had been so criticized, they would find a remarkable similarity between the statistics of the three years, and if there was not a grain of truth at the bottom of it, there would not be this similarity. For instance, in the case of domestic trouble, one year's percentage was 6·3, another 6·8, and another 6·7; Intemperance was 14·9, 14·6, and 14·0. There must be a grain of truth in this, and where there was any value at all, he felt that they ought to continue their researches in that direction—even with imperfect data to go upon, it was a practical fact that by trying and trying again, a great truth might be illustrated more than one might be disposed to think. In regard to the mode of approaching the medical superintendents, he quite agreed with Dr. Hack Tuke, and thought that it would be best for the matter to come from the Committee as their proposal, and not in any sense as a proposal of his own. Speaking candidly, an objection which he felt to his own proposition was that the Commissioners in Lunacy would be made the arbitrators of the

tables in question. He would prefer that the Medico-Psychological Association should itself be the arbitrator of the tables. What he would have liked to see done would be, that a proposal for a general table should emanate from their statistical committee, who should receive and consider suggestions from medical superintendents, and report the result of their considerations to the Association; but he was not quite clear how they would get the collective results. According to his present proposal, it would be done by the Commissioners, but if done in any other way it could only be through the "Journal of Mental Science." As to the statements on the forms of admission, his feeling was that they were frequently wrong, and entirely useless. He wished to lay particular stress on one thing that he had mentioned, namely, that although the tables in question were by no means perfect, under the arrangement which he proposed there was nothing to prevent an entire revolution of the system, the uniformity being at the same time entirely kept up; so that it would be quite possible for a person in four or five years' time to refer to the tables, and find that suggestions of improvement had been made and carried into effect throughout the whole; and he could not but think that the tables would, in the meantime, have proved of some value.

Dr. FLETCHER BEACH read a paper on "Hypertrophy of the Brain in Imbeciles."

Dr. SAVAGE said that there seemed to be two or three conditions of sclerosis which had not been sufficiently investigated. He had seen some brains from general hospitals in which there was a general hypertrophy of particular parts of the brain. Whether this excessive development of the connective tissue of the brain occurred as the result of constitutional vice, or the result of some local disturbance, they did not know, but it was not the rule in these cases to get all parts of the brain similarly affected. In some cases it was more and in others less. He might refer to a case at the Children's Hospital, in which the anterior part of the brain seemed to have become hypertrophied and sclerosed, &c. He would like to know the distinction which Dr. Fletcher Beach made between the purely sclerosed brain and the purely hypertrophied brain.

Dr. MAJOR said that a very wide field of investigation presented itself in relation to the various layers of the cortex in imbecility and idiocy, as compared with a state of health. For instance, if it was found that one of those layers was absent in idiocy, it would be a very important point gained. He himself, some time ago, investigated the case in apes, when, to his disappointment, he found that among the higher apes there was exactly the same number of layers as in man.

Dr. HACK TUXE enquired whether Dr. Beach had found the grey matter to be hypertrophied in cases of idiocy, as alleged by Mierzejewski.

Dr. BOYD observed that 62 ounces, the weight of the brain, in one of the cases described by Dr. Fletcher Beach, was very remarkable, as it was above 15 ounces in excess of the average weight of the male adult brain. In a translation by Costello of Pinel "On the Functions of the Brain," in the "Medical Gazette," 1845, the weight of the different parts of the brain by Meckel and Parchappe are given. In Dr. Boyd's tables the left cerebral hemisphere was found on an average to be half a drachm heavier than the right hemisphere. The brain arrives at its maximum size at the ages from 14 to 20 in both sexes, the average weight being in the male, 46·7, and in the female, 41·7 ounces.

Dr. BEACH, in reply, said that, with reference to Dr. Savage's question, he had rarely found hypertrophy of a limited portion of the brain. His own experience was opposed to that of d'Espine and Picot, who said that imbecility only occurred when hypertrophy of the brain was accompanied by sclerosis. There were two forms of hypertrophy according to d'Espine and Picot and Brunet, one with and one without sclerosis. His (Dr. Beach's) experience agreed with that of Brunet, who had seen hypertrophy without sclerosis in imbeciles. He had never seen hypertrophy of the brain with sclerosis in cases of imbecility. In regard to the examination of the cortex, he had been trying to make out the difference between the cortices of imbeciles and healthy per-

sons, and there was a certain marked difference. The second, third and fourth layers had round cells and pyramidal with two or at most three processes; no tripolar cells. In the round cells the nucleus was often eccentric, the part around degenerated, and a clear space round that. In answer to Dr. Hack Tuke's question, Dr. Beach said that he had found the grey matter atrophied, but never hypertrophied.

Dr. JULIUS MICKLE read a paper entitled "Notes on a Case of Brain Injury."

Owing to the lateness of the hour, Dr. Savage did not proceed with his "Notes on Cases of General Paralysis," which had been placed on the agenda.

The proceedings terminated with a vote of thanks to Dr. Savage, and the authorities of the Bethlem Hospital for the use of the room.

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#### ILLUSIONS OF THE SENSES.

At the Casual Club, London, Mr. Stuart Cumberland gave, on the 25th Nov., some curious illustrations of the way in which the senses are liable to be imposed upon and mystified, especially when under the guiding, or rather misleading, influence of expectant attention. The primary object of the exhibition was to expose modern spiritualism; but its interest for the psychologist consisted mainly in the confusion induced in the sensory perceptions by certain manifestations. Thus, for example, Mr. Cumberland placed himself at a table with two gentlemen, sitting one on either side of him, with whose hands he joined his, the gas being lighted. Having satisfied themselves that both Mr. Cumberland's hands were attached to theirs, they, at his request, shut their eyes, and were asked whether they still felt his hands touching theirs. They answered affirmatively, without any hesitation, whereas Mr. Cumberland had dexterously removed one of his hands, and made the other do duty for both. Having obtained their full assent to this proposition, the operator, having one hand free, employed it as a "spirit hand" to touch the heads of the gentlemen, placing also upon one a trombone. Mr. Cumberland then resumed his former connection by both hands, without the subjects of the experiment being conscious of the change; and when they opened their eyes they were clear in their opinion that whoever touched them and placed the instrument upon the head, Mr. Cumberland did not. The illusion was complete.

With other tricks resorted to by professional mediums we need not concern ourselves now; but we shall, we suppose, be expressing not only our own desire, but that of honest believers in spiritualism themselves, when we say that we hope Mr. Cumberland will ruthlessly expose every spiritualistic impostor in Britain whom he can lay hands on.

If it be true, as he maintains, that he can produce every manifestation which occurs in the presence of mediums, under precisely the same conditions (no confederates, and submitting to the like examination of dress, &c.), any one who wishes to investigate Spiritualism ought to ask Mr. Cumberland to accompany him to the *séance* he attends.

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#### Obituary.

WILLIAM LAUDER LINDSAY, M.D., F.R.S.E., F.L.S.

In our number for last January we noticed the retirement of Dr. Lauder Lindsay, on account of the state of his health. Rest from his labour did not prolong his life, for he died in Edinburgh, on the 24th of November, at the age of 50. He was born in Edinburgh, and studied there as a boy at the High School, and as a student at the University, graduating as M.D. in 1852. Then, as ever after in his life, he was most industrious, carrying off prizes and medals in nearly every class. Whatsoever he did he did with all his might, from the