

characteristics of its own. I would point out three of these as being illustrated by several of the above cases.

1. The absence or slightness of an exciting cause (the death of a cat and "being called names" are instances of the latter).

2. The want of the courage or steadfastness of purpose necessary to consummate the act of self-destruction.

3. The rapidity with which the suicidal purpose passes away and is forgotten.

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### OCCASIONAL NOTES OF THE QUARTER.

#### *The Annual Meeting.*

The Annual Meeting of the Association was a decided success. The only drawback was the small number who attended. This was due to the exceptionally late period of the year at which it was held, with the view of consulting the convenience of those members at a distance who desired to attend both the Annual Meeting of the Association and that of the British Medical at Brighton which immediately followed. The result of this attempt to serve two masters has so completely failed that it is not likely to be repeated another year, and it is well to place the fact on record as a guide to the Council of the Association in future. It will be seen from the report of the proceedings of the Annual Meeting that a proposal was made to hold this gathering in May, but a majority decided to leave the time unfixd, the determination resting as hitherto with the Council.

However valuable the Section of "Psychology" at the Annual Meeting of the British Medical may be, there is no desire, we are sure, to tag the Medico-Psychological Association on to it, to make the latter, in fact, a mere satellite of the former. Each has its place and function, and the proper course to pursue is not that of incorporating the two, but broadening and improving the character of the annual, and especially the quarterly meetings of our own Association. It is an extraordinary circumstance that while very many good papers are provided for the Medical Psychology Section of the British Medical Association, there is the utmost difficulty in inducing members of the Medico-Psychological to contribute to its own meetings. It is difficult to understand the preference shown for another Association. One reason may be that there is a systematic attempt made to secure papers and to propose

definite subjects for discussion in the sectional meetings of the British Medical. The secretaries of our own Association may perhaps be disposed to adopt a similar course. We cannot say *fas est ab hoste doceri*, because we do not for a moment regard the former medical body as inimical. Quite the reverse. But it is clear that if all or nearly all the good papers are to be contributed to it instead of to our own body, the effect will be that the Medico-Psychological Association will become little more than a society for the transaction of business, and not what we all surely wish it to be, a great scientific association for the study of insanity, and for improving the treatment of the insane. Nothing short of this is worthy of the original aim and purpose of the founders of the Association.

In carrying out the further development of the views here expressed, it would be advantageous, in fact necessary, to extend the sittings of the Annual Meeting to at least two days. We invite suggestions through the columns of the Journal on the general question now raised as to the best mode of advancing the work and promoting the design of the Association of which this Journal is the organ.

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#### *The Brighton Meeting.*

The selection of Dr. Clouston as President of the Psychology Section by the Council of the British Medical Association was a happy one. His address, which appeared to take its colouring from the name of the Section, in the special rather than the medical meaning attached to it, avoided the subjects which a practical asylum physician might have been tempted to dilate upon. It was thoughtful and suggestive, and will no doubt have been perused and studied with interest by our readers in the Journal of the British Medical Association. How or why the rule, or perhaps rather the custom, has arisen in accordance with which these sectional addresses may not be discussed we do not know. We suppose the idea is that a President, in taking the official chair, stands, like a clergyman, six feet above contradiction. Be this as it may, the address, although not discussed, was cordially received. We shall not depart from the regulation in this place any more than in the meeting itself, but proceed to say that the observations of Dr. Clouston at a subsequent meeting of the Section, in introducing for discussion "How may the medical spirit be best maintained in our asylums?" were of a most practical character, and were lucidly