tively a great development. Indeed, the author does not hesitate to suggest that the cerebral hemispheres may have been at some remote period merely appendages to an organ of smell, and in this sense he refers specially to the morphology of the Cyclostome Fishes. After careering through the different levels of animal life, and tracing what he takes to be a gradual increase in the importance of Vision—though the gradual or continuous character of the change seems to be conclusively refuted by his own facts—he leads us naturally to the trite observation that savages rely more on smell than the philosophic children of civilisation. Mr. Whittaker contributes a curious paper tending to establish an analogy between the "Mind Stuff" theory and the peculiar cosmology of Schopenhauer, and Mr. Seth has a comprehensive but very well-written account of the general Hegelian position. Among the Notes is a curious one by Mr. D. Macgregor, on certain reflex effects of extempore speaking—a practical subject which would repay wider study.

The current number of "Mind" opens with the first of an important series of papers by Prof. T. H. Green, entitled, "Can there be a Natural Science of Man?" in which he seeks to give an intelligible and at the same time conclusive answer to the prevalent English psychology from the stand-point of the Hegelian idealism. This excellent paper is followed by a second contribution from the Californian Professor Royce, on "Mind and Reality," being an attempt to state what he takes to be the true views underlying the "Mind-Stuff" theory, which theory is also commented on by Mr. F. W. Frankland, writing from New Zealand. The Notes are peculiarly rich in interest. First comes an excellent and forcible reply by Mr. Gurney, the author of "The Power of Music," to Mr. Sully's already noticed strictures upon his psychological theory. The answer, we confess, appears to us altogether convincing, and the views laid down are full of instructive suggestion upon a topic which is too little considered by the students of mental science. Dr. Montgomery follows with a note headed, "Are we Cell-aggregates?" in which he vigorously attacks Prof. Huxley's cellular profession of faith at the International Medical Congress, and expounds the opposite position with a terseness and close reasoning that will repay more than a passing attention. Prof. W. H. S. Monck adds some interesting "Observations on Cases of Couching for Cataract." Among the reviews are those of Harper's "Metaphysics of the School," by Dr. Burns-Gibson, and of Lange's "History of Materialism," by Mr. Seth. The short notices of new books include "The Brain and its Functions," by J. Luys, Physician to the Salpêtrière, and the English translation of Prof. Morselli's "Suicide."

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting was held at Bethlem Hospital on Tuesday, January 31, the President, Dr. Hack Tuke, in the chair.

The following gentlemen were elected members:—

Dr. H. Gardiner Hill, Assistant Medical Officer, Coton Hill Asylum.

Robert Clapp, L.R.C.P. Lond., Assistant Medical Officer, Barnwood House, Gloucester.

Ernest F. Cooper, L.R.C.P., Assistant Medical Officer, St. Andrew's Hospital, Northampton.

W. C. Bland, M.R.C.S., Medical Superintendent, Borough Asylum, Portsmouth.

Dr. F. Shapley, County Asylum, Bridgend, Glamorgan.

A. J. Alliott, M.D., M.A. Cantab., St. John's, Sevenoaks.

M. L. Brown, M.D., Assistant Medical Officer, County Asylum, Colney Hatch.

Dr. SAVAGE, in exhibiting "Small Cysts in the Brain and other Tissues in General Paralysis," said the chief interest of the specimens was in relation to the general pathology of the body. In two cases of general paralysis of the insane not only were cysts or cavities found in brain and cord, but also in lung, liver, and kidney. In one of the cases the cavities in the brain depended upon aneurismal dilatation of the smaller vessels, but in the case of the kidney, and more especially the lung, he was in doubt as to the origin of the cysts. That there should be degenerations of a spherical form occurring in these several tissues in a degenerative disease like general paralysis was a matter of interest. In the brain and cord they were not at all uncommon, but the point of his observation was that in some cases they might occur in other viscera. There was nothing special about the history of the cases beyond that they were ordinary cases of general paralysis occurring in men between thirty and forty years of age. One case ended rather rapidly, while the other was rather chronic.

Dr. MAJOR asked if the vacuoles were distinct in the fresh state.

Dr. SAVAGE said they were not noticed so completely, but that there were vacuoles both in viscera and brain noticed immediately after death.

Dr. MICKLE said the presence of the small cavities in the brain in general paralysis was a very common occurrence. The kidney also presented small cystic dilatation, but that, perhaps, was more frequent in the chronic cases. The cases were extremely interesting as showing the presence of dilatation in the liver and lungs. The cavities in the brain had been fully described many years ago by Dr. Clarke.

The PRESIDENT said, having had the opportunity of seeing the brain containing vacuoles, he might say they were very distinct in the fresh state.

Adjourned Discussion on Dr. Weatherly's Paper on the "Treatment of the Insane in Private Houses."

Dr. STEWART said there were three points of view from which they might approach this subject: first, the point of view of the British public; secondly, the point of view of the patient himself—the advantage he derived from treatment; and the third, the point of view of the physician. He was afraid they were too often harassed by the idea that what they did would not be approved of by the public, but the physician pursuing his own course, and

acting according to the principles of rectitude, would always endeavour to act independently of all extraneous influences. The British public, as a rule, dealt in a very severe way with any medical man who made any slip with regard to a case of insanity, and it was not, therefore, in the least to be wondered at that medical men hesitated to engage in the treatment of the insane when reproaches that they were dealing with cases solely with an eye to their own profit were likely to be thrown in their teeth. The unthinking British public, who were unfortunately the largest portion, considered that every man who took an insane patient under his care as a rule had some object in keeping that patient a considerable time longer in his house, or wherever it might be, than he ought, and they could not too frequently and too plainly say, as an association, that the evidence was overpowering that that was not the case. The evidence was overwhelming that during the many years that the Commissioners in Lunacy had now been engaged in the oversight of the insane the number of cases had been extremely few in which the insane had been detained under care and treatment in private houses longer than they ought to be. It was right, then, that they, as an association, should distinctly and deliberately assert that as often as they could for the honour and credit of the profession. Dr. Weatherly, in approaching the subject, seemed to be rather afraid of this bugbear, and he thought it as well that they should not be too cautious in what they did as long as they considered that the course of their action was guided by a desire for the benefit of the patient. The desire that the physician had prominently before his mind was that the patient should recover quickly, and surely that desire was backed up by, if they like, the selfish motive of appearing well before the public, who would think better of a man who cured his patients frequently and could show a large number of recoveries. If they banished from their minds that fear of the British public reproaching them, he thought that they would get rid of some of the objections that Dr. Weatherly made or hinted at—to the detention of a large number of patients in asylums. But coming to the next point, viz., the point of view of the patient, he thought a very large number of those who had opportunities of considering and deciding between residence in large asylums and residence in very small ones would give their preference to the small ones. The opinion of the majority of those patients, however, would not be thought very much of, because there were very few who had had the opportunity of comparing the two; and he thought, with the gentleman who closed the debate on the last occasion, that there was a very large number indeed of those who were living in private asylums who lived extremely happy, enjoyable, and really useful lives in their own way, who would not lead either a useful, enjoyable, or happy life in private houses. The number of cases one saw in well-conducted private asylums divided into a great number of small wards who were really happy and contented, and leading useful lives, was very remarkable, and would not be believed by the majority of people one talked with outside. They were possibly chronic cases, and apparently would do as well if they were in private houses, but in reality they would not do as well. In many cases the divertisements of an institution were part of the little items which made up the sum of the happiness of the individual, and therefore he thought that from the point of view of the patient himself it would come to this, that if they knew all they would lose by leaving a well-conducted private asylum and going into a private house, they would prefer the asylum, taking for granted that the private asylum was not one in which a large number were massed in various wards. The third, and perhaps the most important, was the point of view from which the physician anxious to do the best for his patient viewed the majority of cases coming under his observation. Looking back upon the cases they had seen in the very earliest stage of insanity, they must recognise the fact that if they had been called in to see the patients at the time when these little irregularities of mental power were beginning to

be developed, they might conscientiously feel that they were doing their duty by placing them under such care and restraint as might be provided in houses such as Dr. Weatherly had pointed out; and there, he thought, was the great value of Dr. Weatherly's paper, because it would emphasise a point which they were all anxious to lay down whenever they had opportunity, viz., that there could not be too early a cognizance of mental derangement, and that they seldom saw cases until they had proceeded to a condition which could not be dealt with in private dwellings with the same good effect that they could be treated in well-conducted small private asylums. Dr. Weatherly had put them under an obligation for another reason, because his paper might lead some of those who were engaged in the outside work connected with insanity to endeavour to persuade the friends to separate those people from associations which would finally lead them into a helpless condition, and to place them in private asylums where all the opportunities were presented for the proper treatment of cases. Let them do all they could to impress upon the mind of the public that the physician had no object but the welfare of the patient, and was not, as a rule, desirous of keeping patients longer than, as a physician, he considered they ought to be kept. Let them, as a body, remember that they were bound to support their brethren who had private asylums in this point, and determine, come well, come ill, to uphold those who were doing a good and excellent work.

Dr. SUTHERLAND said he had read Dr. Weatherly's book, but having had some conversation that evening with Dr. Weatherly, his views had been very much altered from what they were after reading the book. Dr. Weatherly informed him that a great many people took lunatics to reside in their houses who were not in any way qualified to do so, whose houses were not prepared for suicidal, homicidal, or dangerous tendencies, but who simply made a trade of it as a lodging-house keeper would; and the object of his book was to prevent such people taking patients, and to put them into the hands of properly qualified and registered medical men. He further said that he wished to direct attention to a certain class in which there was great necessity for providing what he would call a half-way house. He (Dr. Sutherland) could mention several cases which had come under his own notice within the last few days, in which he had felt that to place such a patient in an asylum would be an *exposé* to the family, and would probably do an amount of damage which could never be repaired. Marriages were prevented; young ladies whose prospects in life were favourable in every sort of way were prohibited from marriage on the reputation of having an insane brother or sister. People who had held positions of trust could not regain those positions simply because they had the stigma upon them of having been in a private asylum. Dr. Weatherly had therefore done a very good and useful act in bringing this question before them, and what he (Dr. Sutherland) would advocate would be the adoption of a half-way house kept by a properly qualified medical man who understood something of insanity, where a patient could go and be under supervision without having the stigma of being under a certificate and in an asylum. Having said thus much in favour of Dr. Weatherly's paper, he would forgive him if he offered a word or two in criticism. He had read his book carefully, but could not quite understand his ideas of nomenclature. He told them that cases of melancholia with stupor were fit for treatment in a private house, whereas cases of dementia were only fit for treatment in an asylum. Now, he (Dr. Sutherland) found it sometimes extremely difficult to diagnose between a case of melancholia with stupor and acute dementia. The subdivisions of insanity were not hard and fast lines. The cases were mostly mixed; that was to say, there were symptoms of mania and melancholia and dementia very often in the same patient. They could not, therefore, strictly speaking, call cases by certain names. He thought Dr. Weatherly, with all deference to his little book, had mixed up the term melancholia with simple depression. Depression

often arose from grief, from pecuniary loss, and other causes, and in such cases, as long as insanity had not got hold of the patient, he might safely travel abroad or be placed in houses where there were not such appliances as would prevent his committing suicide or homicide; but when once insanity had got hold of a man, he could no more back out of it than he could if seized with scarlet fever or small-pox: it must run its course. It was like a ship in a storm, and the only course was to steer the man safely through it. Cases with simple premonitory symptoms were entirely different, and there a half-way house might be most beneficially employed. Dr. Weatherly said that when patients left an asylum it often happened that they felt a sort of stigma upon them, and looked back with feelings of ill-will towards those who had really and truly contributed to their cure. This was contrary to his (Dr. Sutherland's) experience, for he had frequently had patients coming back thanking him, with tears in their eyes, for the little he had been able to do for them. They said that if it had not been for him, they would have become incurably insane, and probably have committed suicide; and altogether they had to thank him and those whom he was sure he never could thank too much, the attendants, for the way in which they had been treated. A lady who had been four times insane at her confinements, having had four attacks of puerperal insanity, feeling the symptoms of melancholia again approaching, came to his house and begged him to place her in his asylum. A certificate was obtained, and she was admitted, remaining there as a boarder, and the result was, owing to the proper administration of sedatives, to regular hours, the absence of the excitements and fatigues of society, and to a regular mode of diet, that lady was saved from a fifth attack of puerperal insanity. Three months ago she came to consult him again, stating that she was going to have a sixth child. The child was born, and he was glad to say the lady passed through her confinement without any recurrent attack. He believed that on the fifth occasion of her having a child the very fact of her coming to an asylum and being properly treated turned the tide, as it were, of the mental symptoms into the right channel. Dr. Weatherly had complained of the expenses in private asylums. A very short time ago a baronet was admitted to his asylum, and was subsequently removed, his friends thinking the charge was exorbitant, the real fact being that there was not a single penny of profit made out of the case. At the end of a week they came back and begged him to readmit the case, as the expenses in the week he had been under their own care were four times as much as they had paid in the asylum. There were many other points in the paper which he would like to criticise, but he must not further detain them, and would therefore simply conclude by expressing his thanks to Dr. Weatherly for having brought this subject before them.

Dr. JEPSON wished to support what Dr. Sutherland had said about half-way houses. A few years ago it was his privilege and pleasure to spend some time with Dr. Stewart, and he could not tell them the pleasure he felt at seeing how much was being done for the patients. They were not sufficiently insane to be under constraint, but they were there resting from the cares and worries of domestic anxiety, and he came away impressed with the idea that that was the most sensible mode of treatment he had seen for a long time. Of course it did not apply to all cases, but there were many continually occurring cases that were on the border between the two conditions of sanity and insanity in which that treatment might be adopted with advantage. He did not believe in private houses or in lodgings, but if it was necessary to place patients in an asylum, a home such as Dr. Stewart provided for them appeared to him to be one of the most desirable things he had seen. He was very glad to be able to support what Dr. Sutherland said on that point.

The PRESIDENT said that in many respects his sympathies went with the observations of Dr. Wood at their last meeting. Perhaps he should hardly go so far as to say with him that taking a hundred inmates of private asylums

and a like number of community outside, those in the asylum were happier, on the whole, than those in general society. If true, it was rather a melancholy conclusion to arrive at as regards the world at large. On the whole question under discussion it really came to this, that every case must be dealt with on its own merits. Each kind of receptacle, whether asylum, lodging, or a doctor's private home, had its particular advantages. He was constantly asked to advise as to where a patient should be placed, and in a very large number of cases he should prefer to recommend a good private asylum or registered hospital; but then one felt the force of that awful word "stigma," which had been so frequently referred to that evening, though it was a question whether they, as medical men, ought after all to yield to its consideration. A difficulty often arose in this way. If they recommended a private asylum, honestly believing it to be the best place for the patient, the friends took the advice into consideration, but with the existing prejudice against asylums, pursued another course, probably placing the patient in lodgings without certificates, and valuable time in this way was often lost. The friends were only too glad to catch at any other alternative, and it might turn out a worse one than what one would have advised if aware that they would not have placed the patient in an asylum. Dr. Sutherland had spoken of the stigma in connection with marriage, but, on the other hand, it might be said that it was well that there should in such cases be a certain amount of check upon marriages. With regard to the proportion of cures of patients in lodgings as contrasted with private asylums, he thought that justice had hardly been done to the proprietors of private asylums. In a particular instance mentioned, which, no doubt, was perfectly true, 74 out of 100 cases had been cured in lodgings, but he did not think that these figures ought to be compared with the proportion of recoveries on the number under treatment in a single year in private asylums. In the latter instance the cures were only 9·35, but for the most part these results were obtained on the *residua* of many years. The percentage was not on the number under treatment during the whole history of any particular asylum or of all the asylums mentioned in the Blue Book. Admissions and the number under treatment were the same in the instance given of patients treated in lodgings, but not so in one year's treatment of the patients in an asylum which has been open for more than a year. Besides, the cases that had been placed in the lodgings referred to were probably of a very different class from those sent to asylums. With reference to the celebrated case of Nottige cited by the author of the paper, in which the Lord Chief Baron gave the opinion that every patient should be liberated who was not injurious to himself or others, it was in the opinion of other authorities very doubtful, looking at the Lunacy Acts, whether that opinion could be taken as at all final, and certainly the reply of the Commissioners was, he ventured to think, far more to the point than the remarks of the Lord Chief Baron. Surely there were cases in which they would wish their own friends, if insane, to be in asylums, believing them to be placed there for the purpose of being cured, although they were neither injurious to themselves nor to others. With these observations, he would call upon Dr. Weatherly to reply.

Dr. WEATHERLY, in reply, said he was afraid his paper had been a good deal misunderstood. It seemed as if a number of gentlemen came there with the idea that he was going to abuse private asylums, and then spoke as if he had done so, in spite of the fact being that he did not say one word against asylums from beginning to end. He must call himself an asylum proprietor, having a licensed house, and was a firm believer in small asylums, and also in large asylums for certain cases. He had simply asserted in his paper that there were certain cases of insanity, more especially in the early stage, and chronic harmless cases, that could be looked after just as well, and in very many cases more happily, in private houses than in asylums. He maintained that the law of lunacy was radically wrong with regard to single patients. He

did not see why Tom, Dick, or Harry should be allowed to take any single insane patient into their houses. They knew that there were people who took patients into their houses who were not in the least fitted for it, and consequently medical men who desired to do good, and took an interest in insane cases, could not get them. He maintained that every person who took a single patient into their house should get that house licensed, for why should he, with two patients, be put to enormous expense to get his license when any person could take a single patient without incurring any expense at all? Dr. Wood brought forward isolated cases to prove that asylum treatment was better apparently in every case than private treatment. He (Dr. Weatherly) must say that although association with an asylum might be good for such cases, there undoubtedly were cases where the association was bad. He had seen several such cases, some of which had been cured in a very short time under his care, whereas they had previously been two years in an asylum. The last case he had was one of religious mania, where the patient had been in an asylum for 18 months. He was treated privately, and got well in four weeks so far that for the first time for some years he argued reasonably with his father that it would not be wise for him to go on with his religious studies, and had better do something else. The result was he was now doing very well. In another case of recurrent mania the patient was in an asylum for 18 months, and he was satisfied that untold mischief had been done to her. She had been under his care for two months, and would return home to her family in about a fortnight's time. The attack of mania in his house lasted just six days; after that she had been with the rest of the family, and was now better than she had been for years. He was, therefore, sure that although there might be cases where association was good, there were other cases where it was radically bad. Dr. Wood spoke of some unfortunate pauper who came from an almshouse and preferred to live in the asylum. Of all miserable and horrible places to live in, an almshouse must be the worst, and he should regard it as a good proof of the man's sanity that he preferred to live at St. Luke's. He (Dr. Weatherly) had not argued at all against asylums; he merely said that certain cases were suitable for private treatment provided they were put in the hands of men interested in the study of insanity. That could not be done unless it was developed into a recognised system, and that could only be done by licensing the houses. With a better supervision, many cases which were now in private houses, but ought to be in asylums, would go to asylums. Dr. Rayner's remarks about statistics had been very fully answered by Dr. Lockhart Robertson in a letter which he published last week. He agreed with Dr. Stewart in most of his remarks, more especially with regard to early treatment. It was a very strong point in his paper that the relatives and friends of insane patients were much more likely to put them under treatment early if they knew that there were medical men in their neighbourhood or elsewhere who took a distinct interest in insanity, and could treat them equally well with the asylum people. They could then get early treatment adopted, and many cases might be cured much more quickly than at present, and possibly cases that were never cured at all. He thanked Dr. Sutherland very much for his remarks, but he was labouring under a distinct mistake in saying that he (Dr. Weatherly) advocated that suicidal and homicidal cases or melancholic cases with stupor were suitable for private treatment. What he did say was that certain cases of suicidal mania might be well treated in private houses. He had had two distinctly suicidal cases himself; they recovered, and he knew they were looked after just as well as they could be in an asylum. With regard to Dr. Tuke's remarks on the statistics of recovery in private asylums, he had merely quoted from Dr. Bucknill's book. In conclusion, he begged to thank the members for the kind way in which they had received his paper.

The PRESIDENT said they were much indebted to Dr. Weatherly for having

brought the subject before them. It was often those papers which caused the most dissent which were the most valuable for these meetings.

Dr. SAVAGE introduced the question of:—

Insanity as a plea for Divorce.

He mentioned the particulars of a case in which he had recently given evidence in the Divorce Court, and the plea had been admitted (see "Insanity as a Cause for Divorce." Notes and News, p. 150.)

The PRESIDENT said the law of England on the subject seemed very clear —not the Statute Law, but the *lex non scripta*. He believed there was no Statute Law on the subject. One was made in George the Second's reign with regard to chancery lunatics, that the marriage should be annulled; but that Statute was repealed quite recently because it was thought that all lunatics should stand on the same basis of the Common Law, namely, that if any one is proved to have entered into the marriage bond in a state of insanity the fact is sufficient to annul it, on the principle that marriage is a civil contract, and must be entered into with the consent of capable persons. As it follows that the contracting parties in marriage must be of sound mind, the question to be decided was what would the Court consider constituted such a degree of insanity as to render the marriage void. Originally, no doubt, the opinion was that partial insanity was not a sufficient cause; but what partial insanity was gave rise to vast differences of opinion, and Sir James Hannen had recently stated that he would admit all such cases—that partial insanity, had such vast ramifications that he could not pretend to say that one case of insanity would be a cause for divorce, and another would not, and therefore, as far as his opinion went, he had thrown the door open more widely than before. If contracted during a lucid interval, a marriage would be binding. Blackstone mentioned four cases in which a divorce had been demanded on that ground, and since Blackstone's time there had been at least four or five instances in which the fact of insanity having been proved at the time of marriage was considered in an English Court a sufficient justification for divorce. Therefore the instance referred to by Dr. Savage was not a solitary one. With regard to insanity supervening after marriage, he supposed they would be generally agreed that, if allowed, the abuse would be so great that it could hardly be carried out, although this was in some countries. In Saxony, for instance, he believed that leprosy, syphilis, epilepsy, and insanity, if incurable, were sufficient reasons for divorce, even when occurring after marriage. The English law or practice upon this subject seemed to him the rational one. He might add that a year or two ago he had some correspondence with Delasiauve, the great authority on epilepsy in Paris, on the question of divorce in this disease when present at the time of marriage, and he related an interesting case in which an epileptic married, and on the same day he was seized with a violent epileptic fit. Delasiauve was consulted, and did all he could to have the marriage annulled, by bringing the subject under the notice of the Minister of Justice. He failed, however, though cohabitation was delayed three weeks. The fits became more and more frequent, and he died in three years, leaving three children. The French law, therefore, does not appear to recognise dissolution of marriage for epilepsy, and yet a French Civil Court did, in 1844, annul a marriage contracted by an epileptic. The man in this case murdered his wife's father on the day of the wedding. The parties had not cohabited.

The discussion on Dr. Savage's paper was then adjourned to the next meeting.

Dr. H. SUTHERLAND in introducing "A Case of Artificial Feeding, with Suggestions for Apparatus," said the case was one of a private patient admitted into his asylum on the 21st April, 1881, and discharged on November 6th, 1881. In that period he was fed 148 times, the period of feeding extending over six months. The remarkable part of the case was that the patient, aged 30,

and particularly strong and muscular, possessed a power of co-ordination over his muscles such as he (Dr. Sutherland) had never met with previously. He seemed to possess an extraordinary power of obstructing the pharynx with the tongue in such a manner as to obstruct the tube. At first he tried a gag, for the knowledge of which he was indebted to Mr. Browne, at Wakefield, the prongs of which, when placed in the mouth, projected somewhat across the œsophagus and frequently obstructed the passage of the tube. Moreover, if the patient twisted his head, he was very liable to turn it round so that it slipped out of the mouth. It occurred to him that if those prongs could be turned upwards and downwards so as to hook, as it were, round the gums, that might be obviated. He subsequently designed a gag which he called the fishtail gag. This was placed in the mouth and then turned at right angles. The two parts of the gag hooked round the gums, there was no projection of prongs in front of the œsophagus, and, moreover, if the patient twisted his head, there was not the liability for the gag coming out of the mouth which there was in the gag he used at Wakefield. The patient took every opportunity to make feeding by the mouth as disagreeable as possible; he took to bellowing like a bull, making as much noise as possible. The weather was extremely hot at the time; he had several other anxious cases on, and it was really a matter of some anxiety and fatigue to feed this patient twice a day. He resolved to try the nasal tube, but found this disadvantage, that he could only pour very liquid food down the funnel. In consequence he got Mr. Weiss, of the Strand, to rig up the apparatus exhibited. A piece of ordinary catheter tube was passed down the nose of the patient. At the other end was a tube connected with a Higginson's syringe, and by using that they were able to squirt a considerably thicker soup through the tube than they could simply by putting down the funnel. There was considerable force in the syringe, and he really used it to relieve himself from the painful battle which ensued twice a day when he had to feed the patient. Another disagreeable symptom was that the patient had the power of secreting an immense quantity of greasy saliva at will, and the consequence was the ordinary tube slipped from beneath the finger owing to the greasiness of the patient's saliva. It occurred to him that if the tube, instead of being round, was made flat, that difficulty might be overcome. He had had one made, and hoped that by putting it upon the tongue and passing it downwards he should not meet with the same difficulty and resistance that there was with the round tube. (See Clinical Notes and Cases, p. 53).

Dr. GARDNER said he had found in very critical cases indeed that especially when the pharynx was narrow and the mouth considerably constricted he could only pass a tube during inspiration. His plan had therefore frequently been to pass a tube to the end of the pharynx and wait patiently until the inspiration came, and then the tube would pass readily. He once had a very bad feeding case where it was impossible, under any circumstances, to pass a tube either during expiration or inspiration, and he adopted the plan of passing a common silver teaspoon, with a tapering stem, underneath the gag, then passing the tube and using the teaspoon as a lever, at the same time depressing the tube. In the introduction of food great care was necessary to prevent vomiting or sickness, and he had had many patients who, during the act of injecting the food, had expelled it. There, again, difficulty was experienced. If they gave the food during inspiration, it was impossible for the patient to reject it; but if it was thrown against an expiration, it might be rejected. He had tried the elastic syringe, but found practically it was almost impossible to use it, and he had been in the habit of using an apparatus with a little breast syringe attached with a very small tube. He superintended the operation of inserting the tube, and then let the nurse or attendant use the syringe. When he had no instrument at hand his plan had been to paralyse the buccinator muscle by firm pressure upon the lip on either side. The patient was put, say on the floor, and then going

behind him, he passed his fingers well into the mouth, and paralysed the buccinator muscle in that way. The nurse then poured the food into the mouth until it was full; then pressing the nose with the forefinger, he waited for an inspiration, admitted the air, and let the patient swallow the food. These were expedients they were obliged to resort to in artificial feeding when they had no syringe or other apparatus to work with.

Dr. MICKLE said it was a very great advantage to be able to substitute an india-rubber tube for the ordinary tube of the stomach pump. It gave much less trouble, and was better in every way.

The PRESIDENT said they had heard valuable suggestions as to the best methods of artificial feeding. He should like to hear what any gentleman might have to say who avoided it altogether, or nearly so.

Dr. RAYNER said for some years past he had not had the necessity to use the stomach pump, and he was very much inclined to think it could be done without to a very large extent. He did not know why his experience should differ from that of others; but it was so. When he was at Bethlem he used to feed very freely indeed, and on going to Hanwell he certainly had no prejudice against feeding as a process, and he had no prejudice against it now. Possibly one rule that he adopted might afford some explanation of the matter, viz., that whenever a patient refused food he took that as an indication that he absolutely required rest, and the patient was at once put to bed, and kept in bed. He was there fed by the attendant, who was very skilful in getting patients to take food, and at the end of four or five days his appetite generally seemed to return to some extent, and there was very little difficulty in giving him his food. That led to the question why was it that some men had the power of feeding patients and others had not. The great success of that particular individual had led him to consider the difference between this man and another who utterly failed to feed the patient. There were, of course, cases of refusal to feed occurring in different wards of the house, and in very many cases the attendants tried and failed to feed. In such a case he took the patient to the infirmary where this particular attendant was, and he would feed him without difficulty. What was the reason? It was simply this, that one man merely took the patient and put the food to his mouth, perhaps trying to open his mouth, and so on, but did nothing else, whereas the successful attendant divided the patient's attention; all the time he was feeding him he was talking to him; he had got his hand round his head, he attracted the attention of his sight by his gestures, of his hearing by his voice, and so got the power of feeding him. So far as he could, he instructed all the attendants that that was the basis of success in feeding, and it was, no doubt, also the basis of success in managing excited and violent patients. One man could do nothing with an excited patient, whereas another could do what he pleased. It was just in the same way, he divided the patient's attention between his sense of hearing, his sense of touch, and his sense of sight, and in that way could do what he pleased with him.

A Quarterly Meeting of the Medico-Psychological Society was held in the Royal College of Physicians, Edinburgh, on Wednesday, the 9th November, 1881. Among those present were Drs. Ireland (chair), Brodie, Cameron (Lochgiephead), Cameron (Rosewell), Campbell, Clark, Clouston, Dunlop, Fraser, Grierson, Johnston, McDowall, Ronaldson, Rutherford, Tuke, Turnbull, Urquhart, Yellowlees, &c.

The minutes of last meeting were held as read.

Dr. James R. Dunlop, Woodilee Asylum, Lenzie, showed a patient from the asylum presenting many of the features of pseudo-hypertrophic muscular

paralysis. The patient was aged 26 years, and his mental condition was that of dementia with hallucinations of vision and hearing. For the last five years there had been a progressive atrophy of the muscles of the legs (without pre-existing hypertrophy), accompanied by loss of patella tendon reflex, but unaccompanied by loss of common sensation, temperature, sensibility, or pain sensibility. The atrophy was general and practically symmetrical. The abdomen was thrown forward, and there was a corresponding lumbar curve. The feet were planted widely apart, and there was considerable difficulty in walking. There was no inco-ordination, however, and the patient was able to stand with the feet approximated and the eyes closed. When walking the gait was "wobbling," there being no "shuffling" of the feet along the ground. There was no spinal tenderness or talipes equinus. The legs were much discoloured, being livid, and presenting a mottled appearance, due to the degrees of tint. The pelvic reflexes were normal, as he had full control over the bladder and rectum, and was a habitual masturbator. The family history of this case was also uncommon. His father previous to marriage received an injury to the brain, and afterwards became liable to paroxysmal attacks of intemperance, during one of which he became insane. He continued insane for five years, and then died of apoplexy. Patient had two sisters, aged 27 and 39, who are affected with the same disease as himself. They are fairly intelligent. In their cases hypertrophy of the muscles is said to have preceded the atrophy. One has had two illegitimate children since the disease commenced, both of whom are dead. Patient has a brother, an inmate of the New York State Asylum at Utica. A brother, sister, two maternal aunts, and two maternal cousins have died from phthisis pulmonalis, while a maternal uncle is presently suffering from that disease, a brother died young from "convulsions," while a maternal uncle was epileptic, and, lastly, his mother had two cousins of different family affected with the same disease as the patient.

After some remarks from Drs. Ireland and McDowall on the interest attaching to this case,

Dr. CLOUSTON then submitted some microscopical specimens of cerebral vessels which had undergone a peculiar change.

The CHAIRMAN said the question which Dr. Clouston had very well put was whether any of us had ever observed a case of the same kind, and whether any facts we know would lead us to suppose that the condition described existed during life, or came on during the forty-eight hours which elapsed between the death and the post-mortem examination? In any case the brain must have been in a very peculiar condition during life.

Dr. CAMPBELL thought that the theory regarding post-mortem decomposition was the correct one.

Dr. MCDOWALL thought the case one of pigmentary meningitis. The history of the progress of the case, he said, agreed with this view.

In answer to a question, Dr. CLOUSTON said there was very little basal change. The great difficulty he had was that the colouring matter was so intensely black; in fact, it had the appearance of a miner's lung instead of being of a brown colour.

Dr. CAMPBELL then showed some specimens of cystic kidneys from the bodies of patients who had died insane, and which he said were pathologically interesting. The casts were prepared by Dr. Maclaren, Senior Surgeon to the Cumberland Infirmary, and the colouring was most natural. The first cyst was that of a right kidney found at the autopsy of a patient who died of embolic brain softenings and heart disease, both the result of former rheumatic fever. There was only one kidney present. Its shape and the four lobes which composed it were very irregular. There were two ureters attached to the bladder, both similar in size. The artery attached to the left side entered the cortical substance, and crossed the spinal column, this abnormality of the artery being not uncommon. He had noticed it several times

lately. The next specimens shown were ordinary cystic disease of the kidney. The first specimen of the series had one cyst implicating only a small portion of the cortical substance of one kidney. The next specimen had both kidneys much affected by cystic degeneration. They were found at the autopsy of a male patient, aged 66 years, who had only been a few days under Dr. Campbell's charge. He had great hypertrophy of the heart, and was said to have been drunk for twenty years, but he had no œdema of the legs or dropsy. It was unusual to see double cystic disease, especially such a symmetrical specimen. The last specimen was a cystic kidney in a more advanced stage than the others; little or none of the kidney structure proper was present. The other kidney was healthy. During life there had been no indication of this morbid condition.

Dr. BATTY TUKE showed some illustrations of the art of photography applied to the study of pathological conditions of the brain.

A paper was read for Dr. JAMES C. HOWDEN on "Notes of a Case of Mania with strong hereditary tendency to excessive constipation and to self-mutilation accompanied by hyperæsthesia, &c." ("Clinical Notes and Cases," p. 49).

The CHAIRMAN—We are very much obliged to Dr. Howden for bringing this very curious case under our notice. I think Dr. Howden, notwithstanding the fact that he has worked very carefully on the subject, and has also made a very careful post-mortem examination, has not thrown any light or explanation on the greatest peculiarity of the case, which I think consists in the extreme tendency to self-mutilation.

Dr. RONALDSON—I happened to assist at the post-mortem examination of the case, and I remember it very well. For several years she lay constantly in bed, and the moment any one came near her she screamed and complained of pain at once. With regard to the intestines, there was nothing found of any pathological interest. I remember examining the chest and finding the ribs folded or doubly bent, causing the thoracic cavity to be considerably bent, and without any inconvenience to her.

Dr. RUTHERFORD—The bones were very soft?

Dr. RONALDSON—Yes; I could cut the end of the femur like cheese.

Dr. CLOUSTON—From a physiological point of view, the hyperæsthesia and the tendency to self-mutilation would mean a feeling of extreme discomfort in the part attempted to be mutilated, and the symptoms and degeneration of bones, &c., show that there was an extreme affection of the trophic centres of the brain, and the sensory centres were also affected. We must read such a case in the light of all the symptoms combined, and I am sure that we are all very much interested and indebted to Dr. Howden for his statement of the case, an exact parallel to which I do not remember to have seen anywhere.

Dr. CAMPBELL—Is Dr. Clouston of opinion that self-mutilation is more commonly a feature of a case where you have a distinct lesion than where the nervous disorder is merely functional?

Dr. CLOUSTON—I am not prepared to answer that question. It does not strike me at present that self-mutilation is especially connected with gross brain lesion, so far as I remember.

Dr. MCDOWALL—The presence of constipation must also be considered an indication of impaired nervous action. I may mention the case of a gentleman, and the malady seems to be increasing on him, who suffers dreadfully from constipation. His bowels only act nine or ten times a year, yet he is in the active discharge of professional duties, and seems to enjoy fair health otherwise.

DISCUSSION ON THE NEW STATISTICAL TABLES RECOMMENDED BY THE COMMITTEE OF THE ASSOCIATION.

These were discussed at considerable length, and the discussion was adjourned till the next meeting. The ultimate result will be given in the July number of the Journal.