Votes of Thanks.

Dr. Fletcher Beach proposed a resolution of thanks to the President and Council of Queen's College, Cork, for the use of the building for the meetings of the Association during their visit to Cork.

Dr. Benham seconded the resolution.

The motion was carried with acclamation.

Dr. Urquhart.—I feel, Mr. President, that we cannot separate without expressing our gratitude to you for your kindness on this occasion to the members of the Association. We are all alive to the great amount of trouble you have taken to make this meeting in Cork a real success, and we express the hope that you felt some gratification in the support of so many of your colleagues when you were inducted into the Presidential chair.

Dr. Havelock.—This motion hardly needs a seconder, but I wish to express my concurrence in what has fallen from Dr. Urquhart. I personally never before enjoyed a meeting of the Medico-Psychological Association so much, and my only regret is that I am not able to spend some months in the south of Ireland with you.

The ex-President put the motion to the meeting, and it was passed with acclamation.

The President.—I am exceedingly obliged to you. It has been a very happy time for me. I hope, when you have discharged me a year hence, that you will then be as pleased with me as you are now.

Council Meeting.

Present: Dr. Fletcher Beach (President), Drs. Woods, Benham, Dawson, Turnbull, Havelock, Chambers, Urquhart, Newington, A. Miller, Finegan, and Norman.

Inter alia the usual official reports were received and dealt with.

The Report of the Committee on Colonial Branches was referred to next meeting of Council.

The reprinting of the Rules of the Association was referred to the Rules Committee.

The business of the Annual Meeting was adjusted.

The next meeting was fixed for the third Thursday of November in London.

The Council generally approved of Dr. A. Miller's proposals for the establishment of a Bureau of Information regarding Asylum Administration, and authorised him to obtain such information as he deems necessary. (Cf. *Journal of Mental Science* for 1901, page 625.)

The General Secretary was directed to write various letters of thanks for the hospitality received by the members of the Association in Cork.

Excursion to Killarney.

Any account of the annual meeting would be incomplete without special reference to the excursion to Killarney. Thirty-six ladies and gentlemen left Cork to see one of the most interesting and beautiful parts of Ireland. The excursion was made by rail and carriage, by way of Bandon, Bantry, Glengariff, and Kenmare. The arrangements made by Dr. Woods were perfect, and the trip was greatly enjoyed from start to finish.

BRITISH MEDICAL ASSOCIATION.

Annual Meeting, Cheltenham, 1901.

Section of Psychology.

Reported by J. G. Havelock, M.D.

President: J. Beveridge Spence, M.D. Vice-Presidents: J. Greig Soutar, M.B.; James Chambers, M.D. Honorary Secretaries: Maurice Craig, M.D.; A. A. Deykin Townsend, M.R.C.S.

The papers read in this section dealt with a wide range of subjects and evoked interesting discussions.

President's Address.

Dr. Spence, in his introductory remarks on "Asylum Administration and Nursing," referred to the great improvements in the care and treatment of the insane which had taken place in this country during the nineteenth century, and vividly contrasted the condition of the asylum inmate of the present day with that of the mentally afflicted a hundred years ago. The marvellous progress in this and other directions had made the Victorian era a golden one; and he urged that we should not rest content with being merely grateful, but should endeavour to continue the great work which has made the names of Tuke, Conolly, the Brownes (father and son), Bucknill, Maudsley, Clouston, and many others honoured in our speciality.

He regretted, however, the establishment of the huge asylums to which unhappily use is accustoming us, as in the medium-sized asylum there is just that amount of work which any man who was worthy of his position should be able to supervise. As a question of expense, he had yet to learn that the medium-sized asylum is more costly in its management than the large establishments, which, while they excite the wonder of the inexperienced, produce only feelings of regret in the minds of those who have to govern them.

In connection with the unfortunate necessity for providing additional accommodation for the insane, he was convinced that the time had now come when some change in the classification of patients might well be attempted. There is a large class of demented lunatics and unteachable imbeciles in asylums for whom plain housing and plain dieting might well answer. He urged that some such accommodation and treatment for these classes of patients should be provided in the counties as are given in London, thus relieving the acute asylums and enabling them to carry out the work for which they should, in his opinion, be reserved. While no expense should be spared to provide the necessary appliances and the most favourable environment for the curable, yet in many of the incurably insane and mentally deficient a kindly, judicious, and truly philanthropic system of treatment might be adopted without loss of benefit to the class in question, and at a much reduced cost to the rates.

He was delighted to think that the trend of educated opinion in this country was in favour of segregation in the treatment of those suffering from mental disorders of a curable nature.

The Rôle of Toxic Action in the Pathogenesis of Insanity.

Dr. W. Ford Robertson, in opening a discussion on this subject, said that whatever else mind might be, it was in the first place a product of the functional activity of certain of the cerebral neurons. For the normal manifestation of this functional action three factors were essential, namely, (1) integrity of the anatomical elements which form the physical basis of mind (cortical neurons); (2) suitable nutritional conditions for these anatomical elements; and (3) those sensory impulses which, commencing to impress the anatomical elements at an early period of life, gradually endow them with their special functional powers, and of which the almost continual stimulus is required in order to call these powers into action. Morbid mental action might primarily depend on a fault of any one of these factors. Unsuitable nutritional conditions might in part be due to the presence of chemical substances which were taken up by the cells, and then disordered their metabolism. Any such substance was a toxin. He maintained that various forms of toxæmia of gastro-intestinal origin were the chief factors in the pathogenesis of several forms of mental disease. These diseases included a large proportion of cases of senile insanity, general paralysis, locomotor ataxy, chronic alcoholic insanity, and most cases of acute and chronic mania and melancholia.

In fact, he contended that the large majority of the cases of insanity were not primarily diseases of the brain at all, but were dependent upon the toxins derived from elsewhere.

Dr. Robertson then gave a lantern demonstration of degenerative changes in the alimentary tract, of cases of general paralysis, etc., which in his opinion were strong evidence in favour of the toxic origin of those diseases.

Some Conditions of Success in the Treatment of Neurasthenia.

Dr. A. T. Schofield said that he used the word "neurasthenia" in the broadest sense, and included hysteria in it. The physician should realise in regard

to hysterical patients the significance of the dictum that "diseases of the imagination are not imaginary diseases." The attitude of the physician should, on the whole, be dogmatic and weighty; the nurse placed in charge should be docile and unaggressive, one of a type intermediate between the hospital and asylum nurse. Neurasthenics required rest, with a little massage and some degree of over-feeding. Hypnotism was of doubtful value, electricity was better on account of its direct action on the tissues, while cycling and golf were powerful therapeutic aids to treatment.

The Anthropometrical Examination of Insane Patients.

Dr. Goodall, who read an exhaustive paper on this subject, and submitted a scheme of examination, pointed out that the United States and Italy were far ahead of us in this respect. In twenty-eight normal subjects the measurements on the two sides of the body showed that little asymmetry existed, but marked asymmetry was the rule in the insane.

Puerperal Insanity.

Dr. Robert Jones, in opening a discussion on puerperal insanity, stated that insanity actually occurred but once in 700 confinements. Taking the total of 3500 females admitted to Claybury during the past eight years, exclusive of transfers from other asylums, 56 were cases of insanity of pregnancy; 120 were cases of puerperal insanity in the stricter sense—*i. e.*, occurring within six weeks of confinement; and 83 were of later development and associated with lactation. Twelve per cent. of the 259 cases were single women, and the outbreak of insanity was twice as frequent during pregnancy in these cases as in the puerperium. Of the puerperal cases more suffered from mania than from melancholia. Of the eighty-three lactational cases a greater proportion suffered from melancholia or depression than from exaltation. The almost universal early symptom of puerperal insanity was insomnia, followed by a feverish and anxious restlessness. Suspiciousness, loss of appetite, and a proneness to delirious excitement followed. It was important to pay attention to sleeplessness and headache in puerperal women. In puerperal insanity the woman usually suffered from delusions concerning the identity of those near her; she developed marked antagonism to her husband, and displayed eroticism and indecency. A glaring, wild look characterised this stage, the skin was pale and sallow, and often there was repeated yawning. With reference to heredity it was found that 122 out of the 259 cases referred to in this paper had hereditary predisposition. Numerous and frequent relapses in acute puerperal mania were more common than was generally believed. He considered that the essence of the treatment might be summed up in generous diet, administered by the stomach-tube if necessary.

Evolution of a Perception Centre.

Dr. F. W. Edridge-Green gave a short paper on "The Evolution of a Perception Centre," and explained that by a perception centre was meant the portion of brain having the function of conveying to the mind information concerning a sensation. In primitive man the sense of light was developed first and the sense of colour afterwards. The capacity for colour perception was very slowly developed, so that the early man might be said to have passed through the various stages of colour-blindness. Red and violet were the first to be perceived, then green, and as evolution proceeded a fourth colour, yellow, was recognised. He had never met any person who could see more than seven colours in the spectrum. The same theory of evolution applied to the other perceptive centres.

The Physical Basis of Melancholia.

Dr. John Turner, who contributed a paper on this subject, stated that in melancholia changes were met with in the pyramidal and giant nerve-cells of the brain which were apparently identical with those produced in the motor bulbo-spinal nuclei of animals by severance of the motor nerves. When such changes were marked dementia was present. Dr. Turner claimed that the changes in melancholia began in the afferent part of the nerve system, in the sensory roots and posterior spinal ganglia of the spinal nerves, so that the cells within the spinal cord, *e. g.*, in Clarke's column, were deprived of their natural sensory stimuli. The

same applied to the sensory pathway leading up to the cerebrum. In Dr. Turner's experience melancholia more frequently than any other class of mental disorders, with the exception of general paralysis, tended in comparatively short periods to pass into dementia.

The Modern Treatment of the Insane.

Dr. Seymour Tuke referred to the difficulties under which alienists in England laboured under the existing lunacy laws. The Lunacy Act of 1890 was, owing to its "too repressive" nature, evaded by many, and unregistered places for the accommodation of insane private patients thus continue to exist. There was a prevailing practice of diagnosing cases of insanity as neurasthenia, hysteria, and as "borderland" cases.

The Diagnosis and Treatment of Feeble-minded Children.

Dr. Francis Warner stated that of the school children between the ages of three and thirteen years in England it was estimated that about 1 per cent. were feeble-minded. The Elementary Education (Defective and Epileptic Children) Act of 1899 had directed attention in many quarters to the necessity of provision for the care and training of children of defective brain power. He then laid down rules for the guidance of those who had to make a diagnosis of cases of brain defect, and indicated the lines of treatment which should be carried out.

Colitis, or Asylum Dysentery.

Dr. T. Claye Shaw contributed a paper on this important subject, in which he contended that only a small proportion of cases of colitis were primarily of bacterial origin, and that ulceration of the mucous membrane of the intestine was commonly met with in the insane, and was a trophic degeneration dependent upon the low nervous vitality of the patient. Such ulcerations might be comparable to bed sores. The disease known as asylum dysentery seldom affected the medical or nursing staff of asylums. The continued occurrence of colitis did not necessarily imply that sanitation was bad in the buildings where it occurred, and cast no discredit on the medical or administrative staff.

Debated Points in Asylum Plans.

Dr. R. H. Steen's paper on this subject gave rise to a lively discussion. He criticised adversely the villa-colony system, stating that (1) it would prove very costly to work in this country; (2) the staff required would be enormous; (3) the patients would not be efficiently supervised at night; (4) the risks of suicide would be greatly increased; (5) escapes would be numerous; and (6) the initial cost would be not less than that of the pavilion asylum.

ASYLUM DIETARY.

(*Abstract.*)

By A. Turner, M.D., Plympton, Devon.

The question of diet is very important in relation to any community of individuals—particularly when sick in mind or body,—more particularly when sick in both. It is a vital question in an ordinary household, more so in a general hospital, and of more serious import still in a hospital for the insane, where *good food*, *good cooking*, and *good service* are specially necessary.

Food.—It is a common remark in asylums that the food is good enough, but spoilt in the cooking. And if to this we add in the service, I think we have found the weak points in asylum dietary. Food materials should be selected for their intrinsic value, and must be critically examined in every respect on delivery, regardless of the vendor or his connections.

Housekeepers.—Asylum housekeepers are as a rule very excellent individuals, but they are often selected for reasons unconnected with housekeeping. Few learn to fulfil their undertaking, even under generous opportunities of learning. There is difficulty in obtaining the services of good *cooks*, and there is often friction between the housekeeper and the cook until compatible inadequacy results. The food of the higher officials engages her attention, so that the patients suffer by the