

of the nervous system, which, it seemed to him, all facts and arguments were leading up to. He quite expected to be in a minority of one in that meeting, though he believed that Dr. Bristowe held much the same view, as did also Dr. Morton Prince on the other side of the water, as well as Dr. Claye Shaw in this country. In fact he had himself learned much from those gentlemen. He, Dr. Drapes, did not claim any originality in the matter which he had put in his paper. But he was satisfied to have heard the interesting remarks of the President and Dr. Macpherson. With regard to the action of matter on mind, it is found that the more the molecules increased in complexity, *i.e.*, the larger the number of atoms in them, the more unstable did they become. And it was believed that all nervous action was due to explosive energy on the part of cells; and therefore it was only going a step higher to regard that explosive action in the highest cortical centres as one and the same with the mental phenomena. He thought they both occurred simultaneously, and that there could not be one without the other. The President said that until they were able to arrive at a distinct and definite knowledge of the pathology of the brain there could be no satisfactory classification. That was the point of his contention. He had given sufficient evidence to show that the same apparent pathological conditions produced widely different effects in different persons, and that the same cause could produce sufficient differences to constitute varieties of mental derangement in different persons. He believed it was at the Cardiff meeting last year that Dr. Percy Smith narrated a case in which all the symptoms were those associated with general paralysis, which was recognised as a very distinct morbid entity, with a distinct pathology; there was no history of syphilis, and the condition was found to be due to the effect of an injury to the head. If such distinct symptoms as those of general paralysis, which were said to be produced by syphilis, could be the result of injury, he did not see why other conditions should not be due to a variety of causes, and why different varieties of insanity, so called, should not depend on much the same cause. He maintained that the cerebral constitution of the patient was the most important factor.

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*Psychotherapy in Mental Disorders.* By WILLIAM GRAHAM, M.D., Medical Superintendent of the District Asylum, Belfast.

IN discussing this theme before a scientific assembly it is needless for me to say that I make no claim to be the bearer of a new revelation, or the creator of a revolutionary therapeutic. My function is much more modest; it is to raise some questions that may lead to profitable argument, questions which have excited great attention in psychological circles in France, Germany and America, and yet which have scarcely stirred a ripple of interest amongst ourselves. Men of international reputation assure us that they have applied with singular success these psychical methods in the treatment of certain forms of mental disturbance, and our excellent English textbooks in psychiatry either ignore the whole subject or put the reader off with a few superficial remarks that afford no practical insight into the matter. Such men as Freud, Jung and Prince

may publish their refined and delicate analyses and we continue to repeat our well-worn formulas, never dreaming for a moment that these men may have something to teach us. Their theories may be right or wrong, but their therapeutic successes are not open to question. Surely here, in Ireland, amid a population peculiarly amenable to psychic influence, it is for us of especial moment to learn how such influence may be exercised and by what methods it can be brought to bear upon disordered personalities. My purpose, then, is to make clear what these methods are, to indicate their strength and their weakness, and to show their bearing on mental hygiene.

1. The classical methods of psychotherapy are as follows: (a) Suggestion: waking and hypnotic; (b) therapeutic conversation; (c) psycho-analysis; (d) occupation; (e) re-education.

(a) *Suggestion*—Waking, hypnoidal, and hypnotic.—In the popular mind and even in medical circles it is usual to identify psychotherapy with suggestion, and then to dismiss the whole affair as exceedingly dubious. This may be pardonable among the laity; it is wholly unpardonable among professed students of science. For in the first place suggestion is only *one* psychotherapeutic procedure, and in the second place abundant proofs have been given of its value in the writings of such authorities as Moll, Bernheim, Forel, Liebeault, and Boris Sidis. In this matter only those who have actually experimented and observed are entitled to a hearing. Schrenck-Notzing has placed beyond all doubt that sexual perversions are curable by hypnotic suggestion, and it may be questioned whether any other method will yield satisfactory results. Prince has shown its power to re-integrate a dissociated personality; and it is well known that many alcoholics find that through hypnosis their craving disappears and new associations are built up. As one who was delivered from the alcoholic obsession said to me: "I feel as if something had died within me and something had been born." Such intractable troubles as stammering and deep-rooted phobias have been known to disappear under hypnotic suggestion. Indeed, so remarkable have been the results that many investigators have talked as though it was a panacea for all the psychic ills of humanity. It is, therefore, only right that its limitations should be noted. Owing to popular ignorance many are afraid to submit to it, and refuse to be hypnotised. Others, though willing, cannot be put into the hypnotic state

owing to some constitutional idiosyncrasy. Then, again, the patients' problem may be too complicated to be solved by this easy method. It has been found that alcoholic cases will relapse sometimes unless hypnosis is followed up by an educational *régime*, which will build up anew the ethical forces of character. In brief, hypnotic suggestion will be found of great value as a preliminary treatment, whereby old thought-associations may be broken up and new ones formed, but it has failed again and again because the physician expected too much from it, and had been blind to the complexity of the problem he had been trying to solve. Finally, it has failed in cases in which it ought not to have been applied, but in which some other psycho-therapeutic measure would have proved beneficial.

(b) *Therapeutic conversation*.—This may be called Dubois' method, though, of course, many had used it before the great Swiss specialist. He deserves the credit, however, of having elaborated it, and of having shown what it can do, in his book *The Psychic Treatment of Nervous Disorders*. It consists in explaining to the patient the origin and significance of his disorder, and in so explaining these things that the explanation becomes persuasion. It is the unknown that enslaves and disorganises the psychic functions. Make clear to the sufferer the origin and meaning of his experience and at once he feels relief and is set on the road to recovery. One envies the ease with which, apparently, Dubois can "erase the written troubles of the brain." "I cured him," he says, "in three or four conversations." This method is applicable in the mild melancholic depressions, and, speaking generally, in the less intractable types of disorder before the perverted ideas have become too deeply fixed. Much can be done with the paranoic if he come under observation at the earliest stages of his malady. So, too, with certain delusional states. For example, a patient suffering from chronic delusional insanity of over three years' duration frequently complained to me that he bore on his forehead the mystic number "666," the "mark of the beast" referred to in the Book of Revelation. I explained to him carefully that the "beast" was Nero, and that the number was the mystic symbol of his name, that therefore passages and events of the first century could have no connection with an honest man living in the North of Ireland in the twentieth

century. The patient, after frequent reassuring conversations, accepted my explanation, and is now perfectly well and engaged in his ordinary pursuits. Nevertheless, the limitations of the method are obvious. Many patients are in such a state that their attention cannot be gained long enough for an impression to be made. Moreover, even when for the time the therapist has conquered the morbid obsession, there is danger of a relapse as soon as his influence is withdrawn. Further, it is manifestly inapplicable in all the more serious or more complicated psychasthenias and hysterias.

(c) *Psycho-analysis*.—This method, which in its more elaborate and technical form we owe to the genius of Professor Freud, of Vienna, has given results in cases not amenable to any other procedure. Indeed, in the hands of skilful technicians it has effected such brilliant cures that in some quarters it has been magnified as the one and only therapeutic agency in the psycho-neuroses. It is not necessary, however, to accept this extreme position to acknowledge that whatever we may think of the theories connected with the name of its originator, we have undoubtedly in psycho-analysis a valuable instrument for probing the underlying causes and for getting at the secret sources of a morbid symptomatology. Any procedure by which we dissect, as it were, the disordered complex, such as, for example, simple cross-examination eliciting a full confession of the acts or experiences leading up to the trouble, may be called psycho-analytic. But the term in its more technical usage is applied to a special *modus operandi* which assumes that many disorders arise from the inability of the normal consciousness to assimilate experiences of a painful emotional character, and from the conflict thus set up between the personality as a whole and the special groups of thoughts it would reject or suppress. The suppression of disagreeable complexes is the fount and origin of the mischief. Find out what is being suppressed and synthesize it with the normal self and the disordered psychic function is restored to its proper exercise. The way by which this discovery is made is called psycho-analysis. The process seems at first sight easy to manipulate; as a matter of fact in really serious or complicated disorders it taxes the therapist's utmost ingenuity. For in these instances very often the patient himself does not know what are the causes of his trouble; they are concealed from him and

lie buried in the realm of the sub-conscious or the co-conscious. No cross-examination can summon the pathological forces from the depths where they secretly work. Not only so, but not infrequently these sinister forces assume distorted shapes, and will easily mislead the observer who is not familiar with their sinuous transformations. Indeed, Freud and some of his followers maintain that at the root of all hysteria there is a concealed sexual factor which may masquerade under the most diverse disguises. This view, however, has not won general acceptance with the great body of students.

There are cases of hysteria brought on by an emotional trauma which have no discoverable or imaginable connection with sexual phenomena. But Freud is undoubtedly right in calling attention to the influence of this element, even in cases where at first sight no trace of its presence can be found. As an illustration of the foregoing exposition, I may mention the case of a young woman suffering from long-standing insomnia, who had been subjected to a *régime* of hypnotic drugs without any benefit. An examination revealed some hysterical stigmata, and a course of suggestive treatment was applied for two months, with, however, only small and evanescent results. An accidental hint indicated that during the slight sleep she did enjoy she was the subject of rather peculiar dreams. These dreams were subjected to a careful analysis, and they were found to be the symbols of mental conflicts arising from the suppression of a sexual desire which the patient had experienced some years before. In these processes it is not too much to say that the innermost soul of the young woman was laid bare, and this laying bare of the inner life, or to change the figure, this bringing into the clear light of consciousness of the submerged psychic factors, re-established mental unity and integrity. And thereupon ensued sound normal sleep. Or to take an illustration where no sexual element entered into the case, a woman suffered for several months from the habit of waking up suddenly every night after a few hours' sleep with all the symptoms of a bad fright, profuse perspiration, palpitating heart, and agitation. She worried greatly over the matter, and the worry led to abnormal fear of insanity. The usual methods were tried, but to no purpose. Under psycho-analysis it was learned that some months before the patient had returned home fagged out after a rather wearisome railway journey, and that she had

tried to put herself to sleep by reading a popular sensational novel. A particular scene in this novel had laid hold of her mind so strongly that for a time it could not be shaken off. Dissociated from her normal mental life, the dramatic incident became submerged or subconscious, and set up the abnormal functioning that led to her miserable nightly experience. She herself had forgotten this event, and it was recovered only after she had been put in a hypnoidal state. Her cure was effected by synthesizing the experience with her existing consciousness.

We must distinguish clearly between Freud's psychological doctrine (such as the sexual character of the suppressed complexes, and their causal relation to the various types of psychical disorder) and the therapeutic method of psycho-analysis. The progress of criticism will probably shake some of Freud's theories; but his therapeutic method has won success where other remedial agencies have signally failed. And the next question is: Are these results explicable on other grounds than those put forward by Freud?

Speaking generally, psycho-analysis is applicable in obsessions, phobias, hysteria and many paranoidal states as distinguished from typical paranoia, and if we are to believe Jung, in the early stages of dementia præcox.

(*d*) *Occupation*.—By this is meant any method whatever by which the mind is distracted, that is, is weaned from self-analysis and an unhealthy activity. The older doctrine of rest and isolation in psycho-neurotic cases contained an element of truth. Rest is a necessity in such states of exhaustion as accompany melancholia or manic-depressive insanity. But as we have learned to distinguish between different kinds of fatigue, we know that there is such a thing as psychical fatigue as well as physiological fatigue. The fatigue of neurasthenia or psychasthenia will, as a rule, only be deepened by continued rest. The patient adds to his other bad habits the rest habit, and so is prevented from adjusting himself to his environment. Hence therapeutic work—work which carries with it a feeling of interest and a sense of achievement for the worker—cannot be over-estimated. It regulates the psychic functions, trains the attention, gives rise to new and healthy complexes of thought, and tends to destroy that mental egotism which too often complicates the psychic disturbance. The learning of a foreign language such as German, or the making of a book index or a

piece of translation work has been found to have a distinctly curative value, because thereby a new interest has been created which has crushed out the old self-centred, hopeless mill-round of introspective thought. There is but one way by which the painful sense of unreality so characteristic of psychasthenia can be removed. The patient must be brought close to reality, must live in it, must steep himself in it that thereby the phantasms of an undisciplined imagination may be put to flight. Only the real makes real.

(e) *Re-education*.—This may be properly regarded as the crown and completion of the therapeutic process. Doubtless it is to some extent implied in the other measures already discussed. If the suggestionist is not a mere charlatan he will know how to educate his patient by introducing into the stream of mental life new and healthy complexes which henceforth affect the whole personality. So, too, with the other technical procedures. Nevertheless the term is rigidly reserved for a special method by which an effort is made by searching the mind of the patient to find out the cause of his disorder, and thus a careful statement repeated in varying phrase is offered, setting forth the right way to regain mental health and to effect a readjustment to life. The first prerequisite, of course, is a thorough understanding of the individual, his past life, his aims and desires, in a word, the contents of his inner world. In gaining this knowledge we also learn his false conceptions of his own state, which themselves help to perpetuate the unsound mentality. One more step is to remove these by substituting for them correct ideas and by fixing them firmly in the mind. Finally, we must take up his special problems, his work, his domestic life, his pains and aches, his obsessive ideas, his special habits, in short, everything which enters into the circle of his mental interests, and we must show him the lines along which a true solution is to be sought. Is the patient, for example, a psychasthenic held in the grasp of a rooted phobia? We must, in the re-education process, show him how the dread arose, how it has been conserved, and how, by tentative and gradual strife, it is to be overcome. Or is he the subject of a paranoidal state? His delusions must be traced back to their source, and by persuasion skilfully administered; the morbid complex must be driven under the current of mental life, thereby enabling the patient to re-adjust

himself to his social environment. Speaking generally, it may be said that the great aim of the re-educative method is to train the patient to throw into the margin of consciousness those complexes of ideas with which are associated debilitated or depressive feelings and to keep in the centre of consciousness those ideas that give rise to feelings which invigorate and fill with a sense of capacity and energy. In some cases isolation is necessary in order that the method may be successfully applied; in others the sense of social fellowship might be a help rather than a hindrance. In this case it is the reason that needs our attention, in that case it is the will, in that again it is the emotions. The strength of re-education lies in its prophylactic power, for by it the man is really changed, old associations have vanished, new complexes have taken their place. He is like a wanderer rescued from the bogs and morasses, in which he was sinking deeper and deeper, and set upon the firm and familiar high road. Therefore, any procedure that stops short of re-education in some form is slovenly and unscientific.

Only a few words on the relation of psychotherapy to mental hygiene need be added. The great achievement of modern investigation is the recognition that many mental troubles have a mental origin, and can be treated effectively only by psychic means. This position we can hold quite independently of our view on the relation of mind to body, matter, and spirit. Let us not confound metaphysical with practical considerations. Whether we are monists or dualists or parallelists, the essential principles of psychotherapy stand firm. Our philosophical creed is a matter of speculation, our therapeutic is based on observation and experiment. Now, using the term "psychotherapy" in no narrow etymological sense, but in a broad practical way, we cannot exaggerate its value in the primary stages of all mental development in the formation of character, in education, and in the beginning of many pathological mental states.

#### DISCUSSION,

At the Annual Meeting held in Dublin July 14th, 1911.

The PRESIDENT said he was sure he was voicing the feeling of all when he expressed his personal obligation to Dr. Graham for his extremely interesting paper. The contribution covered an enormous ground, and it would be very interesting to the meeting to hear any comments.

Dr. MARY MACKENZIE asked if Dr. Graham would explain what his system of



psycho-analysis was. Freud, she believed, did not hypnotise, and she did not gather from the paper whether Dr. Graham meant that he hypnotised or not.

Dr. HUBERT BOND said listening to the paper had interested him very much, and peculiarly so because much of the work which they, at Long Grove, were trying to do, was along those lines. His colleague, Dr. Mapother, was present, and he was sure he would join with him in expressing regret that their colleague, Dr. Hart, who had so identified himself with this line of study, was not present to have joined in the discussion. There was no doubt whatever as to the marked results which could be obtained by some of the methods to which allusion had been made, and if the final issue was not always what one would hope for, *i.e.*, if real cure was not always effected, and if sometimes only temporary improvement was brought about, there still remained the fact that the employment of those methods brought one into touch with the patients in a way which no other methods did. It was worth while to pursue them if only for that reason. He would like to utter a note of qualification, namely, that if they were going to prosecute the treatment in those directions seriously and generally in various asylums, it would be necessary to persuade the powers that be to afford the necessary number of medical officers, because the present average number of medical officers would be altogether inadequate in proportion to the number of patients. In the places which Dr. Graham cited the asylums were small, and there might be as many as twelve or twenty physicians attached to one institution, a condition of things which did not obtain anywhere in England.

Dr. J. O'C. DONELAN wished, as one who took an interest in the system of treatment some sixteen years ago, to offer a few words of comment. There was then a great deal of talk in medical circles about hypnotism and treatment by hypnotic suggestion in the case of the insane. In fact the treatment of almost all mental and physical ailments by hypnotic suggestion was advocated. He followed at the time most of the people who were keenly interested in the subject, and he specially took some patients under his care to treat. One case he remembered well was one of marked *folie de doute*, that of a patient who came in in a state of misery. He would not weary the meeting with the details. The main cause of being sent to the asylum was that she got the idea, among many others, that she would destroy her children. He took her in hand in order to carry out what he regarded as treatment by hypnotic suggestion. The history stated that she had not slept for a long time, that she had been in a condition of much agitation, and that whenever she started to sleep, or was likely to, she got into a state of excitement for fear she would sleep, as she was under the impression she might never wake again. She was the victim of serious suggestions which kept her in a miserable condition. He sent her to bed, and after some persuasion he managed to get her to rest quietly. He then tried the disc method of getting her to sleep, and he suggested to her continually that the ideas she had were false ideas, and that she should rest quietly and sleep. The first time she slept for twenty-four hours on end, so that he became anxious about her. On awaking she seemed calm and collected, and spoke a little. Shortly afterwards she again went off to sleep, and this time slept for fourteen hours. He began to fear that her last state was somewhat worse than the first. But at the end of her second sleep she awoke and remained quiet and apparently normal, and from that day she remained free from any return of her sensations of misery and fear. At that time he formed the opinion that he had discovered an universal cure for insanity, and accordingly he worked practically day and night for some days at every case which came in. The result was that he became so exhausted he had to abandon the treatment. Besides the case he had mentioned three or four other cases were markedly improved. One of the last two cases tired him out, and he had to abandon them both in the middle of the treatment after trying for two or three days without making progress. He believed the cause of that lack of success was that he had not himself the physical strength to continue the treatment. He believed there was a great field for hypnotic suggestion, but he thought with Dr. Bond that the great difficulty in carrying it out was the immense staff which would be necessary, as it would require a medical officer to every ten or fifteen admissions to make any appreciable effect on the patients. The question of the increase of staff, which, of course, meant spending money, would not be enthusiastically received unless many cases were seen to recover.

Dr. MAPOTHER, speaking in reference to the amount of time required for the treatment of such cases, said he knew that Dr. Hart had devoted an hour every day during the past six months to the treatment of one patient. That patient was now well on the way to recovery, though the cure was not yet complete. In another case which he had seen, he did not think any permanent improvement could yet be said to have taken place. It was undoubtedly a case with a sexual basis, and the underlying state did not seem to have been dealt with. But temporary improvement, such as that seen in the obtaining of sleep, was always procurable. He had seen another case which was rather one of psychasthenia than hysteria. In this very little permanent improvement had been obtained, but the man, when in a state of extreme anxiety and agitation, could be rendered quiet for variable periods, sometimes extending to several days.

Dr. HELEN BOYLE asked whether the suggestions employed in the treatment by Dr. Graham were invariably direct ones, or could indirect ones be employed with success. In the case of a large number of patients, if one suggested indirect matters, the suggestion aroused an auto-suggestion of the contrary nature, so that the patient had the desire to do something contrary to what one wanted. In some cases one could suggest something systematically every day in whatever line one wished, and successfully; but in others if one pursued a special line it aroused opposition, and the patient would do his or her best to prevent its being carried out. There were two methods of suggestion: One was that in which one insinuated that the patient was incapable, and hence there was aroused a spirit of determination; and the other was to make a direct suggestion.

Dr. T. W. McDOWALL said he supposed that Dr. Robertson, of Morningside Asylum, Edinburgh, was one of the few senior men who attempted that form of treatment in a serious manner; and, as Dr. Graham and most of those present probably knew, his results were practically negative. He was rather glad to know that, because the only results which he, Dr. McDowall, ever saw were distinctly evil. Dr. Percy Smith would remember a very amusing meeting held at Leeds twenty years ago or more, when a Frenchman attended, who expounded that form of treatment with great elaboration, and members were very much amused when the speaker proposed that that was the means of banishing sin and all mental evils from the face of the earth. Whether it had been successful or not he would leave members to judge for themselves.

Dr. SOUTAR said that he did not know why it should be assumed that the methods of treatment under discussion were so little known. He could not find that there was much to differentiate them from what was called by our progenitors the "moral treatment of the insane." Some may have objected that the word "moral" suggested that they were trenching on the domain of another profession. Possibly there would be less objection to the same thing when it was hidden under a Greek derivative. He did not think that there was anything in this system which had just been submitted to the meeting which had not been common practice amongst asylum physicians. The various methods had been tried. In some cases they were successful; in others they wholly failed. A person of unsound mind was often the victim of painful and morbid suggestions which could be overborne by persistent presentation to him of sound and healthy suggestion. To a large extent that was the idea which underlies the attention which was given to the general environment of the insane. The buildings which housed them and the interests which were provided for them offered them healthy suggestions. Beyond that the physician in repeated and prolonged conversations not only influenced the patient by suggestion, but by going into the history of the case, by careful analysis with the aid of the patient of the circumstances which induced the attack and of the evolution of the illness itself, it was sometimes possible to help the patient back to the lines of health by showing him when and where he departed from the normal. As to re-education, the first thing necessary was to get the patient into a condition of health which would admit of re-education. Surely it was quite common practice at a certain stage to re-educate patients, proceeding by degrees from simple to more complex mental efforts. When the stage of convalescence was reached, a further important part of treatment was to teach the patient his limitations, and to lay down for him the lines upon which he should endeavour to live in the future, just as patients suffering from heart disease or other incapacitating malady were taught how to avoid catastrophes by regarding their limita-

tions. Re-education and instruction for their future guidance were processes to which patients were very commonly subjected before they received their discharge. In his remarks he was far from decrying or attempting to decry the elevation of these methods of treatment into systems, or even of associating them with the names of particular persons. It might be that that intensified the importance of them, and so far did good. His objection was not to the new names, but to the supposition as indicated by some of the speeches heard that day that the method of treatment which the names connote was a novelty in medical practice in this country.

Dr. NOLAN said he could agree with most of what the speaker had said in the paper, for he had seen and knew his work. But the new phraseology hid the old methods which most alienists adopted. At the Limerick Asylum, where he first saw the insane treated, Dr. Courtenay spent his whole morning walking about the wards interviewing patients and ascertaining everything he could in connection with them. Next morning he went back to them, speaking to them in the manner which he found helpful in each case. Later, at Richmond Asylum, under Dr. Conolly Norman, who was devoted to his patients, he saw the same procedure, and he adopted it himself invariably. He did his best to find out all he could about the patients under his charge. In his last annual report he pointed out to his committee that an intimate personal knowledge had more to do than anything else with patients' recovery, and he thought that the results would be largely due to the amount of individual attention which could be given to each insane person. Dr. Soutar was quite right when he said that the supposed new methods embraced the old methods, but went under another name.

The PRESIDENT considered that there was much to be said for the view which was taken by the last two speakers. His own opinion was that it was a great advantage to take up a particular line of treatment and try to systematise it and utilise it for what it was worth. Hypnotic suggestion had been a long time before the public, but there was something different in it from ordinary suggestion. Suggestion was greatly increased in effect by withdrawing consciousness from external matters. His own experience of hypnotism had not been very large, and the only condition in which he had found it of much use was sleeplessness. But even in that it was extremely easy to upset the effect produced. One case in particular which he remembered was that of a man who was slightly melancholic, and who was temporarily cured by hypnotism both of his melancholia and the insomnia which acted in a vicious circle with it. But unfortunately the insomnia returned after a short time, and when he was hypnotised again after two or three days he was kept awake one night by the illness of his wife. After that the hypnosis had no effect. A small thing like that totally destroyed all the good results which had been derived from the former applications of hypnotism. The difficulty in the application of these methods was the length of time which they required, and the amount of individual attention to the patients which was necessary. He believed that Dr. Dubois never took more than six patients at a time, because he found that the treatment of that number on those lines kept him fully occupied. That fact placed the method somewhat out of the sphere of practical politics in public asylums, and unless something which required a shorter time could be brought forward, he thought that beyond the general methods of suggestion, which, as Dr. Soutar said, all practised, the system was out of the question.

Dr. GRAHAM, in replying, said he had feared that owing to the heat of the day, the closeness of the room, and the monotony of his remarks, there was some danger lest his audience should fall into a hypnoidal state. The alertness of his critics, however, dispelled this fancy, and yet he could not but infer that some speakers were thinking about one subject while his paper dealt with another. This, however, was not true of Dr. Mapother, with whose remark that time is needed in psycho-analysis he quite agreed. He thanked Dr. Bond, who, with Dr. Mapother, had had experience in these methods, for his kind references to what he had said. Dr. Soutar and Dr. Nolan were, he feared, not familiar with what had been done recently in this region. They spoke of knowing all about these principles and of having put them into practice for the past twenty years. Now, it was true that there was nothing new under the sun, but still the earth did move, and notwithstanding what Dr. Soutar and Dr. Nolan said some progress had been made, and

the most striking illustration of this progress was Professor Freud's technique for the discovery of the psycho-genesis of delusions. If the leading psychological authorities on the Continent and in America expressed their indebtedness to Freud and Jung, surely they might do so without demur. They had clung convulsively to the old method of case-taking—recording symptoms which nobody read, which he himself never read. Such phrases as "strange behaviour," "incoherent talk" did not throw much light on the individual's mental state. If the time given to those useless exercises were given to the new method of the men like Freud there would be better results. Finally, those newer psychological methods should be singularly applicable to a population gifted with the susceptibility and suggestibility of the Celtic temperament.

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*Note on Hereditary Insanity from a Practical Stand-point.* By R. R. LEEPER, F.R.C.S.I., Medical Superintendent, St. Patrick's Hospital, Dublin.

AT this time and place it would be presumptuous of me and disrespectful to your knowledge and experience were I to claim any startling originality for this short paper.

During the past twenty-three years I have been in practice amongst the insane of this country, and I think that this experience entitles me to draw your attention to some facts which I have observed during my professional work. Although much that I have to say is well known to physicians engaged in the active treatment of insanity, I think that our knowledge is not turned to sufficient practical use in the education of the public mind and the framing of public thought to the betterment of the race, so as to prepare the way for the time when we must ultimately secure legislation on eugenical lines. Preventive legislation must be carried out if ever the mass of insanity due to marked hereditary defect is to be diminished.

Heredity, according to the statistics, plays as important a part in the production of insanity in Ireland as it does elsewhere. Alcoholism and all of the other factors sink into insignificance, in comparison with heredity, as causative agents; and let us remember that insanity produced by strongly marked hereditary influence is always the most incurable.

During past years I have had, as all of us have had, many cases which have recovered, some completely, some incompletely, and others in which recovery did not occur. The complete recoveries have all occurred in cases, as you would expect, which suffered from insanities caused by toxæmia, shocks, traumatisms, or the action of physical diseases upon