Ennis.—The Inspector marks this asylum down for much enlargement at the hands of the new Committee, when it is taken over by them. He rightly protests against the numbers being kept down to suit the small asylum by transferring patients to workhouses where they are kept under unsuitable conditions.

On the other hand he states that very great attention is paid to the dietary and preparation of the food in the asylum. One general paralytic was admitted and died during the year, there being none at the end of the year.

Limerick.—No general paralytic was in the asylum at any time in the year.

In respect of the cost per patient for maintenance, which is low, the Government auditor reports:

> I do not hesitate to attribute this satisfactory result to the constant and unremitting attention paid by the superintendent and those working under him to every detail connected with the financial affairs of the institution. From the records and vouchers that come under my notice it is evident that the greatest care is taken in the making of contracts; goods supplied under contract are scrutinised so as to ensure that they are equal to standard and not deficient in quantity; contractors' accounts, before being submitted for payment, are carefully checked to the minutest detail; and the superintendent is in immediate privity with every transaction bearing upon the financial administration of the asylum.

The Inspector reports that the food was good, and we find that the recovery rate is an average one.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

General Meeting.

A General Meeting was held in the rooms of the Association, 11, Chandos Street, London, W., on Thursday, 9th November, under the presidency of Dr. J. Beveridge Spence.

Present: Drs. J. B. Spence (President), H. Hayes Newington (Treasurer), Fletcher Beach, R. Percy Smith, H. A. Benham (Registrar), G. H. Savage, Sir James Crichton-Browne, T. Clifford Allbutt, T. Seymour Tuke, C. K. Hitchcock, L. A. Weatherly, F. W. Mott, T. Outterson Wood, J. Peeke Richards, W. D. Moore, W. Julius Mickle, F. A. Elkins, James Chambers, J. G. Soutar, R. H. Cole, W. J. Seward, G. Stanley Elliott, W. Rawes, D. G. Thomson, J. W. Stirling Christie, C. Hubert Bond, Arthur N. Davis, T. Telford-Smith, W. H. B. Stoddart, Inglis Taylor, R. H. Steen, R. Langdon-Down, R. N. Paton, W. J. Donaldson, Walter Smith Kay, C. S. Morrison, A. E. Patterson, Alfred Miller, F. Sidney Gramshaw, L. R. Whitwell, W. Handfield Haslett, Peers MacLulich, Charles D. Law, H. T. Aveline, Alfred Turner, Eric France, A. H. Spicer, W. Douglas, S. R. Macphail, T. C. Johnstone, David Bower, Crochley Clapham, and Robert Jones (Hon. General Secretary).

Visitors: Sir William H. Broadbent, Bart., Drs. Henry Head, H. J. Butter, T. Hampson Simpson, A. Warren.

Apologies for non-attendance were received from Drs. A. R. Urquhart, E. W.

White, Evelyn A. W. English, A. R. Turnbull, E. Goodall, F. C. Gayton, D. M. Cassidy, W. R. Watson.

The following candidates were elected members:—Blackwood, Catherine Mabel, L.R.C.P. and S., L.F.P. and S., Assistant Medical Officer, Wadsley Asylum, near Sheffield; Donelan, Thomas O'Conor, L.M.R.C.P.T., L. and L.M.R.C.S.T., Assistant Medical Officer, West Riding Asylum, near Leeds; Goldschmidt, Oscar B., M.B., Ch.B., Vict., House Physician, Bethlem Royal Hospital, S.E.; Goodrich, Edith Ellen, M.B., C.M.Glas., Assistant Medical Officer, West Riding Asylum, Menston, near Leeds; MacMillan, Niel Harrismith, M.B.Edin., M.R.C.S.Eng., Assistant Medical Officer, Claybury Asylum, Woodford Bridge, Essex; Mason, Gerald Bovell, M.R.C.S.Eng., L.R.C.P.Lond., Resident Medical Officer, Ticehurst House, Sussex; Nixon, John Clarke, B.A., R.U.I., M.B., B.Ch., Assistant Medical Officer, West Riding Asylum, Menston, near Leeds; Penfold, William James, M.B., C.M.Edin., Assistant Medical Officer, County Asylum, Morpeth, Northumberland; Rice, David, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Cheddleton Asylum, Leek, Staffordshire; Stilwell, Reginald John, M.R.C.S.Eng., L.R.C.P. Lond., Moorcroft House, Hillingdon, Middlesex.

Microscopical Demonstration by Drs. E. Goodall and Peers MacLulich.

Dr. MacLulich.—Three of the sections are taken from general paralytics suffering from either mania or dementia. These, and others also, are shown chiefly with the idea of marking the great difference in the wealth of "association" fibres in some and the absence of them in others, but especially paucity or absence of the "tangential band." Most of the sections are taken from the central lobe, because we found it was the least affected. We have also taken sections from the frontal, occipital, and temporal. The one that chiefly shows paucity of these fibres is the frontal; next comes the temporal, then the occipital, and lastly the central. As a rule they show paucity of the various layers which comprise the "association" fibres (and also of the "projection" fibres) in the following order:—1. "Tangential." 2. "Supra-radiary." 3. The "inter-radiary." 4. The "projection" (which also often shows a wasted and broken appearance, but not in so marked a degree as the others). Some of the sections show numerous varicosed fibres very well. This is chiefly seen in the "tangential" band, is not so marked in the others, and is rarely seen in the "projection" fibres. The sections were all stained by the method of Kultschitzky-Wolters, they having been previously put for seven days' staining in the cold, and then into the incubator for forty-eight hours at 40° C. Finally they were differentiated by Weigert-Paul's method. If put into the incubator to begin with they crack and shrivel, but not so if stained in the cold first. I especially direct your attention to J—, a case of chronic mania, who died æt. 77, in which the "tangential" fibres show up better than in any of the others; also to B—, who had melancholia for about two and a half years, and died from exhaustion æt. 23. Under the microscope this latter specimen shows almost complete absence of "tangential" fibres, and also of the "supra-radiary" and "inter-radiary." There is also a section from a general paralytic, which shows in the uppermost convolution a good wealth of "tangential," "supra-radiary," "inter-radiary," and "projection" fibres, whereas in the other two convolutions there is almost complete absence of these fibres. There is one fresh section from a case of chronic mania, which shows marked sclerosis in the outermost zone; and also a hardened section from the same region showing a very good wealth of "tangential" fibres occupying the same position in which this sclerosis exists. Another fresh section, taken from a general paralytic, shows a very well-marked band of "spider" cells in the outermost zone, and also down amongst the fourth layer of cortical cells. We present these specimens to chiefly demonstrate the great differences existing in the degeneration of the various layers of the "association" fibres (and also of the "projection") irrespective of the form of insanity, age, or other circumstances.

Dr. Mott.—I cannot quite agree with Dr. MacLulich. Having examined a great number of cases of general paralysis, I regard Crook as being perfectly right when he said that the absence of the tangential fibres was a very important indication of general paralysis. The sections from the case of melancholia shown to-day certainly exhibit complete absence of the tangential fibres. I have seen

cases of general paralysis diagnosed as melancholia, although I do not mean to say that this was so in this instance, because a number of spider cells can be seen, and I have no doubt that the authors have carefully considered, so that they would not fall into such an error. I still am of opinion that of all the mental diseases general paralysis is the one which shows the absence of the tangential fibres more than any other disease. I have used the Marchi method of staining, because I find it the only reliable one for certainly showing the presence or absence of these fibres. At present one of the technical scholars is engaged on this subject, and probably some results will be gained by his work, and perhaps it may show that I may be mistaken in the opinion now expressed.

Dr. MacLulich.—In the general paralytics examined by us there certainly has been paucity of the "tangential" fibres, but *not* so well marked as in some other forms of insanity. In one convolution we may see a fair average wealth of fibres, whereas in others these may be absent, or almost so. As far as we have made out there appears to be no uniformity of absence or wealth of fibres in general paralytics.

Discussion on Dr. Stoddart's Paper "Anæsthesia in the Insane."

Dr. Savage.—I read Dr. Stoddart's paper with a great interest. It is a record of very careful observations and not of conclusions. He has had the same experience as myself. After carefully mapping out the anæsthesiæ to-day, and going to verify them to-morrow, one found that they changed; that the conditions of nervous disorder and mental disorder do not seem in the majority of cases to have any very distinct relationship in regard to areas of anæsthesia. I happen to have had the opportunity of seeing the converse—certain cases in which there has been a great deal of hyperæsthesia with a direct relationship to the delusions. Often these persons had developed ideas of grandeur, as a feeling of greatness of body. Has any observation been recorded in relation to the reverse? Of course there is megalomania, the feeling of exaltation, and micromania, the feeling of littleness. A lady known to me has for several years had the idea of everything being very little. She talks of herself as being a little thing, and of me as being a little thing, and everything about her is regarded as diminutive. I believe this used to be looked upon as a characteristic sign of general paralysis. I do not think that view can now be accepted. There undoubtedly is a very large field for the investigation of varying conditions of sensibility in neurotic patients. I believe it was Sir Samuel Wilks, in his inaugural address to the Neurological Society, who said that we very carefully studied muscular disorders, but not sensory disorders. Of course, a great deal has been done in registering normal sensations and their reactions, but I am afraid that the majority of us who have to do with the insane find it extremely difficult to come to any very definite conclusion as to these relationships in insanity. I think that there should be certain definite groups, or that there should be, at all events, a group with varieties such as that described by Dr. Stoddart.

Dr. Head.—First of all Dr. Stoddart speaks of that type of cases in which no sign is given of the perception of painful stimuli. This Dr. Stoddart quite rightly calls "apparent anæsthesia," and he points out that when these persons recover they are able to tell you that they have felt the stimuli at the time. In one case the patient had even developed a definite delusion of persecution from the repeated pin-pricks. That is a type of case which is well known to us all, as he says. The patient, although feeling the stimulus, is unable, owing to stupor, to give any motor expression to the sense of pain. I think that if Dr. Stoddart will apply the following test he will be able to wake up a certain number of those other cases who are not too deeply stuporosed to manifest expression of pain at the time. This class of cases, the later form of stupor, with apparent complete analgesia, is not a very uncommon form in the out-patient department of large hospitals, and I will give you the observation upon a definite case now under treatment. You can apply to the patient, who is a Jewess, the strongest faradic current you can obtain, and she will make no sign whatever of feeling it. You may place an electrode upon one hand and she will not brush it off with the other. Pins, of course, she pays no attention to at all, and you can stick them into her flesh in any part and she does not move. Set her upon a stool, do not send any current through her, but simply flash a nine-inch spark in front of her, and then give her quite a mild

stimulus, and she will immediately show all the signs of pain. The nine-inch spark does not represent a stimulus, except a psychical one, but it awakens her consciousness to such an extent that she will give obvious motor expression of feeling on any mild electrical shock. I therefore quite agree with Dr. Stoddart that this is not an anæsthesia at all; it is only that the patient is in such a state of stupor that she is unable to express her feeling. Dr. Stoddart passes on to his second group of cases, and gives as his first example (on page 702) R. P—, with Figure 1. In none of the group is a clinical history given, except a hint in regard to one mentioned on page 709, that probably she had been anæsthetic for three years. However, it was my good fortune to have R. P— under my care for eight years, and in fact I sent her to Bethlem. I am consequently able to supply a certain number of deficiencies in Dr. Stoddart's account of this patient. He quite rightly says that she was totally anæsthetic, excepting for two spots in the groin in 1896. In 1889 she was also anæsthetic, but not insane. I saw her continually through 1889, and again in 1890. She was then completely anæsthetic and had her fields of vision reduced to extremely small points, she could only see within the extreme centre of the field of vision. During the time of her sanity she had the most typical hysterical fits, with all the phenomena described by Richet. She went on remaining absolutely anæsthetic, occasionally recovering from her contractures, fits, and secondary phenomena, until 1896, when she was noticed to be stuporose, and was sent to Bethlem. There is a very important gap in this case. This patient has been to my knowledge for nearly eight years totally anæsthetic. I have very little doubt that for eight years or more preceding she was also in a similar condition. She had every sign, every stigma of major history—the contractures and the epileptic fits of the type common to this group, together with very marked diminution of the field of vision and anæsthesia; but she was not insane. It is a very unusual type in this country. Then we pass to the case mentioned on page 709. Dr. Stoddart mentions that for three years she has been completely anæsthetic, and that the medical certificate bore one of her statements, that if she put her hand in the candle flame she could not be burnt. It is quite probable that she could not feel, as Dr. Stoddart points out. He gives us no data on which to judge whether this patient was anæsthetic for eight years before she became insane. Turning to the figures themselves, I think that any one who has had any experience of ordinary hysterical anæsthesia would say that most of them conform to that type; so that to sum up my criticism of this paper I should say that, in the absence of clinical history, Dr. Stoddart is in all probability quite right in putting the cases together in one group, of which R. P— is the maximum example; but that, just as in the case of R. P—, this anæsthesia quite probably long preceded the insanity; the insanity was possibly due to the anæsthesia, and not the anæsthesia due to the insanity. This type of anæsthesia is exactly what would come into an ordinary general hospital without insanity, and it is well recognised that these cases when they tend to become completely analgesic and have extremely marked diminution of the field of vision also tend to have an extremely marked diminution of the psychical field and become stuporose.

Dr. MICKLE.—It is probable that the cases reported by Dr. Stoddart are cases in which the anæsthesia is purely of functional origin. The distribution is similar to that which one observes in cases which are usually put down as being hysterical. There is a difficulty in estimating the parts of the body likely to be affected with anæsthesia by process of dissolution, a process which is the reverse of the process of evolution by which the functions are built up. I think that an explanation may be given of the close connection of abdominal states as being those which longer than any others maintain their relations, and that it lies in the connection between the nervous system and the abdominal viscera. I believe that the process of evolution really consists of that which was originally part of the alimentary canal of the lower organisms from which man sprang becoming, in him, the cerebro-spinal system. In the course of time one part of that canal becomes evolved into the cerebro-spinal system. Besides this there may be traced a relationship between the cerebro-spinal system of man and the alimentary canal, in the sympathetic ganglia which line the sides of the spinal column, and which are connected on the one hand with the grey matter of the cord, and on the other with the plexuses in the alimentary canal.

The evolutionary history already referred to seems to show us why the emotions,

the early mental phenomena in the process of evolution, still maintain a large degree of their ancient connection with the abdominal organs. The fact that the distribution of the anæsthesia in the cases described by Dr. Stoddart is the same as that described in hysterical cases, to my mind shows the connection, not between any organic lesion and the anæsthesia he observed, but between the anæsthesia and changes in the personality—an essential condition in the hysterical state which may be associated with these cases.

Dr. STODDART.—Dr. Savage said that we ought not to be too anxious to explain the phenomena which we observe, but I am afraid that is what a young psychologist is very anxious to do; and I think that it is well to raise discussion on these phenomena, because the facts do not help us very much unless we try to learn something from them. The fact that a person is anæsthetic does not teach us anything, and my reason for attempting to explain the phenomena, perhaps in a more complicated way than one is justified in doing, is that we ought to go further if we are to learn. With regard to the association between defective sensation and mental symptoms, I have not had enough cases to say what the association is. The cases are not very frequent. The percentage of all which have come under my observation is something under 3½ per cent., and in that 3½ per cent. many showed quite transitory conditions of anæsthesia. Dr. Head's method of awakening the attention of the patient is very interesting—not by a strong sensory stimulus, but by slight sensory stimuli to all the senses. Similarly, one will perhaps show a patient something that may attract her attention, shake her and talk loudly, and so perhaps extract a word or two. Dr. Head's method would be very well worth trying. He refers to the case in which anæsthesia had *probably* existed for three years. My reason for putting it that way was that the certificates indicated that there was anæsthesia about eighteen months before I saw her; and when I first examined her she had a very extensive anæsthesia, which is shown by Fig. 2 of my paper. That case was very interesting, because I was able to *observe* the anæsthesia until it had absolutely gone. It returned again after a short time, and is now once more in very much the same condition as is represented in the figure. Of course the question of R. P— being not insane in 1889, and yet having an extensive anæsthesia, is extremely important. I have not looked upon anæsthesia as a cause of insanity, nor have I looked upon insanity as the cause of the anæsthesia. I have regarded the physical basis for both these phenomena as one and the same, of which the anæsthesia and the insanity are co-existent symptoms. I can say, however, that in most of my cases I was able to observe the anæsthesia develop after they became insane. When first examined there would perhaps be no anæsthesia, especially in post-maniacal stupor. During the mania there was no anæsthesia; in fact, I was rather under the impression that there was some hyperæsthesia. As the patient developed the post-maniacal stupor the anæsthesia developed *pari passu*, and generally in the way indicated in my paper. I quite agree with Dr. Mickle that this anæsthesia is functional—that it is not due to organic disease. A large percentage of cases recover. With regard to it being due to hysteria in all cases, I should be inclined to object to that, not admitting dementia to be in any way related to hysteria, except in so far as they are both psychical manifestations. I should be inclined to say that hysteria was, as a rule, due to something of the same nature as many cases of insanity. The association between the earliest evolved part of the body and the nervous system is one which has, of course, attracted a good deal of attention, but further than placing it upon that basis we cannot go. Dr. Mickle has drawn attention to the connection between the viscera and the sympathetic ganglia, and made reference to the ancient association between the alimentary canal and the nervous system. That was not through the sympathetic ganglia, but through what is now only referred to as the neuro-enteric canal, of which a remnant exists possibly in connection with what is called the coccygeal gland. The association between the nervous system and the intestines is old, both in the actual anatomical connections in the fœtus, and in the connection of visceral phenomena with nervous phenomena in the insane.

The PRESIDENT called upon Dr. Harry Campbell to read his paper entitled "The Genesis of the Morbid Sense of *Bien-être*."

Drs. MOTT and ROBERT JONES spoke, and Dr. CAMPBELL replied.

The PRESIDENT then called upon Dr. France to read his paper upon "The

Necessity for Isolating Cases of Phthisis among the Insane in Lunatic Asylums." (See page 1.)

The paper entitled "Bodily Disease as a Cause and Complication of Insanity," by G. T. Conford, M.B., was taken as read.

Members afterwards dined together at the Café Royal at 7 p.m.

NORTHERN AND MIDLAND DIVISION.

A meeting of this Division was held at the West Riding Asylum, Menston, near Leeds, on 11th October, 1899.

Members present.—Drs. J. McDowall, Edgerley, and Mackeown (Menston); Kay and Adair (Wadsley); Perceval (Whittingham); Hitchcock (Bootham); Miller (Hatton); Hearder (Wakefield); Mackenzie (York Retreat); Ray (Harrogate); and Crochley Clapham, Hon. Sec.

Visitors.—Drs. Crawford-Watson, Nixon, and Donelan.

Dr. J. McDowall was voted to the chair, and the minutes of the last meeting were read and confirmed.

Nursing in Irish Workhouses.

A question on the subject of the nursing of insane in workhouses, submitted by the Council of the Association for the consideration of the Division, was discussed, and the following resolution unanimously carried respecting it:—"That it is advisable that this Association represent to the Local Government Board that in union workhouses in which insane persons are detained nurses properly qualified and trained in mental nursing should be employed."

Next Meeting.

The date and place of the next meeting was fixed for the County Asylum, Whittingham, near Preston, Lancashire, on the third Wednesday in April, 1900.

Dr. C. K. Hitchcock, of the Bootham Asylum, York, read a paper on "Two Hundred and Six Consecutive Cases of Acute Mania treated without Sedatives." (See page 80.)

Previous to the business part of the meeting, Dr. McDowall and his staff showed the members round the asylum, and subsequently entertained them at dinner.

A cordial vote of thanks was given to Dr. McDowall for his hospitality.

SOUTH-EASTERN DIVISION.

The Autumn Meeting of the South-Eastern Division of the Medico-Psychological Association was held at the Bethlem Royal Hospital, St. George's Road, London, S.E., on Monday afternoon, 16th October. At 3 p.m. the Divisional Committee met, and at 3.30 p.m. the General Meeting again. The following members were present:—Drs. T. O. Wood, H. G. Hill, C. H. Bond, T. S. Tuke, R. Jones, T. B. Hyslop, F. Beach, W. Stoddart, W. J. Mickle, H. M. Taylor, E. Savage, D. Bower, M. Craig, H. Pulford, W. Rawes, A. H. Boyle, J. P. Richards, G. Elliot, R. L. Down, H. F. Winslow, T. Stansfield, H. Kidd, G. Shuttleworth, R. P. Smith. Visitors—Drs. Danford Thomas, Selvatico, and Sacypti.

Dr. Fletcher Beach was voted to the chair, and in opening the proceedings he thanked the South-Eastern Division for its assistance in his election to the Presidential Chair. A letter was read from the secretary, Dr. White, regretting his inability to be present in consequence of illness, and stating that Dr. Outterson Wood had kindly offered to undertake his duties.

The minutes of the last meeting as reported in the July number of the Journal were taken as read and confirmed.