

thickened any slight disturbance of the circulation from mental excitement or constipation would suffice to cause this.

Considerable attention has been devoted of late in Italy to what is called the "patronato," *i.e.*, finding suitable provision and occupation for patients who are discharged recovered from asylums. In Venice, in particular, F. Salerio's last work was to establish workshops and a home for patients who had recovered, but who did not wish, or were not suited, to return at once to the outer world.

#### PART IV.—NOTES AND NEWS.

##### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Friday, 15th March, 1878. There were present—Drs. Yellowlees, Gartnavel; Robertson, Glasgow; McLeod, Carlisle; Cameron, Lochgilphead; Ireland, Larbert; Clouston, Morningside; Wallace, Greenock; Rutherford, Lenzie; Prof. Gairdner, Glasgow; McLaren, Larbert; Skae, Ayr; Fairless, Bothwell; &c.

Dr. ROBERTSON in the Chair.

Dr. CLOUSTON read a paper by Dr. Turnbull, Morningside, on a case of "Hallucinations of Four of the Special Senses." (See p. 97, Jan. No.)

Dr. ROBERTSON said—The case is one of a class which, at all events, in large cities, is rather common. It is certainly, however, not usual to find so many of the senses affected in the same person, though I have seen similar cases. There is an occasional feature observable in hallucinations, particularly so far as my experience goes, when these are due to alcohol—they may be unilateral. This applies specially to the organ of hearing: the imaginary voices may be heard only in one ear, or in one much more than the other. This peculiar condition is most common where the cause is acute alcoholism, though I have met with it in cases of the chronic form of that disease. These one-sided phenomena in the sphere of mind correspond, I think, to unilateral convulsions and hemianæsthesia in ordinary bodily disorders. In addition to the tendency to suicide referred to in the paper, there is occasionally a disposition to homicide. In Dr. Turnbull's case, it is somewhat exceptional that the hallucinations of sight should be secondary to those of hearing; they usually arise first, or simultaneously with those of hearing.

Dr. IRELAND said—I think it would be a useful subject for research for many of our members to ascertain what is the anatomical substratum affected in these cases. Hallucinations implicating four of the special senses would indicate a diseased condition of a considerable portion of the nervous tract which is set apart for conducting impressions received from the periphery. Dr. Ritte, in a recent paper, has tried to prove that hallucinations are due to disease or irritation of the optic thalami. This theory is based upon the researches of Dr. Luys, who thought he had found nuclei lying near one another in the optic thalami, in which the impressions of the different senses are elaborated. It would be interesting to know whether this has been confirmed by the observations of any of our members.

Dr. YELLOWLEES thought this case a very typical illustration of the "Insanity of Intemperance." It is singular, when the special senses were so fully involved, that the sense of smell was not implicated. Such patients very frequently complain of unpleasant odours and poisonous gases. Sometimes they seem possessed by a universal suspicion, and all the information derived through

the senses is coloured and perverted by this mental condition, so that the patient really labours under delusions of suspicion rather than under disorder of the special senses. The poison of alcohol produces very different effects in different persons. Some drunkards never have delirium tremens, but, after, perhaps, one or two transient acute attacks, sink into the chronic insanity of intemperance. Others have many successive attacks of delirium tremens, and never become insane in any other form. We do not know the reason of this difference.

Dr. CLOUSTON thought the most wonderful thing about the case was the recovery of the patient.

Dr. ROBERTSON read a paper entitled "Observations on some points in Cerebral Pathology, and on Percussion of the Skull." (See "Original Articles," p. 224.)

There was then a discussion on the evidence given before the recent Commission on the Lunacy Laws in which Drs. Robertson, Ireland, and Yellowlees, took part.

#### MEDICAL OFFICERS QUALIFICATIONS BILL.

Dr. FAIRLESS laid upon the table a copy of a Bill which it was intended should be introduced into the House of Commons, by Mr. Errington, entitled "The Medical Officers Qualifications Bill." He pointed out that among other things, a new examination was to be demanded of all Asylum Superintendents, Parochial Medical Officers, and, indeed, of all who held any public appointment. In support of this he read the following excerpt from the Bill:—

2. From and after the first day of January, 1879, clause thirty-six of the Medical Act shall be and is hereby amended as follows:—No person shall hold any appointment as a Physician, Surgeon, or other Medical Officer in the Military or Naval Service, unless he be registered under this Act; and no person shall hold any appointment as a Physician, Surgeon, or other Medical Officer in Emigrant or other Vessels, or in any Hospital, Infirmary, Dispensary, or Lying-in Hospital, not supported wholly by voluntary contributions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, Parochial or Union Workhouse or Poorhouse, Parish Union, or other Public Establishment, Body, or Institution, or to any Friendly or other Society for affording mutual relief in Sickness, Infirmary, or Old Age, nor as a Medical Officer of Health, unless he be registered under this Act, and unless, IN ADDITION TO BEING SO REGISTERED, he shall also have been examined and declared competent for such appointments by an Examining Board to be constituted as hereinafter provided.

3. Within a period of three months after the passing of this Act the General Medical Council shall appoint an Examining Board, consisting of three Examiners from England, three from Ireland, and three from Scotland, whose duty it shall be to examine all persons who, being already duly registered under the Medical Act, shall present themselves for Examination, and who, on passing such Examination, shall be entitled to append to their names on the General Medical Register the letters C.M.B., signifying Civil Medical Board, and shall be eligible to hold public appointments as provided in clause two of this Act.

Dr. FAIRLESS then requested Dr. Wallace to favour the Association with a statement regarding some meetings which had been held in Greenock on the subject.

Dr. WALLACE said—Mr. Stewart, the Member of Parliament for Greenock, sent me a draft of the Bill referred to, "The Medical Officers Qualifications Bill." It is of a most monstrous and anomalous character; indeed, it is a direct encroachment on the rights and privileges of our profession. It provides that any medical man may practice as a private physician or surgeon, or in any such institution as the Royal Infirmary of Edinburgh or Glasgow, but that no medical man shall hold a public appointment without undergoing a certain examination, for which there must be paid an extra fee. I think it absurd for a private member to introduce into Parliament a measure of such a sweeping character. I am glad to say that Mr. Stewart is fully alive to the unjust nature of the Bill, and is prepared, if necessary, to move that it should be read that day six months, which is equivalent to its rejection.

After some conversation, it was agreed that the prospects of such a Bill becoming law were so remote, that no immediate action was necessary on the part of the Association.

A vote of thanks to the Faculty, for the use of their Hall, terminated the proceedings.