

opinion of his entire capacity, if he should so far recover as to be able to give it; for when he is cut off from his relations with the external world by the abolition of the channel by which he has intelligent communication with it, he is to some extent in the position of a person who is dreaming. And as one who dreams sometimes fancies that he is reasoning most logically, and speaking most clearly and even eloquently, when he is all the while talking nonsense, so an aphasic person may imagine his mental operations to be perfect when they are really very defective. The proof that this is so in some instances is his inability to learn to express himself by some language of signs, which would not be a difficult acquisition if the intelligence were unimpaired. When, however, he cannot learn to do this, it is reasonable to conclude either that he has no ideas to express, or, at any rate, that he has not sufficient intelligence to learn a language which it is not difficult for any person of common intelligence to acquire.

PART IV.—PSYCHOLOGICAL NEWS.

Proceedings at the First Quarterly Meeting of the Medico-Psychological Association, held at the Royal Medico-Chirurgical Society (by permission of the President and Council), on Thursday, October 29th, 1868, W. H. O. SANKEY, M.D., Lond., F.R.C.P., President, in the Chair.

The first quarterly meeting of the Association was held on the 29th October, in the rooms of the Royal Medico-Chirurgical Society, Dr. Sankey, President, in the chair. There was a good attendance, some of the members coming from a considerable distance.

The following members of the Association were present:—Dr. Sankey (*President*), Dr. Harrington Tuke, Dr. Boyd, Dr. E. T. Hall, Dr. W. Rhys Williams, Dr. H. L. Kempthorne, Dr. H. Maudsley, D. De B. Hovell, Esq., Dr. G. Fielding Blandford, Dr. J. F. Sabben, W. B. Kesteven, Esq., Dr. Ellis, Dr. H. Stilwell, Dr. J. H. Paul, Arthur Harrison, Esq., Heurtley Sankey, Esq., E. S. Haviland, Esq., Dr. Jepson, Dr. T. B. Belgrave, E. Hart Vinen, Esq., Dr. Lockhart Robertson, Dr. Joseph Seaton; and the following visitors:—S. Solly, Esq., J. Lockhart Clarke, Esq., Dr. G. R. Irvine, Dr. Frederick Thompson, Dr. E. Ayres Thompson, T. W. Nunn, Esq.

After a short address from the President, the Honorary Secretary (Dr. Tuke) read a paper "On the History and Purpose of the Association," in which he showed its origin to have been contemporaneous with the rise of the "non-restraint system," of which its early founders

—among them Mr. Gaskell, Dr. Browne, and Dr. Thurnam—were strong supporters; that to Dr. Conolly, and principally to Dr. Bucknill (who for ten years edited its journal), the Association owed its prosperity; and that the purpose of the Society should be to keep ever before them, whether in scientific examinations or in practical work, those principles of kindness and gentleness towards the insane, for the investigation and spread of which their Association was founded, and for the advancement of which their leading members had so persistently laboured.

The President, Dr. Sankey, read a paper on the "State of the Arteries and Capillaries of the Brain in Mental Disease." The object of the paper was to inquire into the condition of the small arteries in insanity. The result lately arrived at by Dr. G. Johnson, the author considered, rendered such an inquiry particularly interesting. There are certain well-known phenomena in mental disease which show a considerable regularity of periodical change. It is obvious, therefore, that the pathology of such phenomena should be sought for in a function attended with periodicity in activity. The elements involved in all mental phenomena are the cerebral organ on the one hand, and the blood on the other. It is obvious that, of these two, the condition of the one is a fixed state, and that of the other an ever-changing one. Phenomena which, therefore, are constantly changing, are more likely to be due to the changing element than the fixed. It is also known that the cerebral circulation varies, as to its degree of fullness, with more or less periodicity of action. It does so normally in sleep, and abnormally in the condition of the hot and cold stages of ague, &c. It is believed that this fulness or emptiness of the small arteries is affected through their muscular coat, and that this coat is affected through the agency of the sympathetic nerves. The action of these vessels is also known to be affected directly through the cerebrum, as when a mental emotion causes pallor or blushing. If any of the phenomena of insanity are due to an alteration produced in the cerebral circulation, either from mental or cerebral excitement, or from an impure state of the blood itself acting upon the capillary system, as Dr. Johnson explains it to do in kidney disease, it is probable that traces of this action would be left behind in a permanent change of the blood vessels themselves; and thus a thorough examination of the state of the cerebral arteries becomes an object of particular interest. The author has re-examined with care 68 specimens taken from 27 subjects—8 from patients dying of general paresis, 7 from cases of dementia, 7 from chronic insanity, 2 from epileptics, 1 from a subject with acute mania, and 2 from cases of other kinds—not insanity—with the following results:—There was very slight thickening of the small arterial walls in one only of the cases of general paresis, but all the capillaries of those subjects were more or less varicose. In the cases of dementia the small arteries were more or less thickened in all; in one the thickening was well marked. In the subject of chronic insanity the

state of the small arteries varied, but marked increase in the arterial wall was observable in four. In the acute cases no changes was found. The author remarked that the frequency with which arterial hypertrophy was found in the old cases was interesting, as pointing to a prior stage in which, probably, the contractile functions of the artery had been frequently called into action; while the absence of it in the cases of general paresis, but the presence of varicosity, which was so frequently observed, indicated that the nervous power exerted on the arteries was involved in the general paralytic condition. And this agrees with all the other phenomena of the disease, for at the latter stages of it the purely reflex action was visibly impaired. (*Dr. Sankey's paper will be found in full in Part I., Original Articles, of this number*).

Dr. LOCKHART ROBERTSON said he had listened with much interest to Dr. Sankey's paper. Nothing was more unsatisfactory than, in their post-mortem examinations of the insane, to be so frequently unable to discover any traces of disease. Since the researches of Sir Charles Hood, at Bethlehem Hospital, into the state of the blood in mental diseases, and Dr. Sutherland's examination of the urine, at St. Luke's, no new process had been instituted. He hoped that Dr. Sankey, in the paper now before the association, had struck out a new path for investigation.

Mr. SOLLY expressed his concurrence with Dr. Robertson's opinion as to the value of the paper. He found in it a corroboration of many of the views of Dr. George Johnson and others as to the possibility and probability of alteration of the capillary circulation producing rigors, convulsion, and epilepsy. He was himself convinced that the views of Dr. Arnott were correct as to the structural use of the muscular coat of the artery, which was, by its contraction, to convert the arterial tube, which, in a flaccid condition, was like a leathern tube, into a leaden one, meeting each contraction of the left ventricle. By this action, the motive power of the heart was economised. The contractile power of the artery was perverted in disease. The long-continued effect of this perversion produced that hypertrophy which Dr. George Johnson had so perfectly demonstrated to exist in Bright's and other diseases. An interesting observation in the paper was, that the change in the arterial circulation was frequently marked by periodicity; functional disturbance of the arterial coat would thus account for the sudden advent and the entire disappearance of morbid symptoms in some cases, without any morbid lesion after death. His own experience in dissecting at Hanwell and elsewhere led him to the conclusion that atrophy was the principal morbid appearance to be discovered; but the work of Mr. Lockhart Clarke had given a new impetus to investigation, and we need not despair of being yet able to trace the pathological condition of the brain and spinal cord in even epilepsy, as he had done in tetanus; though Dr. Wilkinson King used to say the nervous system always presented a perfectly healthy appearance after death from tetanus. In conclusion, he would add, that in

all examinations of the brain the state of the hemispherical ganglia should be considered carefully. He was surprised to find that by several writers their importance had been overlooked. Mr. Solly, speaking in the name of the Council of the Medico-Chirurgical Society, was glad to see the association meeting in their rooms, and he trusted that he might have an opportunity of assisting in their work, the highest one, that of the advancement of the means of alleviating the disorders common to humanity.

After some remarks from Dr. Sankey, and the reading of a letter from M. Brierre de Boismont, which was referred to the Committee on the Law affecting the Insane, the first quarterly meeting of the Association closed with every prospect of successful future gatherings.

Deputation of the Scotch Branch of the Medico-Psychological Association to the Lord Advocate.

A deputation of the members of the Scotch branch of the Medico-Psychological Association was received by the Lord Advocate in his chambers on the 30th October. Their object was to represent to the Government the great importance of a thoroughly scientific inquiry into the best means of preventing the increase of lunatics and of incorrigible imbeciles, and of protecting families and society. Amongst those present were—Dr. Laycock, Professor of the Practice of Medicine, and President-elect of the Association; the Medical Commissioners in Lunacy for Scotland, Sir James Coxe and Dr. Browne; Dr. Maclagan, Professor of Medical Jurisprudence; Dr. Balfour, Dean of the Medical Faculty; Mr. Bruce Thompson, Surgeon to the general prison for Scotland, Perth; Dr. Skae, Medical Superintendent of the Royal Edinburgh Asylum; Dr. Sibbald, of the Argyleshire District Asylum; Dr. Gilchrist, of the Southern Counties Asylum; Dr. Alexander Wood, Member of the General Medical Council for the College of Physicians; Dr. Rorie, &c., &c.

Professor LAYCOCK, in explaining the object of the deputation to his Lordship, referred to the great advance which had been made in medical science, more particularly in that branch which took special cognizance of mental disorders. But while the sciences had been rapidly developing, the administration of justice in relation to mentally defective criminals was founded upon doctrines current in what, comparatively speaking, might be called the dark ages (hear, hear). The doctrines upon which our forms of procedure were founded had become practically obsolete, and in this way the practice had become out of relation to the administration of the law. Now, it was well-known that there was a very intimate connection between imbecility and vice in the way of cause and effect, and there could be no doubt that many committed to prison for crime were more or less imbecile, so far as not to be under self control. The state of the law as regards persons of