

PART IV.—NOTES AND NEWS.

QUARTERLY MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Medical Society of London Rooms, 32a, George Street, Hanover Square, on the evening of January 22nd, 1873.

In the absence of the President (Sir J. COXE),

Dr. H. MAUDSLEY, F.R.C.P., was voted to the chair.

The following members were present:—H. Maudsley, H. R. B. Wickham, Thos. B. Christie, Dr. Boyd, J. H. Paul, J. Murray Lindsay, Dr. D. Macintosh, Dr. Sankey, Dr. Niven (of Bombay), A. H. Stocker, Robt. Dunn, Dr. Lockhart Robertson, Harrington Tuke, W. Rhys Williams, S. W. D. Williams, W. Orange, H. J. Manning (Salisbury), W. J. Mickle, J. E. Greenway, H. Rayner, T. Warwick, E. S. Willett, W. Clement Daniel, F. Schofield, J. D. Seaton, Edgar Sheppard, M.D.; visitor, Dr. J. Ogle.

Dr. MAUDSLEY, on taking the chair, said that he regretted to have to make an announcement which must be disappointing to the members present. The paper which Dr. Blandford had been announced to read he had, unfortunately, been prevented from preparing by reason of family illness. There would not, therefore, be any formal paper to-night; but he hoped that, notwithstanding the disappointment, there might still be a profitable evening of scientific discussion, and that each member would feel himself called upon to contribute thereto from the stores of his experience. He should call first upon Dr. S. W. D. Williams to make some remarks on some morbid specimens of softened bone in the insane.

Softening of the Bones in the Insane.

Dr. S. W. D. WILLIAMS - During the last four years so much has been said in the Press respecting the occurrence of fractured ribs in Asylums, that I have paid special attention to the conditions of the ribs in patients dying at Haywards Heath Asylum; and thinking that there would be a quarterly meeting of the Association in October last, I had prepared some very good specimens of diseased bone to show. These are all, unfortunately, now destroyed, and I fear those I have with me this evening are not of much pathological value. I have with me, however, ten specimens of more or less diseased ribs, taken from ten different individuals. These are the product of the last four months, and would lead us to infer that nearly half the insane have ribs more or less diseased. This is, of course, due rather to feeble health and exhausting bodily disease than to the mental symptoms. A rough analysis of some of those bones showed that in most instances, contrary to a normal state, the animal matter much exceeded the earthy. Gray gives the organic constituents of healthy bones as being one-third, as against inorganic two-thirds. In the bones I analysed, roughly, I found that, as a rule, the converse obtained, the organic being in excess of the inorganic. My rough analysis was made by subjecting the bone to dilute nitric acid to obtain the quantity of animal matter, and calcining it to obtain the earthy.

H K., æt. 70, female.—Suffered from chronic mania, with feeble health and chronic rheumatism for many years. When admitted to Haywards Heath Asylum, in 1862, she was in very feeble health, and she remained so until her death, last September. Her death was due to valvular disease of the heart. The bones throughout the body were extremely soft, and the ribs broke on the slightest pressure. Many of the ribs had been fractured, and were partially healed; there was, however, no displacement of the ends, and union was cartilaginous. Many bones were bent, and the ribs were pressed in at the sides. A force of 11b. broke the sixth rib, and one inch of the bone weighed 5gr.

A rough analysis gave—

Animal Matter	...	...	...	72.73
Mineral do.	...	...	...	27.27

E. B., female, *æt.* 73.—Suffered from senile melancholia from 1868—extremely feeble state on admission, and is said to have suffered from rheumatic fever some years ago. Her condition never improved. She often refused food, and her bodily health remained very feeble. An attack of acute pneumonia carried her off in the latter part of last year. The cranial bones were thin and soft. The ribs, as the specimen will show you, were a mere shell, extremely thin, and filled with a dark reddish fluid marrow. A force of 2lbs. caused an immediate fracture. One inch of bone weighed 8gr.

ANALYSIS.

Animal matter	...	...	...	...	...	...	56.87
Mineral do.	...	...	...	...	...	...	43.13

E. P., female, *æt.* 65.—Case of dementia. General health bad. Suffered from double cataract. Neurosis of bones of ankle, &c., and died from Bright's disease of kidneys. The cranial bones were thin and soft. The ribs very easily broken by a force of 8lbs., an inch weighing 12gr.

ROUGH ANALYSIS.

Animal matter	...	...	...	...	...	...	55.15
Mineral do.	...	...	...	...	...	...	44.85

L. G., *æt.* 23, female.—An idiot corresponding to Esquirol's third class. She was small, feeble, and deformed, and unable to walk. Died of pulmonary consumption. Ribs very soft, and easily bent. Broken by a force of 6lbs., each inch weighing 13gr.

S. F., female, *æt.* 70.—Suffered from senile dementia; duration of disease 12 months, died from sanguineous apoplexy. Heart diseased. Cranial bones thickened, ribs very fragile, and fractured by a force of 8lbs. Weight of 1 inch of bone 22gr.

C. G., male, *æt.* 38.—General Paralysis of three years' duration. Admitted to Haywards Heath 4th January, 1872; died 10th October. Exhibited the usual symptoms of general paralysis. Force required to break rib 9lbs. Weight of 1 inch of bone 23gr.

C. E., female, *æt.* 54.—Suffered from epileptic dementia for many years, but her general health was good until within a few months of her death, which occurred from cancer of the liver. Ribs easily fractured by a force of 13lbs, and one inch weighed 19gr.

F. D., female, *æt.* 46 yrs.—Suffered from epilepsy for many years, and died eventually from a rapid succession of fits. Had also amyloid degeneration of liver and kidneys. Ribs soft, and easy broken or bent. A force of 12lbs. broke them, and each inch weighed 16gr.

ROUGH ANALYSIS.

Animal matter	...	...	...	...	...	...	55.17
Mineral do.	...	...	...	...	...	...	44.83

J. A., male, *æt.* 48 yrs.—Case of general paralysis of an ordinary type. Skull very thick, in some places fully $\frac{1}{2}$ inch. Ribs all very brittle. Great deficiency of osseous tissue, with increase in medullary substance. Force required for a fracture, 14lbs. One inch weighed 18gr.

R. R., male, *æt.* 51 yrs.—Suffered from mania of many years' standing. Died with fatty degeneration of the heart and tuberculosis of the lungs. Ribs large, but brittle; broke with a force of 12lbs. They weighed rather heavily, viz., 25gr.

Dr. SANKEY said he had expected, from the title of the paper read by Dr. Williams, that he was about to show that a condition of mollities ossium, or at least a diminished strength of the bone existed, as a rule, in general paresis—a conclusion which was quite contrary to his own convictions and experience. Dr. S. had himself offered to this society a different solution of the frequency of fractured ribs in the insane. He had attributed it rather to a condition of slothfulness of the nerve current in general paresis. But so far from Dr. Williams' observations demonstrating that a state of mollities ossium was a morbid characteristic of general paresis, it seemed to point to an entirely opposite conclusion. The author had shown satisfactorily that the strength of the bony tissue has varied much from the normal state in the bodies examined by him in his asylum, but apparently this condition did not occur so frequently among the patients dying of general paresis as among the rest of the subjects. Dr. Sankey's own experience went to prove that the

instances of fractured ribs were much more frequent in the recent admissions and at the earlier period of the disease, but the instances of diminished strength of bone, so far as he could gather during the reading of the paper, seemed to be gleaned from old standing cases, in the greater proportion at least. So that the cases have no reference (as the title of the paper had led him to suppose) to the pathology of paresis in particular. Dr. Sankey had frequently met with abnormal conditions of the bones in his old cases, and attributed it rather to a state of general mal-nutrition from different causes. The bony tissue he had found so fragile as to be readily cut with a scalpel. Sometimes the opposite or an ivory state of the calvaria was present. In one case he found the calvaria about one inch in thickness, but so porous that water ran through it as though it was a sieve.

Mr. R. H. B. WICKHAM said he had once a good deal of experience of broken ribs, and being struck with the fact that nearly all the cases were those of general paralysis, had instituted enquiries into the matter. He found the test of suspending weights to the ribs of paralytics most fallacious. Having procured some healthy bones from Professor Turner he found that in some instances ribs which snapped like pipe stems when *in situ* bore up more weight than those healthy ones. He also tried kneeling on the corpses of deceased general paralytics, but was never able to break the ribs in that way, although when he had taken out the sternum the bones were singularly brittle. Perhaps, however, the ribs are more easily broken in the living than the dead subject, as in the latter, offering no resistance, they would not be in a state of tension. He was of opinion that the test by weight could only be regarded as good corroborative evidence of the brittleness of ribs, which must first be determined microscopically and chemically. In reply to a remark made by Dr. Sankey, he said that he was afraid they were drifting into the discussion of too large a subject. It ought not to go forth to the public that they were trying to make them believe that if a man got his ribs broken in an asylum, therefore he had diseased and easily fractured bones. If two or three strong men resolve to master a maniac at any hazard, and are utterly without scruple in the means they employ, the strongest ribs in the world may be broken. In a case which he had seen himself, an unfortunate man was taken down two flights of stone stairs by two men. They had a struggle at every step, and the patient was of a most vicious turn, attempting to bite and so forth. A day or two after, when he arrived at the asylum, he was found to have at least half a dozen ribs broken. So far from considering it due to disease, he looked upon it as the most natural termination to the performance.

Dr. MURRAY LINDSAY—My experience would generally confirm the remarks of Dr. S. Williams, as I have known instances of disease other than insanity where the bones were soft and easily broken, and I do not think it is confined to the insane, but in general paresis where the case is of old standing I have found the ribs very soft, and also in epileptics, where I have easily snapped them asunder.

Dr. TUKE—I have not in my own practice met with any case of fractured ribs, nor have I noticed in general paralysis that tendency towards fragility of the bones which is proved to be not unfrequent by the experience of the writer of the paper read this evening, and the concurrent testimony of so many observers. It appears to me that it is well the fact should be established, not to account for ribs already fractured, but to warn us that all violence must be avoided, and that in addition to the care and gentleness required in the care of the insane, we have a new reason for caution, in the danger that seems imminent of easily fracturing the more exposed bones.

Dr. RHYS WILLIAMS stated that when he was at the Three Counties Asylum they found a confirmation of the opinion expressed as to the softness of bones in old standing cases of general paralysis, but his experience at Bethlehem led him to say that excessive fragility was not present in recent cases, and where the paralysis is more rapid.

Dr. OGLE was much interested in the subject of the paper, inasmuch as the action of the nervous system on the growth, structure, and condition of bones, had fallen within the scope of some lectures which he gave at the College of Physicians, on the Nervous System. The influence of insanity, a condition in which there is aberration of the nervous centres, upon the osseous tissues, received illustration from experimental interference with nerve supply to bone and from other conditions. That bone was supplied by nerves, although this fact had been disputed, was a matter of demonstration, albeit it might be uncertain what share or part the so-called sympathetic, and the purely cerebro-spinal systems had in this supply; and

experiment had shown that injury, such as section and excision of nerves supplied to the limbs, led to changes in the structure, not merely of the soft parts, but of the bones; and this, independently of the alterations in the bone from resulting absence, or diminution of muscular action. In some experiments, however, curiously enough, interference with nervous supply to bone led to hyperostosis. Physiologists had taken different views on this subject, but further reference to these differences Dr. Ogle thought out of place at the present time. Dr. Ogle then referred to some interesting preparations made by the late Professor Van Der Kolk, which at his lectures at the College of Physicians he was able to show, through the kindness of the authorities of the University of Oxford, by whom they had been purchased. These preparations illustrated the effects of injury of nerves upon bones of the extremities of lower animals. Dr. Ogle also alluded at some length to the cases (somewhat rare) which had been placed on record, of fracture of an upper and of a lower limb coincidentally with fracture of the spinal column, and injury of the cord; in which the healing and union of fracture in the upper limb above nerve supply remained intact, contrasting very markedly with the tardiness or absence of union in the lower limb, whose nerve-supply had been interfered with by the injury to the spinal cord.

Dr. WILLIAMS—Respecting the cases I have exhibited to-night, and owing to there being some slight misunderstanding as to the object I had in view, I wish to explain that I have not confined myself to general paresis, but have taken ribs from all classes of insanity. I am not at all prepared to advance the theory that general paralytics suffer from any special disease of the bones; all I would say is, that the insane generally, being often the subjects of exhausting bodily diseases, have very brittle and diseased bones, not because they are insane, but because they are usually the subjects of exhausting bodily diseases. Therefore, such being the case, it is scarcely to be wondered at that occasionally fractures of ribs occur in asylums. Dr. Wickham has asked me to explain the process by which I have endeavoured to arrive at the force necessary to break each rib. My mode of procedure was as follows. I obtained an ordinary small steelyard, weighing up to 40 lbs. On the dial above the index, and running freely in the same groove as the index, was a small movable piece of metal, which, when the index rose, was pushed up the dial, and on the index falling remained at the highest point to which the index had risen. Then, always taking the 6th rib, I cut the intercostal muscles on each side, and having fixed the hook of the steelyard to the sternal end of the rib, pulled until the rib broke. The piece of metal remained at the point on the dial to which the index had risen, and thus pointed to the number of pounds required to cause the fracture. This mode is, of course, rough and not very reliable, the results often being somewhat contradictory, therefore I cannot claim infallibility for it.

A Case of General Paralysis.

Dr. BOYD, at this stage, introduced to the society a patient suffering from general paralysis, and said—Observing from the notice of this meeting that my friend Dr. Duckworth Williams intended exhibiting some interesting pathological specimens relating to the state of the bones in general paralysis, or paresis as it has been more recently termed, and having at the St. George's and St. James's Dispensary a man with the premonitory symptoms of this disease, in which stage it is seldom seen, if ever, in asylums, I thought it might interest some of the members if I requested him to be present here to-night to be accompanied by his wife, who can answer any questions that any of the members may ask respecting her husband's illness. They have a family of four children, he is a tailor by trade, aged 38, of temperate habits, has worked sixteen years in one establishment in St. James's Street; his employer who called upon me respecting him gave him an excellent character, and stated that his shopmates had observed something wrong or strange about him of late. He came under my care on the 19th Nov. last, two months ago. The manner in which he came into the room, his unsteady gait, general tremor, then his slow, thick, and indistinct articulation, at once revealed to me the nature of his case, the first of the kind I had seen at the Dispensary, and I pointed it out to Mr. Jones, the resident surgeon, as a typical case of general paralysis commencing in the spinal cord, the mind not being much, if at all impaired. Mr. Jones told me afterwards that he was so shaky on his limbs that he hesitated about letting him go home alone. His pulse 78, skin cold, tongue clean; he felt unable for, and had given up, work. I recommended rest, told him to send some one, not to come himself to the Dispensary, to apply small blisters repeatedly

to his spine, from the nape downwards, and prescribed a mixture containing the $\frac{1}{15}$ of a grain of the bichloride of mercury to be taken twice daily. His wife attended afterwards at the Dispensary about once a week. From her I learned that about six years ago her husband received a sudden shock from hearing of the death of his mother suddenly at the railway station in the country, where he went to see her. He afterwards had an illness which lasted five or six days, but he has been nervous since. Three years afterwards his father died, he had apoplexy and hemiplegia of left side a year before his death, since then her husband has become more nervous, although still able to work. She said the blisters seemed to give him relief, and she continued to apply them to the spine; his appetite was good; some shopmates who called to see him at Kennington, where they had removed, thought him better. On the 16th instant he came to the Dispensary; he had wonderfully improved in walking. I omitted the bichloride solution and prescribed a mixture for a troublesome cough, of which he complained. I shall feel obliged for any suggestions that would be likely to lead to further amendment in this case. From any gentleman present, after examining the case. At our meeting in these rooms two years ago, I had the honor of reading a paper, and endeavoured to show that it is not uncommon for general paralysis to commence in the spine, the mental faculties remaining unimpaired. Such cases do not occur in the usual routine of asylum patients; there the mental disorder has usually preceded the paralytic affection of the speech and limbs. Amongst professional men, however, especially of the law, this form of the disease is not uncommon. I can call to my recollection at least five fatal cases, three of them members of the legal profession. Some of them survived for years, after the first appearance of the disease, their mental faculties weakened, but not requiring removal from their homes. Very recently a man in an extensive business called upon me in the evening; he was rather abrupt and excited in his manners, but quite rational in his conversation; he appeared to me to have the premonitory symptoms of general paralysis, and amongst other things I suggested a blister to his nape. His wife told me afterwards that he had felt a numbness in one hand, and showed me a specimen of his writing, which was irregular and different from his usual style. He had been under treatment for some months for albuminuria. When I last saw him he was excited and obstinate; he persisted in going into his place of business; he quarrelled with his men, his pulse was high (96); face flushed. In a day or two afterwards he went to the country, where decided symptoms of mental derangement have appeared, almost simultaneously with those of general paralysis. Since the condition of the spinal cord in general paralysis has engaged the attention of foreign writers, it may probably be more attended to than hitherto in this country. I find in the *Journal of Mental Science*, page 446, for Oct. 1872, since Westphal's observations, the spinal cord of every patient in the Göttingen Asylum, who died from paralytic disease of the brain, has been examined in section, and it can be positively stated that granule cells could be shewn in most of the cases, if not in all. The pathognomonic symptoms of general paralysis clearly point to the spinal cord, and as the cerebro-spinal nerves preside over the nutritive functions, deterioration in the bones, as also gangrenous sloughs, are indications that the seat of the disease is in the spinal cord, as well as in the brain; being the exceptional example, hitherto amongst the insane, in which the symptoms during life are accounted for physiologically and pathologically in the post mortem room, according to my experience.

Dr. SHEPPARD examined the case brought in, and observed that he did not see anything exceptional about it, or anything to indicate that the paralysis had a special spinal origin. To his eye it was simply a case of ordinary general paralysis, in which the maniacal element was absent, and the fatuity exceedingly well marked. There was unequal dilatation of the pupils, stumbling speech, unsteady gait, and a blank, expressionless face. He could produce a dozen such cases, and he thought that the entire cerebral-spinal system was equally involved in the disease from the very first.

The Causation of General Paralysis.

Dr. MAUDSLEY said that it seemed to him that the results of the interesting discussion on the fragility of the bones in the insane might be summed up thus—first, that the ribs of anyone, sane or insane, might be broken if sufficient force were applied; secondly, that in long-standing insanity, such as dementia, and other chronic states, in which nutrition had suffered, softening of the ribs was frequently met with; thirdly, that in general paralysis of the insane, although it was hardly what would be called insanity of long standing, it was not very uncommon to find

softening of the ribs. Passing from this subject, he should like to take this opportunity of ascertaining, from the experienced gentlemen present, what opinion they had been led to form as to the most common cause of general paralysis. He had formed a very definite one—namely, that, in the majority of cases, sexual excesses were really the efficient cause. He had seen many cases in which, when a sufficiently close enquiry was made, this had proved to be the case. He might mention one. Some years ago he saw, in consultation, a married gentleman who was afflicted with this disease, and gave an opinion as to its nature and prognosis. In the course of conversation with the medical man, he asked whether there was not any suspicion of sexual excess, but there had been no evidence of it. Some time afterwards the same medical man brought another case to him, and, reverting to the question in the case of the former patient who was now dead, said, that after his death his wife had informed him that, during the whole period of their married life, which had lasted several years, he had not refrained for a single night, except at certain periods. He mentioned this case because it really illustrated what it is most important to bear in mind when examining into this kind of causation. There were many persons, some of whom would be described as patterns of moral rectitude, who never dreamed that there could be such a thing as sexual excess after marriage, and would almost regard it as an unholy suggestion. In making enquiries, therefore, it was necessary to pursue the matter closely, and not to be content with a general denial, which might, though honestly given, be worth nothing at all. Of course it was necessary not to mistake the effect for the cause. It was common enough to find an increased sexual desire at the beginning of general paralysis, which was followed soon by impotence. What he wished to direct attention to was not to such outbursts of excesses as were patent to all the world, but to that quiet, steady continuance of excess for months or years, by married people, which was apt to be thought no vice or no harm at all. He would by no means venture to say that sexual excess was the sole or entire cause of general paralysis; in some cases there might be no evidence of it, while in others, in which it had undoubtedly existed, it was a question whether other co-operating conditions were not an essential part of the cause—notably, for example, a certain sanguine and expansive temperament. But of the efficiency of sexual excesses, as an exciting cause, he entertained no doubt.

Dr. SHEPPARD said he had often had occasion to differ from the President, but he entirely agreed with him on this occasion, and fully endorsed the opinion which he (the President) had just expressed. He believed that the most fertile cause of general paralysis was undue indulgence of the sexual appetite; but, of course, it was very difficult to dissociate this cause from the excesses and general sensual indulgences which commonly accompanied it. It was difficult to make the friends of patients see this, and when wives were cautioned against being too loving towards their lords, they blushed assent to the advice, knowing their incapacity to carry it into effect. He had seen many cases where so marked an improvement in all the symptoms of general paralysis, after some months' residence in an Asylum, where no demand was made upon the procreative organs, as to justify the return of a patient to the outer world. But the poor fellow soon tumbled to pieces again under a legitimate indulgence which has the power of undermining, to a singular extent, all stability of nerve-element.

Dr. TUKE—My own experience leads me to an opinion the very reverse of that of our President. I have seen, probably, as many cases of general paralysis in the higher classes as most physicians, and I have not found undue sexual excess a pre-disposing cause—the victims of general paralysis are very frequently men of fine physique, and excessive sexual indulgence is, of course, more frequent with such men, but I have seen men of exemplary lives and subdued passions, as often suffer. The effect may be, and sometimes is, taken for the cause of the disease; general paralysis, although usually associated with want of power, is sometimes ushered in by excessive sexual desire. I have seen several instances of this, and Guislain mentions his having observed the same thing. In one case, a man of high intelligence and moral rectitude, this symptom was very distressing, and I ascertained that it had appeared for the first time synchronously with the brain symptoms.

Dr. SANKEY had generally found the subjects of general paresis were of strong sexual passion; he had also found this among women in many cases that were put down to paralysis; he should consider them cases of ataxy, but they were closely allied.

Dr. NIVEN (Bombay)—No one can say the natives of India are remarkable for continency, and yet, in my experience, I have not met with a single case of

general paralysis at the Asylum at Colaba; neither can I call to mind any cases occurring among the European soldiers. These facts, in my opinion, scarcely bear out the remarks as to the causation of the disease.

Dr. CHRISTIE—I can quite confirm the last speaker as to the rarity of the disease in the army of India. I do not recollect more than one case being sent home, and in that one there was an hereditary taint.

Dr. GREENWAY was inclined to agree as to the cause of the disease being sexual indulgence, and stated he had met with two cases in which the patients were men of 60 years and upwards.

After a vote of thanks to the Chairman the meeting adjourned.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION—(IRISH BRANCH).

A meeting of the Irish members of the above Association was held in the King and Queen's College of Physicians, Kildare Street, Dublin, on the 9th of October, "with the view of organising an Irish Branch of the Association, to hold stated meetings during the year, as in England and Scotland, and for the transaction of general business connected with the interests, more especially, of the Irish associates."

Dr. DUNCAN, of Finglas, presided.

Other members present—Dr. Lalor, Medical Superintendent, Richmond Hospital for Insane; Dr. Loney, Assistant Medical Officer, ditto; Dr. MacCabe, Resident Physician, Dundrum Government Asylum for Criminal Insane; Dr. John Eustace, Dr. H. H. Stewart, Dublin; Dr. Robert Stewart, Belfast, Hospital for the Insane, Hon. Secretary for Ireland; Dr. Patton, Farnham House, Finglas.

Letters of apology were read from the following gentlemen who were unable to attend:—Dr. Merrick, Cork; Dr. R. P. Gilston, Clonmel; Mr. J. A. Blake, Dr. West, Omagh; Dr. Daxon, Ennis; Dr. M'Kinstry, Armagh; and Dr. Eames, Letterkenny.

Dr. R. STEWART, Hon. Secretary, read the circular convening the meeting, and observed that at the annual meeting of the Association, held in Edinburgh, the question was mooted as to the advisability of having quarterly meetings in Ireland, as they had in England and Scotland. According to the rules, quarterly meetings were held for the discussion of scientific subjects, having relation to the speciality of their profession. In conference with Dr. Lalor, so long a respected member of their profession, they had agreed that they should at all events have a beginning, and for that purpose the present meeting had assembled. If for no other reason, they should have stated meetings in order that they should have an opportunity of becoming acquainted with each other, for although he had been for a period of 30 years, and upwards, engaged in the treatment of the insane, he knew very few of his brethren personally. If there were meetings of this sort from time to time, the members of the profession would be brought together in friendly intercourse, and by talking together and comparing notes, a very beneficial result would be produced, not merely on themselves individually, but for the good of the afflicted class committed to their charge. He had expected that the present meeting would be larger, but there was a sufficient number present to form the nucleus of an efficient society for the purpose he had indicated.

The CHAIRMAN also regretted that the meeting was not better attended, but it was called for an hour when most of their brethren in the city were busily engaged. No doubt they were late in Ireland in commencing quarterly meetings, but it was only recently that they were instituted in England, and still more recently in Scotland. So that, although they in Ireland were behind in the matter, they were not very long behind. He was quite satisfied that the proposed meetings would be a source of pleasure and profit, while he was also sure that the papers that would be read, and the subsequent discussions that would take place, would be highly creditable to the Association. They would find that, the meetings once established, a large number of the profession would join them.

Dr. LALOR suggested that a committee should be appointed to arrange the details. They should appoint one of their younger members to assist Dr. Stewart, as the duties would be considerably increased.

After some discussion, in the course of which all the gentlemen present warmly concurred in the desirability of having the proposed meetings,

It was moved by Dr. LALOR, seconded by Dr. EUSTACE, and resolved,—“That we, the members of the Irish Branch of the Medico-Psychological Association, agree to organise ourselves for the purpose of holding stated meetings for the discussion of