

has made the task exceedingly light. I shall always look back to my period of office with great pleasure. A great honour was bestowed upon me by putting me in the chair.

The PRESIDENT.—We have several distinguished visitors from the United States, whom I am sure you will welcome here to-day. (Applause.)

The PRESIDENT (Dr. Ernest White) then delivered his presidential address (see page 587).

Dr. A. R. TURNBULL opened a discussion on "Female Nursing of the Male Insane" (see page 629).

#### SECOND DAY.

Dr. MOTT gave a lantern demonstration on "Tumours of the Brain in Asylum and Hospital Practice." The publication of this contribution has been unavoidably postponed.

Dr. BRUCE read a paper contributed by himself and Dr. Peebles, entitled "Clinical and Experimental Observations on Hebephrenia and Katatonia" (see page 614).

Dr. CHARLES H. FENNEL read a paper on "Mongolian Imbecility."

Dr. ALBERT WILSON contributed an account of "A Case of Double Consciousness" (see page 640).

#### COUNCIL AND COMMITTEES.

In connection with the Annual Meeting there were meetings of Educational, Parliamentary, Rules, and Statistical Committees. The Council met on July 16th, The following members were present:—

C. H. Bond, G. Braine-Hartnell, L. C. Bruce, C. K. Hitchcock, M. Craig, W. R. Dawson, H. Gardiner Hill, Robert Jones, P. W. MacDonald, C. A. Mercier, A. Miller, H. Hayes Newington, H. Rayner, R. L. Rutherford, J. B. Spence, R. C. Stewart, A. R. Turnbull, A. R. Urquhart, E. B. Whitcombe, E. W. White, J. Wiglesworth (chairman).

The usual official reports were received and dealt with.

#### IRISH DIVISION.

The Summer Meeting of this Division was, by the kindness of Dr. T. Drapes, held at the Wexford District Asylum, Enniscorthy, on Friday, July 3rd.

The morning was occupied by a visit to some places of interest in the neighbourhood, notably the historic Vinegar Hill, after which the members present inspected the asylum, and a number of interesting cases were demonstrated.

The members were entertained to luncheon by Dr. Drapes, after which the meeting took place.

Dr. Drapes occupied the chair, and there were also present Drs. Conolly Norman, M. J. Nolan, R. R. Leeper, J. J. Fitzgerald, H. M. Eustace, F. J. Kennedy, and W. R. Dawson (Hon. Sec.). Apologies for non-attendance were received from Drs. Oscar Woods and R. L. Donaldson.

The minutes of the previous meeting were taken as read and signed, the essentials having already been published in the JOURNAL.

#### LETTER.

A letter was read from Dr. Seward, of Colney Hatch Asylum, thanking the members of the Irish Division for the vote of sympathy passed by them at their last meeting. It was directed that it should be entered on the minutes.

#### DATE AND PLACE OF NEXT MEETING.

It was decided to hold the next meeting of the Division in November. An invitation from Dr. R. R. Leeper to meet at St. Patrick's Hospital, Dublin, on that occasion, was unanimously accepted with thanks.

## ELECTION OF ORDINARY MEMBER.

The following was unanimously elected: P. O'Doherty, B.A., M.B., B.Ch., B.A.O.(R.U.I.), Assistant Medical Officer, District Asylum, Omagh (proposed by Drs. Conolly Norman, J. M. Redington, and W. R. Dawson).

## MOTION.

The following motion was brought forward by Dr. M. J. NOLAN:—"That inasmuch as the Lord Lieutenant has appointed a Commission *inter alia* 'to inquire and report whether any, and what, administrative and financial changes are desirable in order to secure a more economical system for the relief of the sick, the insane, and all classes of destitute poor in Ireland, without impairing efficiency of administration,' it is expedient for the Irish Branch of the Medico-Psychological Association to confer on the points affecting the insane, and, if it be deemed necessary, to formulate the expressions of their special experience on such important matters."

Dr. CONOLLY NORMAN seconded the motion, and in the course of the discussion, which was also joined in by Dr. R. R. LEEPER and the CHAIRMAN, a letter was read from Dr. Oscar Woods. Finally the motion was put to the meeting and passed unanimously.

A small committee, consisting of Drs. Nolan, Leeper, Norman, and the Hon. Secretary, was appointed to give effect to the resolution.

## COMMUNICATIONS.

I. Dr. CONOLLY NORMAN brought forward a communication entitled "The Unpardonable Sin as Obsession," in which he touched upon the nature of obsessions in general, drawing attention to their connection with morbid impulse, hallucination, and melancholia; and then gave a number of cases bearing upon the particular form of obsession under discussion.

Dr. DRAPES said he found it difficult to obtain an exact definition of the term "obsession," which was not mentioned at all in most of the text-books; but he took it to mean the same as "imperative conception." Such he considered to be, not a separate form of mental disease, but merely stages in the development of delusions, and he did not know that there was anything special in that concerning the unpardonable sin. As for confounding obsession with melancholia, he did not think that possible, as it was in his opinion merely a symptom of melancholia. Again, Dr. Norman had spoken of psychical anæsthesia as accompanying obsession, but he thought the case cited, in which the patient was greatly distressed by the idea that she had been unkind to her sister, did not bear out this contention. The case which resulted from a disappointment in love was an instance of the well-known association of erotic and religious ideas in the insane; and although the reason for this association was not obvious, he thought that if we could know all that was in the patient's mind a connection would be found. As regarded the unpardonable sin, sane persons often had the idea that they had committed it, but it was especially in melancholia that this idea arose.

Dr. NOLAN did not agree with Dr. Drapes that obsession was merely a phase of any form of mental disease, and thought the cases detailed by Dr. Norman were remarkably striking examples of the evolution of obsession, illustrating particular phases of it. The idea of having committed the unpardonable sin was limited to the members of certain religious bodies, and Roman Catholics and Methodists, owing to their particular religious beliefs, were free from it no matter how depressed they might be.

Dr. NORMAN, in replying, defended the use of the term "obsession" on the ground of convenience. He said that the distinction between obsession and melancholia could not always be made in practice, but theoretically the difference was that whereas the melancholic patient is persistently depressed and under the influence of melancholic insane ideas, the patient suffering from pure obsession is not persistently depressed; his general and emotional state may be unaffected, and his mind lucid. He resists the continual intrusion of the idea or word into his thoughts, and is acutely conscious of his mental state, but not necessarily melan-

cholic. Obsession was an elementary disturbance in the sense of personality, but a very common condition apart from ordinary insanity. Such cases were seen oftener in private practice than in asylums, and although they seemed to be trembling on the verge of melancholia they did not pass it. Obsession, however, sometimes ended in fixed delusion.

2. Dr. R. R. LEEPER read a paper entitled "Notes on the Treatment of Acute Cases" (see page 689).

3. Dr. DAWSON read "Notes on two cases illustrating the difference between Katatonia and Melancholia Attonita" (see page 686).

#### VOTE OF THANKS.

A vote of thanks was passed to Dr. Drapes for his kind hospitality, and he having responded, the proceedings terminated.

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### BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING, SWANSEA, 1903.

SECTION OF PSYCHOLOGICAL MEDICINE.

President: Robert Jones, M.D. Vice-Presidents: J. Glendinning, M.D., Edwin Goodall, M.D. Hon. Secretaries: R. S. Stewart, M.D.; R. H. Cole, M.D.  
The section was well attended, and the papers read were fully discussed.

#### PRESIDENT'S ADDRESS.

Dr. ROBERT JONES delivered an address on "The Development of Insanity in regard to Civilisation," and demonstrated that with the progress in civilisation mental breakdown became more serious and more frequent, and the varieties of insanity were more chronic and less curable now than when life was simpler and men more content. The care and cure of the insane was hardly known as a subject of serious study 100 years ago. The last century had been the most marked of any of its predecessors in regard to the material, mental, and moral progress of mankind; yet this advance had not been without sacrifices, for in the struggle that civilisation entailed the path of progress had been freely strewn with mental wreckage and physical degeneration.

As to what constituted insanity, delusions or hallucinations alone did not suffice, neither was it exclusively an intellectual disorder. Exaggerations and fluctuations of normal tendencies rendered individuals unstable, untrustworthy, and even dangerous, yet there might be hardly any loss of mind; nevertheless they were fit and proper persons to be detained in asylums; many of these cases were born constitutionally insane.

In primitive states of society insanity was rare, though idiocy and imbecility might be as prevalent, and the tendency to dementia was quite uncommon. The progress of mankind had caused a more or less complete change in the types of insanity during the past half-century. An inherited instability of nervous organisation was more frequent to-day, being responsible for more than one third of all occurring insanity. Amongst the causes of insanity both physical and mental stress had to be reckoned with. Charles Booth, in a recent publication *Life and Labour of the People*, had stated that the anxieties and uncertainties of professional life in the middle and lower classes were responsible for a very large proportion of insanity, which was to some extent due to loss of trade affecting bodily health; that provided wages were regular, although low, and there was no nervous strain, the tendency to insanity was slight. In their efforts to rise to the higher level of work and capacity demanded by modern civilisation, many failed owing to mental, physical, or moral deterioration. Civilised society, in forcing the pace, manufactured its own unfit—its lunatics, paupers, and criminals. London alone, in this respect, was responsible for the production of over seventy insane persons