

against such assumption, it is in keeping with other congenital aberrations associated with such cases, *e.g.*, patent ductus arteriosus, etc.

In the annexed tables the figure in the first column is merely for reference to case-books. In the fourth column, headed "excited," a + sign indicates active excitement, either maniacal or melancholic, at the time the cerebro-spinal fluid was obtained, a - sign the absence of such excitement.

In the columns headed "Noguchi," "Wassermann" and "peptase" + equals a positive, - a negative reaction; where two signs are placed opposite the same number, as ++, it indicates a very strong reaction. In Case No. 20, Table I, the cerebro-spinal fluid was tested at an interval from two separate punctures.

TABLE III.—Including those Cases giving a Negative Reaction to both Wassermann and Peptase Tests.

No.	Diagnosis.	Duration.	Excited.	Noguchi.	Wassermann.	Peptase.	Chemistry.	Post-mortem.	Remarks.
10	Congenital imbecility	From birth	-	-	-	-	-	-	-
26	Ditto	"	-	-	+	-	-	-	-
38	"	"	-	-	-	-	-	-	-
43	"	"	-	-	-	-	Normal	-	-
50	Progressive dementia	2 years	-	-	-	-	-	-	-
51	Congenital imbecility	From birth	-	-	-	-	-	-	-
44	Epilepsy	Over 15 years	-	-	-	-	Normal	-	-
45	Epileptic	4 years, probably longer	-	-	-	-	"	-	-

Occasional Notes.

British Medical Association, Annual Meeting, 1911.

The Section of Neurology and Psychological Medicine held a series of highly successful meetings under the Presidency of Dr. Edwin Goodall in Birmingham in July last.

Further justification was thus afforded of the action of those who decided to associate these two subjects in one section.

It is manifest, from a perusal of the titles of the subject-matter under the heading of Psychological Medicine, that those responsible for organising the work of the meeting had decided that the discussion and the papers should deal chiefly with the objective, with matters of observation and experiment. Thus, the Address of the President—himself concerned with the care and treatment of the insane—was entitled the “Possible Toxic Origin of Some Forms of Insanity”; Dr. F. W. Mott opened a discussion upon “The Relation of Head-Injury to Nervous and Mental Disease”; Dr. Stanford (Research Chemist at Cardiff Mental Hospital) contributed a paper on “The Need for Chemistry in the Investigation of Mental Disease”; Dr. Winifred Muirhead one upon “The Wassermann Reaction in Insanity.” The remaining paper in psychiatry was on “The Significance of Some Confusional States,” by Dr. H. Devine.

We may deal with the salient features of some of these communications. The President's Address reviewed the position of our knowledge of toxæmia, exogenous and endogenous, as a cause of insanity; it summarised certain original observations upon the bacteriology of the fæces in mental disorders, and dealt with the bearing of these upon the problem of intestinal toxæmia. The observations gave no support to the views promulgated by certain Italian workers as to the toxic action of the putrefactive intestinal anaërobes, and pointed out the lines upon which the toxicity of these and other intestinal organisms should be tested. The President stated his view that the outstanding pathological fact indicating a toxic pathogenesis for some of the psychoses was leucocytosis, and summarised our knowledge of the leucocytosis present in different forms of insanity and in different phases of the disorder. Perhaps the most significant statement of this portion of the address was that referring to the existence of a lymphocytosis in six cases of well-marked remission of general paralysis, in view of the fact that in protozoal maladies the reaction of the white cells towards infection is by a lymphocytosis, not by a polymorphonuclear leucocytosis. The address made it clear that further systematic research in this branch of hæmatology is required, as the results obtained by workers in different countries

go to show that useful information from the point of view of prognosis is likely to be obtained from quantitative and qualitative leucocytal counts. The address concluded with instances which showed the need for the aid of the physiologist and the chemist in investigating the problems of metabolism in mental disorder.

Dr. Stanford's paper constituted a strong argument for delegating to the trained chemist the function of investigating the problems of bio-chemistry. It is not to be expected, as he put it, that the physiologist who pursues chemical methods should be properly equipped to deal with the remarkable difficulties of a purely chemical kind which will beset his path. It is certain that the employment by so-called "physiological chemists" of discredited or unaccredited chemical methods in investigating the bio-chemical problems of insanity has led to results upon which unjustifiable conclusions have been founded. In fact, the application of chemical methods by chemists to these problems is quite a new development. No doubt there is need, amongst other workers, for the physiologist in the investigation of the problems of insanity; but instances in which a physiologist is also a skilled chemist and *vice-versâ* are so rare as to be negligible.¹

Of the two discussions, both of which were obviously of interest and were well sustained, the first, on "The Different Types of Multiple Sclerosis," was opened by Prof. Oppenheim, of Berlin, and was of purely neurological interest. In his reply on the discussion, Prof. Oppenheim took occasion to state his experience that slight mental symptoms (such as weakness of memory, irritability) were not rare in multiple sclerosis, and he had also found real psychoses, but a progressive dementia was very uncommon. In this point, and in the very slow course of the disease, lies the essential clinical difference between it and paralytic dementia.

The second discussion, which was opened by Dr. F. W. Mott, was upon a topic of great interest, alike to neurologists and to alienists, namely, "The Relation of Head-Injury to Nervous and Mental Disease." Dr. Mott drew attention to the medico-legal importance of distinguishing cause from coincidence in cases of head-injury in relation to nervous and mental

¹ For a critical review of recently-published work in the domain of the chemical pathology of the psychoses see R. Allers, *Journal f. Psychol. u. Neurol.*, Bd. xvi, H. 3-6, pp. 157, 240.

disease, which has been enhanced since the introduction of the Workmen's Compensation Act, and which will increase under the operation of the new Insurance Act. Throughout his address the speaker illustrated his remarks by apt cases drawn from his large experience as a neurologist, and from the immense material at his disposal in the London County asylums. It is particularly by reason of the mass of cases he draws his figures from that Dr. Mott's findings are so valuable. We can merely mention the main features with which the address dealt; thus, the relatively few cases of head-injury which come into the London asylums, having regard to the large number admitted to hospitals and discharged (probably the experience in the provinces is the same); the extreme rarity of head-injury as a prime cause of insanity; it is, in fact, difficult to assert that head-injury ever acts as more than a contributory cause, and it is rare even as a co-efficient (nevertheless, cases of psychoses are from time to time described¹ in which the sole cause after careful inquiry has been head-injury, such injury having in the first place produced the symptoms of "commotio" or "concussio" cerebri, followed later on by the psychosis; the prognosis is usually favourable); the rarity of a history of trauma in cases of general paralysis which came to autopsy; in none of these cases could one, in Dr. Mott's judgment, assume that the head-injury was the principal cause of the general paralysis; as regards epilepsy, trauma is a rare cause of it, but it is most difficult to decide how far head-injury is the primary or sole cause, how far merely a contributory factor; the difficulty of estimating the effects of head-injury, when all the subsequent symptoms are subjective ("functional neuroses and psychoses"); the importance of the Wassermann reaction in deciding the existence of pre-existing syphilis in cases of organic disease of the nervous system alleged to be due to trauma. Dr. Mott's address constitutes a valuable source of information upon a topic of supreme practical importance to the profession.

The number of asylum laboratories in this country in which the Wassermann test is carried out is probably still comparatively limited, and workers with the necessary technical experience are few. The difficulties of carrying out the test have, of late, been considerably diminished, certain reliable sources

¹ *Vide* Trömmner, "Ueber traumatische (Concussions-) Psychosen," *Zeitschr. f. Neurologie u. Psychiatrie*, Bd. iii, 1910.

being now available from which those constituents of the test which have been most difficult to secure may be obtained. But unless the technique of the test has been thoroughly learnt, misleading and unreliable results will be obtained. No doubt can exist that the Wassermann test should be applied in the first place to the blood, and if necessary to the cerebro-spinal fluid, in all cases admitted to institutions for the insane in which there is reason to suspect syphilis or meta-syphilis of the nervous system; and the protein- and cell-content of the cerebro-spinal fluid should be estimated when that is withdrawn. Amongst the most experienced workers on the subject in this country, Dr. Winifred Muirhead, of the Royal Asylum, Edinburgh, must be counted, and the summary of her work, which was presented at the Birmingham meeting, constitutes a solid contribution to the subject.

Part II.—Reviews and Notices.

The Sixty-fifth Report of the Commissioners in Lunacy for England, 1911.

The Commissioners have this year very conveniently divided their report into two volumes. Part I contains the report proper, and Part II statistical tables and various other appendices.

The *total number of certified insane persons* in England and Wales was 133,157 on January 1st, 1911, being an increase over the previous year of 2,604. The average annual increase for the ten years ending 1910 was 2,521, and for the quinquennial period ending the same time, 2,236. The figures for 1910 showed an increase over the average for these two periods of 83 and 368.

Private patients numbered 10,890 (males 4,709, females 6,181)—an increase of 2·5 *per cent.* (males 1·9 *per cent.*, females 3·1 *per cent.*) The Commissioners note a remarkable change in the sex distribution. The males increased proportionately up to 1869, but have gradually declined and, since 1890, the females predominate. Private patients in county and borough asylums, hospitals and private care, have increased, but those in licensed houses have decreased by 1·1 *per cent.*

Pauper patients numbered 121,172 (males 56,142, females 65,030), the rate of increase being 1·9 *per cent.* (males 1·8 *per cent.*, females 1·9 *per cent.*). In this class the females have always predominated. The proportion housed in hospitals and licensed houses was barely 0·7 *per cent.*

The Commissioners advocate the establishment in the provinces of institutions similar to those of the Metropolitan Asylums Board by