a resolution to the Annual Meeting that this report would be put on the shelf for ever and a day.

The CHAIRMAN—Is there any resolution on the subject The Secretary asks for instructions.

Dr. MACDONALD—I don't think we shall differ very much from what Dr. Weatherly has said. My idea is that this report should be the first item on the agenda at our next meeting, and that we then discuss it. I move that this course be adopted.

Dr. WEATHERLY having seconded, the CHAIRMAN then put it to the meeting that the consideration of the report on criminal responsibility be placed first on the agenda for the next meeting, and this was agreed to *nem. con.*

PAPERS READ.

Dr. DEAS opened a discussion on mechanical restraint. (See page 102).

Owing to the limited time at the disposal of the members the Honorary Secretary's paper on the "Nursing Staff" was, with regret, again held over until the next meeting.

Dr. MORTON read notes on "Three Cases of Spontaneous Gangrene. (See page 119).

Dr. WADE said the very pleasing duty fell to him of proposing a resolution which, he was quite sure, would be carried by acclamation, namely a very hearty vote of thanks to Dr. Deas for his kind reception of them at Exeter. He was only sorry that, Exeter being at one end of the district, they had not had a better attendance; yet, indeed, he did not know that Exeter being at one end of the district had anything to do with it, because there were several members within a stone's throw who had not attended. He was afraid that with asylum life some of them got very fond of staying at home. That was a bad plan, and was a poor return for the hospitality shown them, and for the trouble their Honorary Secretary took to get the meetings together.

Dr. BENHAM had very great pleasure in seconding, and the motion was carried by acclamation.

Dr. DEAS suitably replied, and the meeting terminated.

The members afterwards dined together at the New London Hotel.

MEETING OF THE IRISH DIVISION.

A meeting of the Irish Division was held at the District Asylum, Limerick, on Wednesday, the 23rd October, 1895.

The following members were among those present:—Dr. Bagenal Harvey (Clonmel), Dr. Nash (Limerick), Dr. C. Norman (Dublin), Dr. O'Mara (Limerick), Dr. O'Neill (Limerick), and Dr. Oscar T. Woods (Cork), Honorary Secretary. Drs. Gelston and Shanahan, of Limerick, were present as guests.

On the motion of Dr. O'NEILL, Dr. Conolly Norman took the chair.

ELECTION OF NEW MEMBERS.

The following gentlemen were duly proposed for election as members of the Association, and having been balloted for, were unanimously elected:—

JAMES CASHMAN, M.B., B.Ch., B.A.O., R.U.I., 3rd A.M.O., Cork District Asylum.

JOHN FRANCIS SHANAHAN, L.R.C.P.I., L.R.C.S.I., 2, The Crescent, Limerick, Medical Officer of the Limerick Workhouse.

DR. O'NEILL'S PAPER.

Dr. O'NEILL read a paper on "The Systematic Employment of the Insane," which, together with the discussion, will be published in a future number of this Journal.

DR. O'MARA'S PAPER.

Dr. O'MARA read a paper on "Artificial Feeding." He was of opinion that artificial feeding should be resorted to when a patient remains 36 hours without

food, if not after 24 hours. He reviewed the different methods of feeding, and adduced reasons in favour of oral as opposed to nasal feeding. He preferred to have the patient in a sitting position, believing that the risk of injury to the patient from struggling was greater in the recumbent position, owing to the position of the attendants controlling him.

The paper gave rise to a lively discussion, on somewhat similar lines to those taken by the various speakers to a paper read on the same subject at the last Annual Meeting in London.

Dr. Woods dwelt upon the indications for artificial feeding, dividing the patients who refused food into three classes—the dyspeptic, the delusional, and the melancholic (including suicidal). The indications differed in each case, and all three might be very troublesome. The dyspeptic were often markedly benefited by washing out the stomach. Sometimes one meets with cases in which food is refused by hysterical young women, or out of mere perversity by patients who wish to give trouble. Neither of these classes are very determined, and they can often bear a little judicious neglect.

Dr. Bagenal Harvey differed from the reader of the paper in preferring the nasal to the oral method. He regarded the nasal method as quite free from danger, especially if one used a soft tube. By the simple device of pinching the soft tube one could be always sure whether one had put it into the larynx or not.

Dr. O'Neill expressed a personal preference for the nasal tube.

Dr. Nash, when he was Assistant Medical Officer at the Dublin Asylum, generally used the nasal tube, and preferred it. Sometimes it presented special difficulties, and sometimes with obstinate cases he used the œsophageal tube, because he was satisfied it was much less agreeable. His chief's opinion used to be that there was less disposition among the patients in this country than those in English asylums to refuse food, but as the speaker had often as many as ten patients to feed of a morning he was quite satisfied with his proportion. It had been objected to the nasal tube that it was slow, but Dr. Nash thought this was a good fault, as it was very injurious to feed a feeble patient too quickly.

The Chairman described Hayes Newington's apparatus for nasal feeding, which he at one time used exclusively. He agreed with Dr. Harvey as to the ease with which you could discover if you went the wrong way. He had thus satisfied himself on one occasion that he had put the nasal tube into the trachea, but as he had not begun to feed no harm was done. The danger of prolonged artificial feeding arose from the monotony of diet and its general want of fresh vegetables. It was dangerous to trust too much to farinaceous food. He was in the habit in protracted cases of rubbing down potatoes into a thin mash, also of cutting finely and pounding up onions and other strongly flavoured vegetables.

Dr. O'Mara admired the courage of Dr. Norman in adhering to the nasal tube in spite of the experience he had narrated. Dr. O'Mara still was disposed to prefer the œsophageal tube, but would confess that it appeared to be to a large degree a question of individual tact and of personal preposition, perhaps derived largely from chance first impressions.

CRIMINAL RESPONSIBILITY.

Dr. Oscar Woods, Divisional Secretary, brought before the meeting the report of the Committee on Criminal Responsibility, which the Association in General Annual Meeting had desired should be brought before each Division for an expression of opinion.

Dr. Woods argued that the present state of the law was unsatisfactory and perhaps dangerous. The questions put to the judges by the House of Lords were too narrow, and the power of the judges to issue a dictum on the subject was questionable as a point of constitutional law. It was perfectly preposterous to say that the question of a man's responsibility, on which depended his life or death, should be decided by his knowledge of the difference between right and wrong. This was the test at present, at least according to some of the judges. Things were little better if the whole question turned on some ridiculous quibble as to the meaning and force of the word "know."

The Chairman agreed with Dr. Woods in the main. The real crux for them

was to know what they were to suggest in place of the present condition of affairs. The supposed existing legal test was essentially illogical, and was, as they all knew, quite indefensible from a practical point of view, but if they wished to substitute something else they would be called upon to prove first that the present system actually operated unfairly, and secondly that they had something better to put in its place. There are difficulties in both respects. The lawyers have their crotchets, but the public seldom allow any substantial wrong to be done. The law in its stupid way insists on definitions. Our contention should be that we cannot and will not define what we believe to be indefinable. If we enter on definition the lawyers will always beat us in hair-splitting, and even if we succeeded for the time we would do harm, for the progress of opinion and the advance of knowledge will surely leave our definitions behind, and we will injure instead of serving science and humanity. We should always remember that we are not in the position of lawyers, who too often in this discussion allow themselves to be carried away by a desire for a forensic—a verbal—triumph, and who are too apt to treat with an arrogance which is born of professional jealousy those who trespass upon what they consider their preserves. Looking at the question from a professional point of view, we can afford to wait. When precedent, the law, and the House of Lords are on one side, as we are often told, and the doctors and educated public opinion are on the other, we know which will win. The Bar and the Bench may pull any amount of feathers out of us in the witness-box, but when we have facts at our back our opinion is generally the last one heard, and is the one which really decides the issue. We should be very careful, therefore, in going any further than declaring our conviction that the test of responsibility founded on the knowledge of right and wrong is insufficient, and out of conformity with the present state of knowledge.

Dr. O'NEILL said that the Division was to be congratulated on the action of Dr. Woods in connection with this matter. The subject of the criminal responsibility of the insane was one which had long occupied the attention of asylum physicians, and had been from time to time a bone of contention between the faculty and the law, but it was due to their Secretary to say that his paper, read at the Dublin Meeting last year, had brought the subject forward with a prominence which it never had had before, save on the rare occasions when a case like that of McNaghten attracted universal attention. To the vigour and persistence of Dr. Woods, and to the ability with which he put forward what might be called the medical view of this question, is owing the general interest that the topic has excited throughout the whole kingdom for the last sixteen or seventeen months. Many able utterances have been made, and much light has been thrown on the whole question. The labours of the Association's Committee, it may be hoped, will also aid in bringing this long-vexed question nearer to a solution. He was of opinion that they should not break up that day without adopting a resolution indicating their opinion as to how the present unsatisfactory condition of things could be amended.

Dr. NASH said that one point had not been touched on, which was of much importance. The procedure was surely faulty by which the Crown does its best, or appears to do its best, in criminal cases to have a lunatic found guilty and executed. Surely every fact that can be ascertained, which throws light upon the prisoner's mental condition, should be placed before the jury with the utmost impartiality. It is true that in any capital trial a man's life is at stake, but in other cases the greater the probability of a man's guilt the better he will be able to fight for himself. This is not so with the insane, and the Crown should be as anxious as the prisoner's own counsel to produce every fact, and have the man's mental state thoroughly investigated. The matter becomes worse when the judge, whether influenced by distaste for medical dictation, as Dr. Norman hints, or not, puts before the jury the narrowest possible view of the law, and refuses to the lunatic that benefit of the doubt which is given to every other prisoner.

After a prolonged discussion, in which Drs. O'MARA, HARVEY, GELSTON, and SHANAHAN took part, the following resolution was proposed by the SECRETARY, seconded by Dr. O'NEILL, and adopted:—"That while the Irish Division

of the Medico-Psychological Association is not prepared to recommend that there should be any alteration in the law defining criminal responsibility, it is of opinion that the procedure now frequently adopted in England and Scotland of having all criminals, about whom there is the least suspicion of insanity, thoroughly examined by medical experts before their trial, and as soon as possible after the commission of the crime, should be universally adopted, and the evidence thus obtained laid before the jury, whether for or against the prisoner. It is also our opinion that more latitude should be given to medical witnesses to explain fully their exact view of the mental condition of the prisoner, subject, of course, to the closest cross-examination."

Owing to the advanced hour a paper promised by Dr. Conolly Norman was postponed, and the proceedings terminated with a warm vote of thanks to Dr. O'Neill for having invited the Division to meet at the Limerick Asylum.

BRITISH MEDICAL ASSOCIATION.

We have now placed before our readers the greater part of the proceedings of the Section of Psychology at the last Annual Meeting of the British Medical Association, and here append an abstract of Dr. Gowers' paper on

THE RELATIONS OF EPILEPSY AND INSANITY.

Dr. GOWERS, in opening the discussion, restricted himself to the consideration of idiopathic forms and the clinical aspect.

The first striking relation of insanity and epilepsy, he pointed out, was their family interchangeability, and he dwelt on the need for statistics as to the proportional relations of epilepsy to insanity generally, and to its different forms; its relation to an associated history of insanity, and also of inquiring if any relation existed between epilepsy as a family antecedent and the course of the forms of insanity in which it occurs.

Dr. Gowers had ascertained the heredity of insanity with epilepsy in 50, and of insanity only in 37 per cent. of his epileptic cases, but regarded these estimates as untrustworthy from the popular tendency to refuse to acknowledge hereditary diseases of this class.

The consideration of the associated diseased conditions he held required careful limitation, especially by the exclusion of cases of simple mental failure or arrested brain development from epilepsy.

Post-epileptic mania, he thought, should be kept distinct as an "entirely separate form." While accepting Dr. Jackson's explanation that this state results from the unrestrained activity of lower centres, he did not regard this as the whole truth, since he had met with cases with unrecognisable precedent epileptic phenomena. He anticipated that study from the insanity aspect would confirm Jackson's theory that "the slighter the discharge, *i.e.*, the more extensive the function undischarged, the more manifest and elaborate is the post-epileptic automatic action."

A predisposition of the lower centres to pass into a state of morbid activity was inferred from the hysteroid symptoms which follow epileptic attacks, and justified by the fact that these occur in women almost exclusively in the first half, and in men in the first third of life; moreover, that psychical disturbance, often associated with a special sense centre, at times commences a fit. From this last fact he argued that the elaborate mental process which sometimes commences an epileptic discharge might solely constitute it, and that thus brief insanity might be truly epileptic, and not post-epileptic.

The occurrence of insanity in the course of epilepsy and the forms it assumes he urged needed further study, and also the precise features of the attacks in epileptics who undergo attacks of insanity. These last, he believed, especially occurred in patients in whom epileptic attacks were preceded by psychical or psycho-sensory auræ.

In the discussion Dr. HYSLOP said that from Dr. Hughlings-Jackson's scheme of