

SCOTTISH DIVISION.

A meeting of the Scottish Division of the Medico-Psychological Association was held, by the invitation of the Glasgow Lunacy Board, at the District Asylum, Woodilee, Lenzie, on Friday, November 4th, 1904, at 2 o'clock.

The following members were present: Drs. Angus, Carlyle Johnstone, Clouston, Devon, Easterbrook, Hannay, Henderson, Hotchkiss, Keay, Kerr, Law, Macdonald, McDowell, Marr, Mitchell, Oswald, Parker, Richard, G. M. Robertson, A. Robertson, Rorie, Sir John Sibbald, Urquhart, Watson, and Lewis C. Bruce (Divisional Secretary).

Sir John Sibbald was called to the chair.

The minutes of last meeting were taken as read.

Letters of apology were intimated from Drs. Turnbull, Yellowlees, Campbell, and others.

Patrick Shaw, L.R.C.P. and S.Edin., L.F.P.S.Glasgow, Assistant Medical Officer, Inverness District Asylum, Inverness (proposed by Drs. Campbell, Havelock, and Keay), applied to be admitted as a member. After ballot he was declared to be unanimously elected.

By the kind invitation of Dr. Urquhart and the Board of Managers of the Murray's Royal Asylum, Perth, the Spring Meeting of the Division will be held at Perth on Friday, the 26th March, 1905, or upon any other date which may be more convenient to Dr. Urquhart or the majority of the members of the Division.

It was decided to nominate Dr. Yellowlees and Dr. Turnbull as representative members of the Division on the Council, and Dr. L. C. Bruce as Honorary Divisional Secretary, these nominations to be confirmed at the Spring Meeting of the Division.

The members of the Division then adjourned to the reception house and saw clinical apparatus and clinical cases, and afterwards, in the laboratory, a lantern demonstration illustrating facial expression in the various forms of insanity, an exhibition of palate casts, a practical demonstration of plaster cast-taking, and a pathological demonstration.

At 4 o'clock the members met to consider the report of the Statistics Committee as to the revision of the statistical tables. After much discussion Table IV was amended, Drs. Carlyle Johnstone, Bruce, Havelock, and Macdonald entering their dissent. Table VI was referred back to the Committee undiscussed, and the suggestion that the remaining tables be adopted *en bloc* was negatived unanimously.

Dr. URQUHART moved: "That this meeting of the Division be adjourned to a convenient date as may be fixed by the Secretary, and that we suggest that the final debate by the Association upon these tables should be adjourned till next annual meeting.

This was seconded by Dr. DEVON, and unanimously agreed to.

A vote of thanks was given to Sir John Sibbald for presiding, and the company thereafter were entertained to dinner under the presidency of Dr. Bruce, the Convenor of the Woodilee Asylum House Committee of the Glasgow District Lunacy Board.

IRISH DIVISION.

AUTUMN MEETING.

The Autumn Meeting of the Division was held at the Royal College of Physicians, Dublin, on Friday, November 4th. Dr. F. E. Rainsford occupied the chair, and there were also present Drs. C. Norman, T. Drapes, R. R. Leeper, M. J. Nolan, H. M. Eustace, and W. R. Dawson (Hon. Sec.). Letters regretting inability to attend were received from the President and Dr. Mills, and telegrams from Drs. Woods and Oakshott.

The minutes of the last meeting were read, confirmed, and signed, and the Secretary made a short report with reference to the new regulation for the training

of nurses and attendants. He also announced that Dr. Rainsford had invited the Division to hold their Spring Meeting at the Stewart Institution, as, owing to building operations in progress, he was unable to have the Autumn Meeting there, as originally arranged. The invitation was unanimously accepted.

THE REPORT OF THE STATISTICAL COMMITTEE.

This was then considered, and, after a prolonged discussion, the following resolution was proposed by Dr. DRAPES, seconded by Dr. NORMAN, and unanimously adopted:

"That the Irish Division of the Medico-Psychological Association desire to signify their general approval of the Statistical Tables as amended by the Statistical Committee, but earnestly recommend the following suggestions to the Committee:

"1. That the Committee reconsider the form of Table IV of Admission Group with a view to its being framed more in accordance with the principles underlying all truly scientific classifications (as, for instance, those adopted in the case of plants and animals), with classes, sub-classes, and divisions following in natural serial order.

"2. That in any case such a debatable term as Dementia Præcox should be omitted from the classification.

"3. That in Table IV the term 'Stress' is not properly applicable to heredity, and should be reserved for causes of insanity referable to circumstance and environment.

"4. That in the Civil Register under the headings Discharged, Transferred, and Died the sexes should be differentiated.

"5. In the same table a column stating the nativity of the patient should precede the column 'Usual place of Abode.'

"6. That a more convenient order for the earlier columns of the Register would be—

"1. Number in order of admission.

"2. Christian and Surname.

"3. Date of Admission.

"4. Date of Previous Admission, etc. etc."

The Secretary was directed to forward a copy of this resolution to the General Secretary, together with a short report of the result of the discussions, in which the following further suggestions should be embodied, *vis.*:

Of Admission Group:

Table IV.—If the table recommended by the Committee is retained, "Acute Delirious Mania" should be added, the term "Delusional Insanity" replaced by one less ambiguous, such as "Paranoia," or "Insanity with fixed delusions," and the printing of the dementias so arranged that "Senile," "Organic," and "Paralytic Dementias" will not be placed side by side with "Primary" and "Secondary" under one denomination. "Acute" should also be substituted for "Recent."

Table VI.—"Heredity" should stand by itself, first in the list of causes.

Of Discharge Group:

Table I.—"Sent to care of friends" should not be placed on all fours with "Relieved" and "Not improved."

(The differentiation of the sexes, as suggested in the resolution, for certain columns of the Civil Register is necessary in order to enable Table I of the Discharge Group to be compiled therefrom.)

Dr. DRAPES was also requested to prepare a written statement of his views, and to forward same to the Divisional Secretary for the use of the Committee.

It was also thought desirable, if possible, in addition to a "Nativity Column" as suggested, to add a column showing whether or not the patients had lived for a long period in other countries.

COMMUNICATIONS.

1. Dr. Conolly Norman read a paper entitled "Modern Witchcraft: a Study of a Phase of Paranoia" (see page 116).
2. Dr. Leeper read "Notes on Two Cases of Cancer of the Liver in Chronically

Insane Patients," and exhibited some microscopic preparations to illustrate his paper.

The proceedings them terminated.

RECENT MEDICO-LEGAL CASES.

REPORTED BY DR. MERCIER.

[The Editors request that members will oblige by sending full newspaper reports of all cases of interest as published by the local press at the time of the assizes.]

Rex v. Holmes.

Albert James Holmes, 23, clerk, was indicted for the wilful murder of his nephew, Thomas Uric Copland, a child *æt.* 4 months. Prisoner, who is paralysed on one side, lived at home with his mother, brother, and married sister. He has been prevented by his paralysis from obtaining constant work, but had occasional odd jobs. On October 1st he was taken to task by the brother for leaving in the rain some books which had been given him to sell, and, after some words, the brother, who maintained the home, told the prisoner that, if he could not appreciate the kindness shown him, he had better clear out. The next morning the prisoner asked his mother where he should go, and she suggested that he should go and dine with a sister. He replied, "I will go, and next day I will go round the country to look for work." He then left the kitchen, shutting the door, took from the parlour a brass poker; went upstairs to the bedroom in which the child was lying in bed; and beat him about the head with the poker so that he died within an hour or two. Prisoner then left the house, and nothing was heard of him until he gave himself up at Kingston Police Station on October 4th, saying, "I wish to give myself up for killing my brother-in-law's child on Sunday last." Later, he said, "My mother, my brother, and my brother-in-law have been trying to get rid of me because I am a cripple and been out of work. I had a row with my brother on Saturday last, and it came to a climax, so on Sunday morning I got a brass poker and struck the child on the head." On the way to the petty sessions he said, "Every time I passed a policeman I thought he was going to get hold of me." Prisoner had had no quarrel with his brother-in-law, nor is any reported with his sister. The plea of insanity was raised, and it was elicited that the prisoner had been "strange in his manner," and had been reading pamphlets on hypnotism from America. Dr. Scott, medical officer of Brixton Prison, was called for the defence. During the time prisoner had been in custody, he had had a discharge from his left ear, which was on the same side as the paralysis. Infantile paralysis, from which prisoner suffered, was sometimes associated with mental impairment, not always. He considered the prisoner weak-minded.

Mr. Percival Hughes, counsel for the defence, urged that the very brutality of the act showed that the prisoner's mind could not have been under control. Counsel contended that the act was committed under an uncontrollable impulse arising from homicidal mania. After an hour's consideration the jury found the prisoner guilty, but very strongly recommended him to mercy. The judge expressed his concurrence in the verdict, and said he would support the recommendation in every way he could.—Central Criminal Court, Mr. Justice Grantham, November 15th.—*Times*, November 16th.

It has frequently been stated in these pages that the knowledge of right and wrong test of insanity is not rigorously applied by judges, except in cases in which they have satisfied themselves, by reading the depositions, and by the tenour of the evidence, that the prisoner ought to be convicted. The case above reported seems to corroborate the statement. The facts that the prisoner gave himself up to the police, and stated that he thought every time he passed a policeman the policeman was going to get hold of him, seem to indicate clearly that