The Hon. Sec. then read a few notes on "The Classification of Mental Disorders, with Special Reference to Table B 5." The subject was discussed by Drs. Soutar and Stewart and the chairman, and the proceedings terminated with a vote of thanks to Dr. Bullen.

## IRISH DIVISION.

The Autumn Meeting of the Division was held on Thursday, November 23rd, 1905, at the Royal College of Physicians, Dublin, by the kind permission of the President and Fellows of the College.

Dr. T. Drapes occupied the chair, and there were also present Drs. Oakshott, Eustace, Leeper, Rainsford, Cullinan, Redington, and Conolly Norman, who acted as Secretary in the unavoidable absence of Dr. Dawson, owing to domestic bereavement. The members having kindly expressed their sympathy with the Secretary, a letter was received from the President of the Association regretting his inability to attend.

The minutes of the preceding meeting were read, confirmed, and signed.

The following candidate was balloted for, and declared to be unanimously elected an ordinary member of the Association:—Capt. Charles John Robertson-Milne, M.D., M.Ch.Aberd., Medical Superintendent, Punjaub Asylum, Lahore. Proposed by Drs. C. Norman, J. M. Redington, and W. R. Dawson.

It was decided that the Spring Meeting of the Division, to be held on April 24th, 1906, should take place at some asylum near Dublin, to be fixed by the Secretary in communication with the Superintendent.

The following resolution was proposed by Dr. Norman, seconded by Dr. Leeper, and unanimously adopted:

"That it is desirable that the following changes be made in Bye-law 68:—After the words 'In the event of a vacancy,' the words 'in the' be deleted and the following words be inserted—'among the nominated non-official members of'; also at the end of the Bye-law, as it stands, after the word 're-elected,' the following words be inserted—'In the event of a vacancy similarly occurring among the officers (official members of Council), the Council may co-opt an officer to fill the vacancy thus occurring, but such officer shall only hold office until the next general meeting, at which the name of the officer whom the Council may nominate shall have been submitted to the meeting in accordance with the provisions of Bye-law 67, which shall be followed in respect of such election, though it be not held at an annual meeting.'"

It was directed that the Secretary should forward the resolution so that it might be considered at the earliest general meeting at which it could legally be received.

It was resolved that an early meeting should be held of the Committee appointed at the summer meeting of the Division to deal with the question of State Provision for Imbeciles.

Dr. Drapes then read a paper, entitled "Note on Psychiatric Terminology and Classification," which was discussed at some length by the acting Secretary, and by Drs. Leeper, Rainsford, and Eustace. Dr. Drapes replied.

The acting Secretary then read for Dr. W. R. Dawson a paper by the latter on "Three Cases of Dementia Præcox." The paper was freely criticised by the members present, one of whom intimated that, though he did not believe in Krapelin's dementia præcox, he was incubating a dementia præcox of his own.

The proceedings terminated with a vote of thanks to the College of Physicians for allowing the Division the use of their hall for the meeting.

## BRITISH MEDICAL ASSOCIATION.

SECTION OF PSYCHOLOGICAL MEDICINE.—ANNUAL MEETING, LEICESTER, 1905.

*President.*—Alexander Reid Urquhart, M.D., F.R.C.P.E.

*Vice-Presidents.*—Rothsay Charles Stewart, M.R.C.S.; Theophilus Bulkeley Hyslop, M.D.

*Hon. Secretaries.*—Arthur Molyneux Jackson, M.B.; John Wigmore Higginson, M.R.C.S.

The section was well attended, and the subjects dealt with evoked interesting discussions.

## PRESIDENTIAL ADDRESS BY DR. URQUHART.

### Heredity of Insanity.

The address was illustrated by numerous charts, statistical tables, and genealogical trees of neuropathic families. Dr. Urquhart referred to work already done in reference to the heredity of insanity, and gave a *resumé* of the scope of his observations. During twenty-five years there were 1104 cases under care at the Perth Royal Asylum. These represented 886 persons, 623 having been hereditarily predisposed to insanity, eccentricity, neuroses, paralysis, and alcoholism. Three hundred and ninety-four had a distinctly insane heredity. During the last ten years 375 persons under care showed neurotic and insane heredity to the number of 304, and heredity of insanity occurred in 180 cases. These figures included voluntary patients as well as certified. Of late years an increasing predisposition to avoid certification had been observed, and hereditary tendency to insanity in voluntary patients was therefore as much as 33 *per cent.* over the whole period.

The general results of the last ten years were as follows:

| | | |
|---|---|---|
| Certified patients with a hereditary history of insanity | ... | 48 *per cent.* |
| Voluntary " " " | ... | 42 " |
| Both classes " " | ... | 48 " |

If the whole neuropathic heredity were included the results would be increased to 81 *per cent.* for both certified and voluntary patients.

Referring to 623 certified and voluntary patients showing a heredity of insanity and neuroses, the total number of insane relatives recorded were 702 of all degrees of affinity, the number of neurotic relatives 240, paralytic 191, alcoholic 169, tubercular 259, and cancerous 70.

The usual incidence as regards parentage was noted in reference to insanity, 54 fathers of insane patients, in the proportion of 30 for fathers of males, and 24 for fathers of females. The mothers numbered 66, in the proportion of 28 for mothers of males, and 38 for mothers of females. Although heredity might be regarded as the prime factor in the production of insanity, the regenerating effect of a healthy environment was noted, and illustrated by reference to the experience of the Fechney Industrial School.

With reference to general paralysis, it was stated that the malady was certainly increasing in frequency—from 2·91 *per cent.* to 6·66 *per cent.* throughout the three periods under review, being a total of 4·40 *per cent.* over the whole term of years. It was found that ordinary forms of paralysis were very common among these neuropathic families, and the heredity of general paralytics was found to be largely insane. Out of 39 cases 14 were so predisposed. Eccentricity was noted 4 times, neuroses 12 times, paralysis 10 times, and alcoholism 7 times.

Referring to alcoholism, the statistics throughout the three periods under review increased from 6·8 to 24·8 *per cent.*, the mean being 16·8,—that is to say, taking certified and voluntary patients together, alcoholism had been noted in a yearly increasing proportion, although for the years 1903—1904 there had been some diminution. One hundred and forty-five patients had been received, in regard to whom alcoholism had been assigned as a causal factor. Of these 38 *per cent.* were hereditarily predisposed to insanity,—5 *per cent.* were hereditarily predisposed to eccentricity or neuroses. Alcoholism was noted among the near relatives of 24 *per cent.*, while the remaining 31 *per cent.* were apparently not of a hereditary nature. No doubt occupation and environment played a considerable part in the evolution of these last-named cases, and a fuller knowledge would assuredly reveal a faulty heredity in a certain proportion of them.

Dr. Urquhart specially referred to the communication of Professor Karl Pearson in the *British Medical Journal* of May 27th last, in which Professor Pearson gave an account of the investigations of Dr. Otto Diem.

Dr. Urquhart pointed out that we did not touch these and similar cases in the segregate practice of medicine in hospitals for the insane, and urged that a fuller

investigation should now be entered upon. Such an inquiry had already been instituted by Dr. John Macpherson in the course of last year, and it might well form a basis for further work in this direction. He concluded by suggesting that the Section of Psychological Medicine should pass a resolution asking the Central Council to appoint a committee for the investigation of hereditary forms of disease, and to place at the disposal of the committee such funds as will enable them to report on the whole subject.

### The Extension of Psychology in Medicine.

Dr. A. T. Schofield (London) read a paper on the extension of psychology in medicine; he urged the importance of the study of normal psychology and morbid psychology for the mental physician. But it should be, he argued, a psychology founded on the scientific data and investigation of the sister sciences, physiology, human and comparative neurology, and cerebral pathology. The conscious normal mind had to be studied as well as the subconscious mind and the alienated mind.

### A Short Account of Lunacy in Leicestershire.

Dr. R. C. Stewart read a paper on this subject, and showed plans of the new county asylum which is in course of erection. The notes on lunacy referred to the history and geography of the occurrence of lunacy in the county of Leicester during the last few decades. He showed, and described briefly, the plans of the new asylum, one conspicuous feature being detached houses (quite separate from the central main building) for the reception of paying patients, male and female, as distinguished from pauper patients who resided in the central building.

### Occupation and Environment as Causative Factors of Insanity.

Dr. T. B. Hyslop opened a discussion on occupation and environment as causative factors of insanity. The transformation from rural to urban life, he said, was accompanied by influences which proved deleterious to mental health and stability. (Illustrative cases were cited.) Migration from country to town not only led to the crowding of congested "slum" areas, but the weaker (less energetic and less ambitious) rural population left behind degenerated, partly from its inherent apathy and insufficiency of mental energy, and partly owing to much inter-marriage among themselves. The general tendency, with the advance of hygiene and civilisation, to improve the fitness of the female population to become good wives and healthy mothers had not always been fraught with success; women nowadays showed a tendency on their part to depart from their time-honoured *rôle* in nature, and the child-bearing and child-rearing obligations of womanhood among the middle and upper classes were becoming more and more neglected, the burden or duty of maintaining the slow increase of the population being borne chiefly by the lower classes. This was partly responsible for much of the physical deterioration of the race, the well-bred and well-fed of society neglecting the obligations of maternity; while the prolific poor, the lower, less refined, more ignorant, strata of the masses were thus of necessity made the main source and tributary to the future stream of the Anglo-Saxon race. Diminished virility was one of the results, with concomitant increase of degeneracy of body and brain in the progeny created under such conditions. Dr. Hyslop also referred to the power of religion—the sense of the inscrutable infinite Power that ruled Nature and man—as a vital factor for good if reverently and conscientiously accepted by all men and women alike.

### Causation of Mental Defect in Children.

Dr. W. A. Potts contributed a paper on this subject and expressed the opinion that nearly half the feeble-minded are the offspring of insane or feeble-minded parents, and that the others are the outcome of physical degeneration, such degeneration, if we extend our horizon, being really the origin of the whole trouble.

### The Prognosis in Mental Disorders.

Dr. Robert Jones opened a discussion on prognosis in mental disorders. Prognosis, when applied according to the principles of medicine, was the judgment

formed by the physician regarding the future progress and termination of any disease. In the case of disease the prognosis should be clearly and straightforwardly given to the patient's friends and relatives. The questions asked might be "Is there danger to life?"—"Will the illness terminate in recovery or death?"—"Is the illness likely to be a long-continued one?" and, in the case of mental disorder, "Will there be any permanent mental weakness left behind after recovery from the attack?" It would be important for the family to know approximately how long the expense of the care and treatment of an insane relative would have to be borne, for, of all ailments, insanity was one which was costly to nurse and required time for its treatment and recovery. The peculiar constitution of the patient, the general powers of recuperation, the soundness or tainted neurotic quality of his parentage, the actual form or kind of insanity he had developed, and the circumstances under which that development had been reached—all these were points to be carefully judged and weighed by the physician. Hereditary conditions, the epoch of life—puberty, adolescence, pregnancy and the puerperium, middle age and the menopause, old age—all had to be considered. Insanity, in whatever form it affected the individual, shortened life; the average mortality-rate of the insane population of Great Britain was six to seven times that of the sane general population. In European and American asylums 8 to 12 *per cent.* of the average number resident per annum died. It was estimated that of 100 persons attacked for the first time with insanity thirty recover and remain well, and the rest die or pass into chronicity, or partially recover to recur again and again. Three out of ten, therefore, may recover and remain sane for the rest of their lives, seven die insane sooner or later. Complete recovery with immunity against recurrence is somewhat rare and exceptional in cases of insanity. The special proclivity to phthisis renders prognosis grave in many classes of insanity. A higher percentage of girls recover from the insanities and psychoses of adolescence (the period of eighteen to twenty-five years of age) than boys. In young children the occurrence of insanity is of very bad prognosis, and the presence of epilepsy or syphilis renders the prognosis worse. General paralysis and acute delirious mania are of fatal prognosis, the mortality being nearly 100 *per cent.* By co-operation of bad heredity and a malign environment insanity is variously evolved. A good environment is potent for healthy development in case the hereditary taint is not overpoweringly bad.

### Some Observations on Confusional Insanity.

Dr. L. D. H. Baugh read a paper on Confusional Insanity, based on the study of a considerable number of cases. He held that the 47 cases considered pointed to the contention that the origin is toxic, that in the majority the toxines act on hereditarily predisposed nervous systems, and appear to do so in one of three ways: (*a*) directly through the blood or lymph channels; (*b*) more indirectly, probably through auto-intoxication; (*c*) still more indirectly, where nerve changes appear secondary to arterial changes. That in all there is a definite causal relationship between the physical and the mental, and, if dementia præcox and general paralysis of the insane are excluded, the constant symptoms—namely, a persistent vasomotor condition, evidence of toxæmia, such as leucocytosis and indoxyl, together with confusion, absence of emotion, a fixed facial expression, and purposeless resistiveness—complete the entity of a definite clinical type of insanity.

At the close of the first day's proceedings a resolution was passed that the Psychological Section should approach the Central Executive Committee with a view to obtaining aid in making an inquiry into the subject of hereditary mental diseases, and the hereditary affections of comparatively sane families.—*British Medical Journal.*

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