large together, and roaming about at their own sweet will in darkness, there should be no more immorality than was represented. They were told that in a certain number of years there had been only a certain number of bastard children born; but if the evidence of patients was to be credited, the amount of immorality was greater than this indicated. Putting aside the evidence of an excitable patient, that of another could not be lightly passed over. This occurred to him as one of the gravest defects. In one of the other asylums in Belgium they found an English woman, who begged very hard to be allowed to go back. She was thoroughly well taken care of; in fact, some of the Belgian asylums compared favourably with the English asylums, but she complained that she was away from home, and wanted to see her friends. It certainly seemed to him that the most important thing they saw at Gheel was the facility of deporting away the unfortunate members of families—a facility which, if it were more generally known in England, would, he feared, be largely made use of.

The CHAIRMAN asked Dr. Tuke whether he learned any particulars as to the result on the population of Gheel of their contact with insanity which had been going on for some generations.

Dr. HACK TUKE said he found that the proportion of lunatics in the commune of Gheel to the population was rather less than in other districts of Belgium. The evidence, at any rate, was that the number of people who went insane in Gheel was not any larger than that of those who went insane in other parts of Belgium.

The CHAIRMAN remarked that it appeared from Dr. Tuke's account that the chief restraint on liberty in Gheel was the want of money, or, to coin a new term, "pecuniary restraint."

Dr. TUKE said there was no doubt a great deal of truth in that, although, of course, the patients got a little money by their work.

Dr. COBBOLD said that Dr. Tucker mentioned in his paper that mechanical restraint was made use of by the guardians, leather gloves, &c., being freely used, and if the patients resented it or complained they were removed to the asylum. He had listened very carefully to Dr. Tuke's paper, and did not hear him contradict a single fact in Dr. Tucker's paper. Dr. Pritchard Davies certainly did contradict Dr. Tucker's pamphlet to a certain point, but he did not think that the latter condemned Gheel on religious or superstitious grounds altogether. His condemnation of Gheel was more comprehensive. He (Dr. Cobbold) thought they might feel thankful that there was no such state of things in this country, and he hoped there never would be any such.

Dr. TUKE said that Dr. Tucker's objections were very strongly stated in regard to the condition of the houses. That did not strike them. In regard to the two idiots, there was at times a certain amount of restraint, such as cross bars on the chairs in which the patients sat, but they could not criticise that. Altogether, he thought the general impression produced on the mind by reading Dr. Tucker's paper would be more unfavourable than the impression he himself received on visiting Gheel, although, as he had said before, he did not come away feeling at all enthusiastic in regard to the system, or anxious to see it adopted on anything like so large a scale in England.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—SCOTCH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Royal College of Physicians, Edinburgh, on Thursday, 5th November. Present: Dr. Rorie (chair), Drs. J. A. Campbell, Clark, Clouston, Ireland, Love, Mitchell, Ronaldson, Rutherford, and others.

Dr. R. B. MITCHELL exhibited microscopic preparations of diseased cerebral blood-vessels from two cases of general paralysis.

Dr. CLOUSTON showed an enormously-distended stomach, which was interesting from the circumstance that the patient had for some time before death

been fed by the stomach-tube; the fluid was retained in the stomach by the occlusion of the pyloric orifice by a cancerous mass. This condition was not discovered during life. The case resembled one of ascites, the more so as the liver was known to be affected.

The CHAIRMAN, in the absence of Dr. Urquhart, showed plans of proposed additions to Murray's Royal Asylum, in the form of two hospital wings, one for each sex. The plans were carefully reviewed by the meeting, and the comparative advantages of detached hospitals, separate villas, and wards partially detached, or connected to the main building by glass corridors, were discussed.

Dr. R. B. MITCHELL read extracts from a paper "On Syphilitic Insanity."

The CHAIRMAN complimented Dr. Mitchell on the great value of his paper, which he hoped would yet be published in its complete form. He considered that great interest attached to the connection between syphilis and insanity; and he had often been impressed with the resemblance between syphilitic insanity and general paralysis, a point on which he would like to hear the views of some of the members present.

Dr. CLOUSTON agreed with Dr. Rorie in considering Dr. Mitchell's paper a very important one. The statistics, especially, were very valuable. There was one thing very striking, viz., the number of the cases. If there were so many cases of syphilitic mental disease of an aggravated type in our asylums, might there not be mild cases where men who have had syphilis undergo some mental failure, or acquire some mental twist, not proceeding to insanity? Are there not a much larger number of cases of syphilitic psychosis than might at first sight be supposed? I can call to mind several cases of men in the prime of life who have failed in business; who, in fact, had become mildly demented, and where, in all probability, the origin was syphilitic. Not long ago I was consulted about a gentleman who, when apparently well, and doing a good business, had an attack of slight hemiplegia, but he went on occupying an important position in the business until a crisis came, and he broke down. He became confusedly delirious, or, rather, maniacal in a delirious way. I was inclined to give a good prognosis in the case, but I was wrong. He had difficulty in passing urine, and a catheter had to be used, which ended in his dying of blood-poisoning. There is another point suggested by Dr. Mitchell's paper, viz., the possibility of arresting syphilitic arteritis. This is usually a localized affection, certain sets of arteries being affected, and generally only certain portions of these. With regard to the interesting question which has been raised by the Chairman—the relations between syphilis and general paralysis—it has been averred by some that general paralysis is of syphilitic origin. This, however, is not borne out by clinical facts. There are, however, cases where we have to suspend our judgment, and try the effects of iodide of potassium. The only hopeful outlook for these cases is that they may be syphilitic. I think that there is no connection between syphilis and general paralysis. It may be that a general paralytic may have had syphilis, and that we may find general paralysis engrafted on a syphilitic brain. Some of the pathological appearances resemble each other, but the general diffused lesion which we find on the cerebral surface, and which is so characteristic of general paralysis, is not of syphilitic origin.

Dr. IRELAND thought that the connection between syphilis and insanity was a subject which had not yet been fully worked out. Twenty years ago it was thought that syphilis had very little to do with brain troubles. The nervous system was certainly more spared than any other, but still it was occasionally attacked. Many years ago, when in the Army in India, he saw numerous cases of syphilis, so severe sometimes as to cause death, but he never saw insanity result. Some cases, however, may have entered asylums afterwards. Syphilitic parentage he had rarely found to be a cause in cases of idiocy.

Dr. CAMPBELL and Dr. CLARK commented favourably on the paper.

It was resolved that the next meeting of the Northern section be held in Carlisle on the second Thursday in April.