

Dr. LEGGE was voted in the chair, and the minutes of the last meeting having been read and confirmed, the time and place of the next meeting were fixed for Wednesday, April 12th, 1899, at Hatton Asylum, Warwick.

A paper on the "Thyroid Treatment of Insanity" was then read by Dr. Middlemass. (See page 40).

The proceedings closed with a vote of thanks to Dr. Legge for presiding, and for his hospitality in providing lunch for the members.

After the business meeting, the members of the branch were escorted through the wards of the asylum by the medical officers.

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#### SCOTTISH DIVISION.

A meeting of the Division was held in the Royal College of Physicians, Edinburgh, on Thursday, 10th November, Dr. Urquhart, President of the Association, in the chair. Present: Drs. Clouston, Havelock, Hotchkiss, W. W. Ireland, Carlyle Johnstone, McDowall, R. B. Mitchell, Parker, Ford Robertson, Rutherford, James Rutherford, jun., Turnbull (Secretary), Watt, and Welsh. There were also present as visitors Drs. Ireland, junr., M'Intyre, and Sturrock.

Dr. GEORGE ARTHUR RORIE, Clinical Assistant, Royal Asylum, Edinburgh, was admitted as a member.

Dr. HAVELOCK opened a discussion on the Fatal Accidents Inquiry (Scotland) Act and the Workmen's Compensation Act in their Bearings on Asylums (see page 15).

Dr. GILBERT A. WELSH read a paper on "Syphilitic Insanity," which will appear in a future number of this Journal.

Dr. CLOUSTON said that he wished to direct the attention of the members to the Inebriates Bill, 1898, which would come into force in the beginning of next year, and which, although it applied only to inebriety with crime of some sort, embodied the principle that inebriety could be treated for long periods by the deprivation of the liberty of the subject for inebriety alone against the subject's inclinations. If a man had been three times drunk and incapable he could be brought up, and in addition to being punished he could be kept for three years in an inebriate reformatory. At last what the medical profession had been contending for for many years had now come to pass, that an inebriate might be reformed against his will. That was one step, and the other was that under the provisions of this Act local authorities could take public moneys wherewith to set up inebriate reformatories. The Town Council of Edinburgh, at the beginning of 1899, could assess the ratepayers for an inebriate reformatory. Another part of the Act was not only for the criminal inebriate, but for the habitual drunkard. The Dalrymple Act had been stretched in different ways. The Colleges of Surgeons and Physicians in Edinburgh and Glasgow had combined in a representation to Lord Balfour, on whom, as Secretary for Scotland, was laid the duty under the Acts of making regulations and bringing them into operation. He had nominated five members of a committee for this purpose, but in the committee he had not included any medical opinion. It seemed to be most extraordinary that the regulations for the control of what was often a nervous disease were to be made by five lay members. That was a thing that they felt keenly, for it showed how little medical opinion had got into the minds of statesmen. This was a very important Act; its importance lay in the principles it embodied, and the certainty that these principles would be extended to all inebriates in course of time. In the title of the Act nothing was said about criminality; it was stated to be an Act for the treatment of habitual drunkards, although only applicable to those who had been convicted of being drunk three times.

Dr. URQUHART said that he had asked Dr. Clouston to make this statement so that if anyone present had any suggestions to make, Dr. Clouston could receive and consider them. Had it not been for Dr. Clouston this important matter would have proceeded without comment. They had seen by the newspapers that this non-medical committee had been appointed, and it had been allowed to pass, as the medical profession almost invariably allowed these things to pass. It was largely their own fault that they did not weigh more in the political world.

Dr. CARLYLE JOHNSTONE said that they should support the Colleges, and suggested

that a representation should be drafted by the Chairman and forwarded to the proper quarter.

Dr. URQUHART pointed out that they must not commit the Association.

Dr. CARLYLE JOHNSTONE said that they could commit the meeting, and he thought that would be in order. He therefore moved that the Chairman be given authority to show the feeling of the meeting in the proper way by communicating with Dr. Clouston. The motion was seconded by Dr. Rutherford, and was carried.

After the meeting the members dined together as usual in the Palace Hotel.

[We understand that Dr. Clouston's name has been added to the Committee under the Inebriates Act by Lord Balfour of Burleigh, the Secretary of State for Scotland, on the nomination of the three Scottish medical corporations.—E.D.]

#### BRITISH MEDICAL ASSOCIATION.—EDINBURGH MEETING.

##### ADDRESS IN PSYCHOLOGICAL MEDICINE BY SIR JOHN BATTY TUKE.

Sir JOHN B. TUKE heralded his address by drawing attention to the facts that it was the second upon this subject which the British Medical Association in annual meeting had demanded, and that the previous address by Sir J. Crichton-Browne (delivered in 1890) was the first address on Psychological Medicine in the history of the Association. That such a discourse should be required twice within eight years is indeed a striking proof of the important position which our specialty has taken of recent years in the hierarchy of the medical sciences. To some degree, perhaps, it is also due to the personal distinction of the deliverers of the respective addresses—men who have so largely contributed by their labours to the advance which these addresses at once denote and illustrate.

The immediate topic with which Sir John B. Tuke dealt was "the modern conceptions of the etiology of insanity." The study of the insanities in former times was surveyed in a not very sympathetic way. Our unfortunate predecessors must not be judged too severely, especially when we consider that they admittedly did not possess the data which now afford "starting-points to the psychiatric physician for the scientific study of his subject." Unhappily, the art of medicine has often to be practised while knowledge is still very deficient, and the sad havoc which time has played with favourite views in general medicine which prevailed a quarter of a century ago, should make us modest in boasting of our advance. Sir John presented a telling contrast between the state of knowledge in 1864 and at the present day. But it is only, as it were, yesterday that we were talking about the cortical cells as centres of energy, or else as storehouses for residual impressions, while now they are but vidual stores—

". . . . And who doth know  
How long we please they may continue so."

Nothing is final in our knowledge; and, indeed, in cerebral anatomy and pathology we have hardly yet reached beyond the initial stage. "I verily believe," says Sir J. Batty Tuke, "that the changes of conception of the nature of the insanities is much more due to the establishment of scientific data bearing on the antecedents of mental action than to the generalisations of the philosopher as to mental activities. . . . Gradually—no, I should say rapidly; perhaps too rapidly for complete assimilation—there has been presented to the physician knowledge of a cerebral apparatus on which he is warranted in basing working hypotheses and practice. Until that apparatus was demonstrated he could not assert, except as an assumption, the fundamental physiological principle that mental action is a function of connection, or the pathological corollary that interruption of connection is the cause of impaired mental action." The members of our specialty, "knowing that they have a mechanism to deal with, solution of the continuity of which in any part of its course may affect its function, have a scientific foundation for the study of morbid influences productive of interruption of connection." The great work which has been done of late years in the pathology of insanity was considered, and two illustrations of a general character are given of the good results from such study. "In former times the theory of the effect of the mind on the body held a