

enable him to work more fully at this subject, which he considered a very important one.

In answer to Dr. Briscoe, with regard to bleeding, certainly he thought it was often resorted to by physicians, but very often too late. He had seen a good many cases which might have been saved.

Dr. Jones was kind enough to bleed two patients, but one was in a very bad way when she was bled. With the idea that the disease might be due to some mechanical condition, certainly bleeding did seem likely to give some hope, but he thought that the main thing was to stop the fits early. As soon as it appeared that the patient was going into the status something should be done. Each time the patient had a fit the brain became more excitable, and if it was an auto-intoxication that was taking place, of course the poisonous products were accumulating in the blood, so that finally it was impossible to get rid of them, and a fatal result ensued.

The Chairman then called upon Dr. Lord to read his paper upon "The Care and Treatment of Epileptics" (see page 468).

Members afterwards dined at the Café Royal.

SOUTH-WESTERN DIVISION.

The Spring Meeting of the South-Western Division was held at the Grand Pump Room Hotel, Bath, on Tuesday, April 18th. Dr. Aldridge was unanimously voted to the chair, and those also present were Drs. Benham, Morrison, Morton, Lindsay, McBryan, Bullen, Blachford, Barraclough, Davis, Sproat, Babb, Hungerford, Briscoe, Wade, Johnstone, Craddock, Stewart, Stevens, and MacDonald (hon. sec.). Dr. Paul Bush, of Bristol, and Dr. Gordon were present as visitors.

The following were elected members of the Association:—Charles R. Scott, M.B., C.M.Edin., Assistant Medical Officer, Warneford Asylum, Oxford; Reginald C. J. Stevens, M.B., B.S.Durham, Assistant Medical Officer, Devon County Asylum, Exminster; Arthur L. Flemmings, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Bristol City Asylum; Laurance Dudley Parsons, M.B., Ch.B. Edin., Junior Assistant Medical Officer, Cornwall County Asylum; Francis Dudley, L.R.C.P.I. and L.R.C.S.I., Senior Assistant Medical Officer, Cornwall County Asylum.

On the motion of Dr. Wade, seconded by Dr. Briscoe, Dr. P. W. MacDonald was unanimously re-elected Hon. Secretary.

On the motion of Dr. Morton, seconded by Dr. Morrison, Dr. Noott and Dr. Bullen were elected to fill the vacancies on the Committee of Management.

It was decided to hold the Autumn Meeting on Tuesday, October 17th, at Digby's Asylum, Exeter.

A letter from Dr. Turnbull, hon. secretary to the Scotch Division, was read, asking for the opinion of this division as to the payment of the secretary's expenses in attending meetings; and on the motion of Dr. Benham, seconded by Dr. Briscoe, it was resolved that the members of the South-Western Division approve of the principle, and would recommend that the secretaries be paid from the funds of the Association their out-of-pocket expenses (not hotel bills) in attending annual meetings and meetings of Council.

Dr. F. ST. JOHN BULLEN then read a paper on "Hallucinations of the Olfactory Sense in the Insane" (see p. 513).

Dr. H. BARRACLOUGH followed with a paper on "The Incidence of Alcoholism to Insanity, with special reference to Wiltshire." He had collected 482 cases, this number including cases of ancestral intemperance as well as of individual alcoholism. From these it appeared that "ancestral alcoholism" generally produces alcoholic habits in male descendants, rarely in female. "Ancestral alcoholism" was described as producing three effects in descendants: "ill-balanced brain," insanity, epilepsy (the number suffering from the latter is not absolutely arge). Of 234 male alcoholics 22·2 per cent. had a family history of intemperance. "Ancestral intemperance" ranked next to hereditary insanity in importance as a predisposing cause of insanity. In Wiltshire it was noticed that during the years

of agricultural depression alcoholism increased, whereas excessive drinking is said to be more prevalent in days of prosperity. With a family history of intemperance mental breakdown occurs earlier in life than in the case of an habitual drunkard without such history, and the recovery rate is higher amongst the former class. Melancholic insanity is generally the sequence of acquired alcoholism, whereas mania is that of hereditary alcoholism. Hereditary intemperance, besides predisposing to insanity, epilepsy, and alcoholism, also predisposes to phthisis, and in a few cases to general paralysis. The speaker also dwelt upon the important part played by unsuitable marriages in the propagation of insanity, and observed that medical men might exert influence for good by advising in such cases. They should be sociologists as well as clinicians and pathologists. The speaker objected to the narrow significance of the term "heredity" in our causation tables. Heredity of insanity was alone implied. The term should embrace such notable predisposing causes of insanity as epilepsy, consumption, intemperance, and neurotic ancestry.

The CHAIRMAN commented upon the practical character of the paper, and remarked that such investigations might be usefully extended to other counties. He was struck with the remark that in Wiltshire alcoholism was not so marked among women as among men, and possibly the difference might be accounted for by the different opportunities which large centres of population gave, which smaller ones did not. Possibly women had more facilities and worse examples in large populations than in small country villages.

Dr. STEWART said it was interesting to compare statistics over a large number of years from such places as Glasgow on the one hand, and Devonshire on the other. Glasgow was a place where spirits were taken in very much larger proportion than either beer or cider. Devonshire, on the other hand, was a county in which there was a comparatively small amount of spirit drinking. They found alcoholic heredity given as a cause of insanity in Glasgow in a much greater proportion than it was in Devonshire. Why was it, he asked, that spirits would produce more insanity, relatively speaking, than cider? He believed it was that in the case of the cider-drinking community they lived more in the open air; and he thought they would find that in Wiltshire and in other agricultural counties the hereditary predisposition of an alcoholic character was small, just in proportion as the population worked out of doors. They could work it off, and did not produce as many insane children in proportion as in the counties where the people were engaged in occupations which kept them within doors. He believed that the number of insane whose parents were toppers was comparatively small, and far smaller than people usually imagined. It was a mistake to say off-hand that because the patient's parents were toppers, therefore he had become insane. In a great number of cases allowance should be made for a great many other factors. Dr. Barraclough's experience corresponded with his own during the last twenty-three years, in dealing with inebriates, that male alcoholics had oftener the hereditary taint as a cause than females. There was a very interesting point brought out by Dr. Barraclough in his paper, which they hoped to dwell on a good deal in their conversation with their lay friends, and that was how consumption, epilepsy, insanity, and the heredity of intemperance were interchangeable in their effects upon future generations. He thought that during the twenty-three years in which he had been dealing with inebriates he had only had six cases in which there had been epilepsy said to be a direct result of the intemperance of the parents. Another fact which made a great impression upon him was that during all this time he had only had one case of an epileptic fit in his house, though in twenty-five cases he had been told, either by the patients themselves or the friends, that they had been subject to epilepsy before. Those who had had experience of epilepsy in connection with alcohol would probably be very much interested in this fact, and he had assured the friends in the cases to which he alluded that the probability was that when the alcohol was removed there would be no epilepsy.

Dr. BRISCOE said in his own experience he had come across a good many alcoholic cases, and had taken the trouble to inquire into their histories. He had found frequently cases of alcoholic insanity in which the alcoholic history had been transmitted from the parent and generations beyond, and although he did not wish to put his opinion before Dr. Stewart's, he had always been given to understand that alcoholic insanity was hereditary.

Dr. STEWART said he wished it to be understood that he did not at all deny that alcoholic insanity was hereditary; what he wished to suggest was that it far more frequently had as its result some of those other conditions he had referred to, such as epilepsy, or consumption, or some other neurosis.

Dr. MACDONALD added his testimony to the value of the paper. It was particularly interesting to him, because the facts which had been given were so absolutely in agreement with his own. Dr. Barraclough had hit the right nail on the head by saying that the great increase of insanity was probably due to that persistent state of marriage in a limited circle without any interchange of blood. He did not know what could be done to prevent this. Dr. Barraclough rather pinned his faith upon education. He did so himself at one time, but his faith had completely gone. He agreed with Dr. Barraclough in regard to the need for amending their causation tables; as now made up and sent forth they were most unsatisfactory.

Dr. BARRACLOUGH, in reply, referred to the comparison which had been made between the effects of whisky drinking and beer drinking. He thought it quite possible that the brain became more degenerated as the result of whisky drinking, and also at an earlier period. With regard to alcoholism and epilepsy, he quite agreed that if alcoholism could be stopped, epilepsy might be stopped too. As to the causation table, he was glad Dr. MacDonald's views coincided with his.

Dr. SPROUT read a paper upon "Major Operations in the Insane" (see page 446).

NORTHERN AND MIDLAND DIVISION.

A meeting of this Division was held at the County Asylum, Hatton, near Warwick, on the 12th April, 1899.

Members present: Drs. Rutherford McPhail, Miller, S. Agar, Hitchcock, Percival, Bedford Pierce, Whitcombe, Wilcox, and Crochley Clapham (Secretary).
Visitor: Mr. O. P. Turner.

Dr. MILLER was voted to the chair, and the minutes of the previous meeting having been read and confirmed, Dr. Crochley Clapham was unanimously re-elected Hon. Secretary of the Division, and the names of Dr. Cassidy and Dr. Miller chosen as those to be recommended to the Council of the Association to fill the vacancies on that body.

The date and place of the next meeting were left in the hands of the Hon. Secretary.

A discussion was then opened on "The Nursing Staff in Public Asylums" by Dr. Rutherford McPhail, of the Derby Borough Asylum.

Dr. RUTHERFORD MACPHAIL, in opening the discussion on "The Nursing Staff of Public Asylums," said his experience referred only to the last eighteen years. During that time he had seen great improvements in various ways—greater consideration for the comfort of the staff, shorter hours, longer leave, better pay, more means of recreation, and above all fairly complete instruction in nursing and care of the insane—since the institution of the nursing certificate of this Association. Although it might be taken for granted that we have much better staffs in our asylums to-day than was the case twenty years ago, we seemed to be no nearer the possession of a settled and permanent staff than was the case then. Indeed, such statistics as he possessed would seem to show that the changes were more frequent now than formerly. The obvious inference was that much more required to be done in this important matter, and as most superintendents had a free hand in the choice of their staff it was for them to suggest the remedy.

He went on to say that if educating one's attendants and nurses made them more valuable to the institution, it had also the effect of making them more ambitious, and illustrated this from his own experience. In the Derby Borough Asylum forty members of the staff had been trained and obtained their certificates during the last eight years; only twelve of these were at present on the staff, three of each six had left for better posts in other asylums, two attendants took up other work, five nurses left to be married, and nine attendants and six nurses had joined