subject outside the superintendents in England, who would be able to efficiently inspect the asylums. Dr. Beach remembered some years ago he had asked the opinion of a leading asylum physician on the subject, and it appeared to him that commissioners as commissioners should be abolished, and inspectors appointed instead, who should inspect the asylums, and these inspectors should have certain parts of the country to inspect, or if they could not get that carried out, then it would appear to him (Dr. Beach) that the alternative was to see whether it was possible or practicable to increase the number of physicians they had now. He thought most of those present that day were agreed that the number of commissioners, as at present fixed, was far too small for the great number of asylums to be inspected. He was rather doubtful whether district commissioners were very desirable, or whether they would be a success.

Mr. MACLEAN, in replying to the discussion, said he would like to say with regard to the remarks that had been made respecting the Quarter Sessions, when he was the proprietor of a private asylum the medical inspector did not come near him for six months, which he regretted very much; and when he did come the visit was an absolutely perfunctory one, and he came in and walked out again without asking a single question; that was about the extent of the visit. As for the matter of discharging the patients forthwith, what he meant to say was that the inspector should have the power to discharge a patient if the occasion required. He could not agree to legal commissioners in preference to hospital physicians, because the legal commissioners had to learn their work after they had been appointed, which seemed to be a bad system when they had men who had been medical officers who had the qualifications for commissioners.

The Hon. Secretary (Dr. E. WHITE) then read a paper upon "Epilepsy associated with Insanity." Dr. White premised by saying that he had hoped some assistant medical officer would have come forward with a paper. He had sent out 180 post-cards soliciting papers, but had not obtained one, and therefore he had had to fill the gap himself.

Dr. White's paper and the discussion thereon are unavoidably held over.

A vote of thanks was given to Dr. Fitzgerald for presiding, and for the facilities afforded the meeting.

Members dined together at the County Hotel, Canterbury.

IRISH DIVISION.

A meeting of the members of the Irish Division of the Association was held at the College of Physicians, Kildare Street, Dublin, on Saturday, April 1st, 1899. The following members were present:—H. M. Cullinan, Richmond, Dublin; W. R. Dawson, Finglas; J. O'C. Donelan, Portrane, Dublin; Thos. Drapes, Enniscorthy; H. Eustace, Glasnevin; Arthur Finegan, Mullingar, Secretary for Ireland; J. Mills, Ballinasloe; D. F. Rambaut, Richmond, Dublin; G. Revington, Dundrum; and C. Norman, Past President, who occupied the chair.

The following were elected ordinary members of the Association:

1. Gilcriest, Thomas, L.R.C.S.I., assistant medical officer, Sligo District Asylum.

2. Grogan, Amelia Gertrude, M.B., B.Ch., B.A., and B.A.O., junior assistant medical officer, District Asylum, Mullingar.

3. Leeper, Richard, F.R.C.S.I., resident physician, St. Patrick's Hospital (Swifts), Dublin.

4. Rainsford, F. E., M.B. and B.A., T.C.D., resident physician, Stewart Institute, Dublin.

In the absence of Dr. Gordon (Mullingar) the secretary moved a resolution standing in Dr. Gordon's name, on the subject of the nursing of the insane in the Irish workhouses.

Dr. Finegan, having spoken for Dr. Gordon, explained the circumstances which gave rise to this resolution. The Irish Local Government Board required carefully trained and certificated nurses for the care of the sick. Properly so. The Local

Government Board had refused to accept as nurses for the sick women who had been trained in asylums and had received the certificate of their association. But the care of the insane was a very special branch of nursing, and by a parity of reasoning it seemed to the proposer of this resolution, and to the speaker, that in workhouses where lunatics had to be attended there should be nurses specially qualified in that business.

Dr. DONELAN objected only to the resolution because it might be taken to imply that lunatics could, with some slight modifications of the present system, be properly accommodated in Irish workhouses. The speaker thought the public should rather be taught to understand how unsuitable workhouses were at all for the accommodation of the insane.

Several members spoke on the present lack of proper attention on the insane in workhouses.

The CHAIRMAN reminded the meeting of the vigorous paper on the condition of the insane in Irish workhouses contributed to the annual meeting in Dublin, in 1894, by Dr. Nolan, whose absence to-day he regretted. The members will have also noticed the strong language recently used by T. W. Russell, M.P., Secretary to the English Local Government Board, with regard to the state of the lunatic inmates of the North Dublin Workhouse. To the speaker it seemed remarkable that in these days, when the public were loudly appealed to on behalf of paupers, criminals, epileptics, &c., so little sympathy was shown with the condition of the miserably neglected lunatics and idiots in workhouses. He thought the Association was bound to give any help it could in bettering their condition, and therefore urged the adoption of the resolution.

The resolution, with certain verbal alterations, was eventually adopted in the following form:

"Inasmuch as the Irish Local Government Board has declined to recognise the holders of the nursing certificate of the Medico-Psychological Association as being trained nurses within the meaning of 58 (2) *a* 11 of the Local Government Act, and deems them ineligible to officiate as nurses for the sick poor in union workhouses, it is, in the opinion of this Division of the Association, desirable that as long as the insane are retained in union workhouses, attendants on the insane in such workhouses should be qualified by the acquisition of a certificate of proficiency in mental nursing, equal in efficiency to that considered necessary for the nursing of the sick."

The secretary was instructed to forward copies to the Irish Local Government Board and to the inspectors of lunatic asylums.

Drs. W. R. DAWSON and D. F. RAMBAUT contributed a paper on the "Ophthalmoscopic Changes in General Paralysis." Considerable attention has already been paid from time to time to the condition of the fundus oculi in general paralysis, but the conclusions as to the proportion of cases in which morbid changes are found are curiously conflicting. It is almost certain, however, that the percentages given by the earlier observers are too high, and later observations, such as those of Wiglesworth and others, show that the usual prevalence is about 17 to 18 per cent. Leaving simple anæmia and hyperæmia aside as being of doubtful pathological significance, the changes in the optic nerve which have been described are—

(1) A low form of neuritis, characterised by slight hyperæmia and blurring of the margins of the disc.

(2) Rarely a well-marked neuritis of the ordinary "choked disc" type.

(3) Atrophy of the disc shown by pallor, most marked on the temporal side. According to Lawford, in the characteristic atrophy of G. P. there is blurring of the disc, not the abnormal sharpness of the "primary atrophy," such as that of tabes. Whether the atrophy in G. P. is really primary, or is secondary to slight inflammation, is a moot point.

As regards the retina, Magnan is quoted as having observed a grey or white line along the vessels. This, which is due to a sclerosis of the vessel wall, is generally believed to indicate a bygone retinitis. A condition first described by Klein, under the name of retinitis paralytica, is said to be indicated by loss of transparency of the retina and papilla, and blurring of the margins of the latter, with varicosities of the arteries and more rarely of the veins, but does not seem to have met with general acceptance, though some observers describe it as very frequent in G. P.

Failure of sight is stated to be very rarely complete even at a late stage in the disease; but, on the other hand, some degree of blindness may be a very early sym-

ptom, and in fact may precede the other symptoms by months or even years. Most cases showing such symptoms are said to give evidence of spinal implication.

The following observations were made at the Richmond Asylum on thirty unselected cases of G. P. (the only ones in which examination was found possible). In only one was the patient a female. Thirteen cases of diseases resembling G. P. were also examined, and will serve as a control. They included eight of alcoholic dementia, one of congenital weak mind, and four of paranoia.

The cases of G. P. were, with two exceptions, all in the pronounced stages of the disease, but they presented a considerable variety both in mental and physical symptoms, and we believe them to be fairly representative of the different clinical types. The number of these cases in which morbid appearances were found is rather larger than the average of recent observations, as eight cases out of the thirty (26·6 per cent.) showed more or less distinct changes; while in some seven more doubtful appearances were found, which may possibly have been morbid. Such slight phenomena are very difficult to decide upon.

Of the eight cases, three showed symptoms of slight neuritis only, consisting of some redness of the disc, with indistinctness of margin, especially on the nasal side. In one case this appearance was found in the left eye only. In one case the vessels were large. In two of these cases there was a certain history of antecedent syphilis, and one was certainly alcoholic.

The female case showed pronounced papillitis on both sides, the discs being much blurred and very red. Both syphilis and alcoholism had been present. The case was remarkable as an instance of the rare occurrence of Charcot's joint disease in G. P., both knees being severely affected.

In the remaining three cases there was pronounced optic atrophy, the discs being white, and sight completely lost in two cases, reduced to perception of light in the third. In one of these cases only the right eye could be observed, as the left had been destroyed by an old accident some years before the patient came under observation. This case is particularly interesting as being one of those in which affection of sight from optic atrophy was among the earliest symptoms of the disease. Three months before his admission to the asylum he had consulted Dr. Swanzy at the National Eye and Ear Infirmary, who found optic atrophy, and, as there was also Argyll-Robertson pupil and at times slight affection of speech, diagnosed incipient G. P., a view which has been fully verified. Another interesting point is the manner in which the ocular lesion determined the form of the delusions. In the earlier stages he saw spiders, white skeletons, moving objects, crabs, and different coloured mosses. Later he complained of fluff, flies, and worms being thrown into his eyes, and then of buildings being erected at the back of his eyes which blocked out his vision. His general tone of mind was depressed and suspicious. There was no history of syphilis and no alcoholism. One of the other atrophic cases was syphilitic and alcoholic. One case showed reddish, ill-defined discs with large and tortuous vessels, indicating slight neuritis, probably chronic; and also white lines along the vessels. Two of the eight cases showed Argyll-Robertson pupil, but one of these only in the left eye, the right showing total iridoplegia. One other case showed total iridoplegia in both eyes.

In seven cases the knee-jerks were abnormal, being increased in four and diminished in three. The remaining was that of Charcot's disease, and could not be tested. The condition of the reflexes, therefore, afforded a certain presumption of spinal mischief. Romberg's symptom was not observed in any of the cases. They had never observed the varicosities of the vessels described by Klein.

Of the thirteen control cases only two showed indications of abnormality; in one case the margins of the discs were indistinct, in the other the discs were blurred, vessels large, and, on the right side, arteries tortuous.

In conclusion the authors ventured to think that these observations were, at all events, sufficient to show the desirability of an early ophthalmoscopic examination in cases of suspected general paralysis.

Dr. FINEGAN described the case of a man admitted into Mullingar Asylum in whom the diagnosis was doubtful. There was no history of syphilis. He had exalted delusions. There was a decided diminution of the reflexes, and he had a general congestion of the conjunctivæ, which led the speaker to make an ophthalmoscopic examination of the discs, with the result that he found they were somewhat blurred. However, he had only been in the asylum a few months when

he showed marked exalted delusions, and in the course of two years he died. During the whole course of his disease he had congestion of the conjunctivæ, associated with the blurred discs.

The CHAIRMAN said one case to which Dr. Dawson and Dr. Rambaut referred was an extremely interesting one, in which the earliest delusions seemed to have originated in delusive interpretation of phenomena arising from the patient's failing vision. He thought that moss, cobwebs, nets, &c., were constantly falling before his eyes. Subsequently he became suspicious, and said that Dr. Swanzy, the well-known oculist (who had seen him and early diagnosticated the case correctly), had put out his eyes. Later, other organised persecutory delusions appeared, and led to that result—comparatively rare in general paralysis—repeated attempts at suicide. In this case, by the way, there was a distinct history of syphilis, and the speaker expressed a strong opinion that such a history was rarely absent in cases of general paralysis. The speaker went on to say that Drs. Dawson and Rambaut's cases, which were the subject of a paper read at the Edinburgh meeting of the British Medical Association, were commented on in an Italian journal by Dr. Gucci, who said that the control cases were not selected "with a sufficient absence of preconception"—a criticism which the speaker did not quite understand.

Drs. DAWSON and RAMBAUT briefly replied.

Dr. DRAPES read a paper on "Punitive Measures in Asylums" (see p. 436), which was discussed at some length.

Dr. RAMBAUT read a paper on "The Röntgen Rays in Asylum Practice," and showed numerous photographs and negatives of fractures, bone diseases, and osseous deformities occurring in asylum practice. He drew attention to the special value of skiagraphic aid in ascertaining the presence and position of foreign bodies in the insane and in the diagnosis of the injuries of the insane, who are often unable to give reliable information about their subjective symptoms. He referred to the opportunities which skiagraphy affords of studying and recording the bony states in congenital and other deformities, which hitherto it has only been possible to study after death.

In referring to fractures of ribs, he mentioned that the thorax was examined on several occasions in the Richmond Asylum, both in the living and in the dead body, with the fluorescent screen and photographic plate, and that the results in the case of the living were so far disappointing. With the fluorescent screen it was quite possible to see the clavicle and scapula, and to get a general view of the ribs, but it was extremely difficult to examine a given part of a given rib, because the shadow of the posterior portion of the ribs (which is more opaque than the anterior) crosses at an acute angle the anterior portion, and confuses the picture; again, the ribs are comparatively translucent, and are in a constant state of movement necessitated by respiration, while the shadows of the vertebræ, heart, and sternum combine in obscuring the shadow of the ribs, especially when an attempt is made to examine the ribs about their middle with an oblique illumination. The dead subject, especially when emaciated, presented little difficulties, and even the cancellous tissue of the ribs could be made out.

Drs. DRAPES, MILLS, REVINGTON, and the CHAIRMAN spoke, the last on the service which he had hoped skiagraphy would be in the detection of injuries about the chest, to which, as they all knew, the insane are so liable. This hope had led them at the Richmond Asylum to experiment largely on this method of exploration. He still hoped that with improved modes of skiagraphy it might be possible to obtain an early and ready way of solving the question, often now so difficult, of whether ribs were broken or not.

Dr. RAMBAUT also communicated a paper upon a "Case of Insane Homicidal Impulse" (see p. 558).

Further papers were contributed by Dr. EUSTACE on "Paranoia," and by Dr. CONOLLY NORMAN on "Emphysema of the Subcutaneous Areolar Tissue occurring in a Case of Acute Mania."

The report of these is unavoidably held over.