the time, and the difficulty of getting the committee together, caused the project to be abandoned.

There are two ways in which this Section might aid the General Medical Council in improving the *Pharmacopœia*. One would be by utilising the machinery afforded by our JOURNAL and our extensive membership in obtaining a sort of *plébiscite* of the medical profession upon the rejection of several drugs hitherto included in the official list and upon the acceptance of some well-known drugs not yet receiving the seal of authority. To settle such by the individual opinion of the members of the Pharmacopœial Committee or of the Medical Council will be hardly likely to be accepted as a satisfactory solution of the difficulty; nor does there yet appear to be any practical way of utilising for this purpose the new principle of representative election introduced last year into the Council by the recent medical legislation. There could be no difficulty in obtaining a tolerably accurate idea of the professional mind through the JOURNAL and different Branches of the Association at home and in the colonies.

It may be said that such is unnecessary and undesirable; and though it appears to me that a solution of the *Pharmacopœia* difficulty cannot be arrived at without recognising the voice of the bulk of our profession practising in this country upon the question of compiling a truly national index of treatment, nevertheless, there may be a different view held by others, and it would thus seem to be an advisable thing to invite an expression of opinion from those met to-day.

The second method by which this Section might be of the greatest service to the Pharmacopœial Committee and Medical Council is one which would appear even more clearly to fall directly under our duty. It would be in putting to the test and critically examining and reporting upon all new remedies not hitherto in extensive use, though likely to be thought worthy of an official position. This proposition should not be confounded with the former one, which is only meant to apply to the voice of the profession upon the acceptance or rejection of common drugs in daily use. It might not be considered expedient to ask the vote of the bulk of practitioners upon a drug, for example, like fuschsine, which, in all probability, had been only used by a limited number of hardy pioneers of progress.

A list of new agents of good promise could be prepared, and a "plan of campaign" arranged by which, through our JOURNAL, detailed reports of their therapeutical actions and uses and untoward effects might be ventilated, which would be of the greatest use to the profession and to the compilers of the *Pharmacopœia*. Unless under most exceptional circumstances, no drug should ever be allowed to find its way into the Official List until after the most rigorous and exacting scrutiny of its properties by a large number of independent observers. The exception might be made in the rare case of a drug being introduced upon the eve of a new issue of the *Pharmacopœia*, provided it possessed obvious and striking qualities—like cocaine, for example.

If we wait in the future, as we have hitherto done in the past, till the professional mind is thoroughly satisfied about the utility of a new drug, from the isolated and often contradictory reports upon its actions, scattered through the medical journals of various countries, then, in the future, as in the past, our national *Pharmacopœia* will invariably be behind the day, and unworthy of being regarded as a true index of British therapeutics.

If such a plan of inviting and encouraging our own members by every means in our power to publish in the JOURNAL reports of the failures or successes of new drugs, in a wonderfully short time we could arrive at a tolerably accurate idea of their claim to confidence or of their pretensions to official recognition. This scheme would then achieve two valuable objects: it would bring to the test *without the usual delay* all new importations, and it would prevent the chance of any drug finding its way unworthily into the *Pharmacopœia*. Thus, by keeping pace closely with therapeutic progress, we would effectually, by putting a check upon the admission of remedies, prevent the possibility of frequent erasures in succeeding editions.

I have no doubt that were this scheme carried out by the Council of the British Medical Association, the Pharmacopœia Committee and the Medical Council would heartily fall in with it, and though we could not expect to have every detail of our suggestions always carried, if our part was faithfully and honestly worked out, we would soon have the satisfaction of finding we were employing our great organisation in achieving a work of lasting benefit to our art.

Let us look, then, for a moment at how we could make such a scheme practicable. A small committee with a good energetic secretary would have to be appointed to take the matter in hand, and select, in the first instance, the new drugs likely to have claims for official recognition, and then to invite, aid, and encourage investigation, and report upon their actions and values.

Such a committee might only have to meet a few times in the year much of its planning work could be done through correspondence. It could act under the direction and supervision of the Council of the Association, aided by such suggestions as might from year to year come from this Section in its annual deliberations. It probably would be advisable that its constitution be not subjected to frequent changes, and an annual report of its labour might be laid before the Association or before this Section.

It will be apparent that the first and second proposals laid before the Section to-day can be easily combined, they naturally indeed fuse and become one.

If you are satisfied to recommend the Council of the Association to dedicate a moderate amount of space in the JOURNAL for the ventilation of purely therapeutical subjects selected and watched over by a committee appointed in whatever way the Council may think wise, the new machine could easily take up the work of pharmacopœial reform, and without increasing materially its labour could, by selecting proper drugs for crucial examination, give a powerful stimulus to therapeutic research at the same time. Three separate proposals are thus laid before you for your consideration: the first having solely for its aim the encouragement of a better method of stimulating therapeutic research amongst the members of the Association; the second aiming at making the voice of the Association felt in improving and perfecting the national *Pharmacopœia*. The third proposition would be to combine the first and second, provided both schemes meet with your approval.

After I had corrected the proof of these remarks last week, our able Secretary, Dr. McHugh, directed my attention to a column in the JOURNAL of August 15th, 1885, in which I find that the original propositions discussed at the first meeting of this Section in Belfast were again brought up at the Cardiff meeting by the President of the Council. It was then proposed "that this Section should discuss new remedies and make a selection for further investigation in conjunction with the Collective Investigation Committee." A committee of the Section was again appointed to co-operate with the Collective Investigation Committee, and I am not aware that anything has been done by this Committee.

Clearly it seems to me that the propositions which I submit for your consideration can only be worked out by a permanent central organisation working somewhat like the subcommittees of Council and commanding the assistance of our JOURNAL and numerous members.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PSYCHOLOGY,

At the Annual Meeting of the British Medical Association in
Dublin, August, 1887.

By J. R. GASQUET, M.B.,
President of the Section.

PSYCHOLOGICAL ASPECT OF INSANITY.

GENTLEMEN,—I will not waste the time allotted to me—which, happily for you, is short—by dwelling upon my own unfitness for the post which I have the honour to fill to-day. You will do me the justice to believe that I never realised my own shortcomings so fully as I do now, when I am called to preside over men of greater knowledge and experience than myself. I therefore put aside at once all personal considerations, and rely, solely but confidently, upon your kindness to make the work of our Section a success, in spite of all my deficiencies.

But I approach the subject of my address with greater diffidence, being aware that many will think it needs more apology than my position here. I know there is hardly a matter connected with insanity which you have not had larger opportunities of studying, and, I fear, used those opportunities more profitably, than I. On these it would be almost an impertinence that I should dwell; but there is one subject which, as it seems to me, we all alike neglect, and to which I may without presumption direct your attention, as well as my own. I propose to ask whether the abundance and importance of the bodily conditions that come before us do not unduly distract our minds from the mental and moral phenomena of insanity? Whether we do not look too much upon the physical side of the object of our study, and neglect its psychical aspect? Let no one be alarmed. I have not the slightest wish to disturb our tacit agreement that questions of philosophy should be set aside by us, and that our business is to study

the concrete manifestations of mind. Nay, I am quite prepared, with a physician who was also a great philosopher (Lotze, *Logic*, chap. v), "by one general formula of ready worship, to purchase a dispensation from any further glorification" of the principle that insanity is due to disease of the bodily organism, and must be studied as such. No doubt there has been much need in the past of the frequent repetition of this fundamental truth; still "any moral sermon becomes intolerable if it goes on for ever." Nor does there seem to be much present risk of its being forgotten; while there is, on the contrary, the danger of a reaction if we dwell too unduly upon the bodily side of our duty. The zigzag progress of human thought may at the next turn of the path bring the psychical aspect into undue prominence.

A few examples will show what I mean, and, perhaps, enable us to ascertain better how far my fears are justified. Let us take the causation of insanity. It is impossible to exaggerate the importance of heredity in all biological study; it is the first law of motion applied to the organic world, and must, therefore, be the starting point of all our inquiries. But has not our daily increasing recognition of the universal extent of heredity somewhat lessened our attention to all those factors of insanity which used to be called (and still figure in the text-books) as "moral causes"—education, precept, example, and all the manifold ways in which one human mind can influence another? Of course they all have a common physical basis in that tendency to imitation which is inherent in the nervous system as the highest form of reflex action, yet the connecting link between mind and mind is none the less purely psychical. I have not forgotten that we are about to have the pleasure of hearing a paper on a striking instance of what I refer to—*folie à deux*—by one of our most accomplished members; but what fields remain unexplored! Who has sought to unravel the tangled skein of family histories, and tried to estimate the share which the early example and training of neurotic parents have in strengthening the evil tendencies which they have already transmitted to their children? Happily we seldom now have the opportunity of studying the effect of imitation on the largest scale in those epidemics of insanity which have been so notable in the history of the world; but their records are still accessible to our study, and appear to justify abundantly my contention.

I need only just mention the influence of the various passions, even in their most refined developments. Jealousy, remorse, anxiety, grief, act indeed only by and through the nervous system, but in their nature and origin are mental rather than cerebral.

If we pass from the causation of insanity to its symptoms, we shall, I believe, find their psychological aspects equally deserving of more careful investigation than they receive at present. Thus many of the phenomena of insanity, if tested by psychology, turn out to be quite different from what they at first sight appear. For instance, I suppose we are all apt to class as disorders or loss of memory states which would be more accurately defined as disordered recollection or attention, which no doubt have very different physical correlates from loss of memory proper. It may even be suggested that the slowness with which psychiatry progresses may be largely due to our imperfect psychological analysis, which connects symptoms really dissimilar, and separates others which are only different in appearance.

Turning to symptoms as we find them, we may say roughly and generally that the bodily condition supplies the general direction which the insanity takes, while the details by which each individual seeks to account for his altered feelings are derived from his past mental experience. This is, of course, most plainly seen in cases of recent melancholia. The religious belief to a great extent supplies the data out of which delusions are constructed, so that we find many delusions of this kind are "endemic" among the members of various religious bodies.

The way in which the systematic delusions of chronic insanity are gradually built up, if more difficult to study, appears to be more curious and remarkable. For instance, we have all seen patients who start with delusions of persecution, and gradually go on to construct the belief that they must be personages of exceptional rank or importance to be the victims of such persistent conspiracy and hatred. Or again; it is very interesting to watch the growth of delusions in educated lunatics, by their continual attempts to meet real or fancied objections, so that the very reasoning that is employed to disabuse their minds leads to their increased confusion.

A question of greater delicacy and difficulty has sometimes been approached, but still, I believe, awaits adequate investigation. It needs a very subtle analysis to discover whether all the mental faculties are alike liable to perversion, or whether any laws of thought or processes of mind remain standing amid the general ruin, and are always normal as long as they are manifested at all.

So, too, no one will say that the several groups of symptoms which

we include under the term "moral insanity," have been sufficiently studied. Many problems still await solution by the application of psychological analysis, though it has been carried much further in this than in other directions, owing to the pressure of medico-legal requirements.

After all, the ultimate test of all our medical knowledge is its practical value. Fortunately for you, this excludes from my consideration the services we might render psychology, were we trained psychologists. But it leads me to ask all the more urgently, Is the psychological side of our speciality unduly neglected in treatment? As a proof that it is, I need hardly go further than the very term "moral treatment," which has been used so vaguely as to become almost ridiculous, and fallen into disrepute. It is, indeed, true that the mental and moral influence of one mind upon another is hardly ever more wonderfully displayed than in the management and cure of the insane. To rouse the apathetic, to cheer the melancholy, to control the excited, to bring the self-centred lunatic face to face with the realities of life—these are noble powers indeed, which are being constantly exercised in asylums. But the tact which can do all this is personal and incommunicable, born of long practice, of frequent success, and still more frequent failure; it is the skill of an artist bringing forth harmony and order from the instrument on which it plays. What a gain it would be if the principles on which one skilled in dealing with the insane proceeds, instead of being intangible, because unconscious, could take shape and definiteness under scientific treatment, and the beginner start in some measure armed with the experience of past generations. That the thing is not impossible is shown by the success in a parallel profession of Mr. Sully's excellent *Teachers' Manual of Psychology*. It is from this point of view that such experiments as Dr. Savage, in particular, has recorded are of great interest; where lunatics are reasoned out of their delusions, and cured, so to speak, by psychology. We may naturally expect that by the continuance of such attempts upon some fixed method we should gradually arrive at fixed principles of treatment.

A profound conviction of the practical importance of my subject could alone have induced me to occupy your time to-day with what must, at first sight, look like mere fault-finding and criticism. A heavy responsibility lay upon me to use the moments in which I was privileged to address you to the best of my power. I felt I could not do better with them than to enforce the old sentence, which might well be the motto of our profession: "*Ars artium regimen animarum*," "The art of arts is the government of souls."

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF MEDICINE,

At the Annual Meeting of the British Medical Association in Dublin, August, 1887.

By WILLIAM MOORE, M.D.,

Physician in Ordinary to the Queen in Ireland, President of the Section.

ADVANCE IN KNOWLEDGE OF FEVERS.

GENTLEMEN,—My first duty is to return my best thanks and personal acknowledgments to the members and Council of the British Medical Association for the distinction they have conferred on me by appointing me President of the Section of Medicine on this auspicious occasion. When so much has to be said and done within a comparatively limited time, my opening remarks must necessarily be very few, and more particularly as in another place you will have the advantage of hearing an address in medicine from one of the great masters of our profession.

That medical science has made rapid strides in the direction of an exact science within the past quarter of a century is undeniable, mainly through the application of the microscope, laryngoscope, thermometer, and such kindred appliances; still we want something more of the precision which holds in mathematical science, and this is especially observable in clinical medicine, exactitude in which can only be obtained by close observation of "correlation" in disease, and after a long time.

To give you a general review of the more prominent advances which have been made in medicine as an exact science within a comparatively recent period would be out of place in my position here, when so many questions of vital importance are awaiting discussion; hence I shall confine myself to one subject, namely, the advances made in fevers, in the direction of precision, as regards their specific characters, their diagnosis and prognosis. In my student days no branch