If m denote the mortality and θ the temperature, the following formula—
 $m \times \theta = 1471.5$
 represents the relation between death-rate and temperature.

If we take from the preceding table the two coldest months in the year (December and January), we find—
 $m \times \theta = 1418.$

I have taken the product of death-rate and temperature for the same two months in London, and find—

1881	...	...	$m \times \theta$
1882	...	...	864.0
1883	...	...	970.5
1883	...	...	869.2

Mean ... 901.2

Hence the relation between death-rate and cold in London in winter months is—
 $m \times \theta = 901$

The following table shows the relation between cold and death-rate during the winter months in Dublin and London.

Death-rates in Dublin and London in December and January.

Temperature.	Dublin.	London.	Difference.
40° F.	35.4	22.6	12.8
39 "	36.4	23.1	13.3
38 "	37.0	23.7	13.3
37 "	38.0	24.4	13.6
36 "	39.0	25.0	14.0
35 "	40.5	25.8	14.7
34 "	41.7	26.5	15.2
33 "	43.0	27.3	15.7
32 "	44.3	28.2	16.1

This table shows that when the thermometer falls from 40° to 32°, the cold increases the death-rate in London by 5.6 per 1,000 and in Dublin by 8.9 per 1,000. What this means no one can tell better than the clergy and physicians, who know the sufferings of the Dublin poor in winter. The real cause of the high death-rate of Dublin is the poverty of a large proportion of its inhabitants, which arises from causes quite beyond the control of the sanitary authorities. How much of this poverty is due to political causes, and how much to the habits of the people themselves, is no business of mine to discuss. It is there, and produces its deadly effects. However, we must not despair, but by repeated efforts on the part of all, do what we can to relieve the sufferings of the poor, and remove their causes. I would ask my Dublin friends always to keep in mind the answer of Simon Peter to the Divine Lord: "Master, we have toiled all the night and taken nothing; nevertheless at Thy word, I will let down the net."

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PHARMACOLOGY AND THERAPEUTICS,

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

By WILLIAM WHITLA, M.D.,

Physician to the Belfast Royal Hospital; Consulting Physician to the Ulster Hospital for Women and Children; President of the Section.

PROGRESS OF THERAPEUTICS.

GENTLEMEN,—The idea of devoting a separate Section of the great annual meeting of the British Medical Association to the treatment of the subject of pharmacology and therapeutics originated in connection with the Belfast meeting in 1884, and you will forgive me when I refer to the rather remarkable coincidence that the Council of the Association, without the least knowledge of the fact, appointed as President of the new Section this year the one to whose mind the first suggestion of the new departure occurred.

In inaugurating its fourth session we may congratulate ourselves upon the success which has attended the experiment. Since its birth under the skilful care of Dr. MacLagan, in the cold North, the Section has passed in safety through the critical period of infancy, and having without any mishap survived the first and second dentitions in Cardiff and Brighton, under the fostering care of my illustrious pre-

decessors in office, Professors Fraser and Lauder Brunton, the young giant exhibits himself to-day, let us hope, with every prospect of a long and vigorous existence.

In expressing my appreciation of the honour conferred upon me by the Council of the Association and the members of the Dublin Branch, allow me to say that I feel no stronger proof of the success of the new Section could be afforded than might be found in the reflection that the department is now considered to be so thoroughly established that it may be trusted into my weak hands.

It might be profitable to glance back at the work done at former meetings of our Section, but the short space allotted by the Council to the presidential addresses this year forbids. It appears more desirable to look forwards and see if in any way we can advance the great work of progress which our large Association has been so long and successfully carrying on in the interests of medicine.

As the title of the new Section implies, it was created with the intention of advancing the growth and progress of two distinct sciences. Pharmacology, in the present accepted meaning of the term, deals exclusively with the actions of the various remedial agents in health altogether independent of disease; whilst therapeutics, it is needless to say, embraces the consideration of the practical application of remedies to the treatment of disease. Speaking in a general sense to-day, one might regard the first as a science dealing with the results of experimental researches upon the lower animals, and the second as the science which applies these experimental results to the relief of suffering and disease in man, always, of course, remembering that there was a Therapeutics before the science of Pharmacology was dreamt of. There is perhaps no sadder aspect of scientific medicine in this country than the present position of pharmacology. The restrictions imposed by a short-sighted Legislature, warped and swayed in its judgment by noisy and clamorous agitators, have driven us into the humiliating position of looking to the more favoured investigators in other countries for those solid materials out of which, to a large extent, we must rear a truly scientific treatment of disease.

It is not my intention to dwell upon this sad grievance, but in the brief period at my disposal to look away from it and take a rapid glance at our position from rather an opposite standpoint. It is easy, by dwelling upon the thought of how we are handicapped in experimental researches upon the lower animals, to foster a sullen or slothful inaction, which in time might become a paralysis, and it appears already that signs of such inaction are not wanting. Too much is expected from pharmacology, and many of those who chafe and fret under the difficulties of carrying out investigations of this sort, and who lament the dearth of laboratories and appliances in our great teaching institutions, have got to believe that if only such restrictions and difficulties were removed, and every school had its pharmacological laboratory, the millennium would at once arrive. If we could fancy every obstacle removed, and every conceivable facility given for the prosecution of such research, the practical physician would not find the way to a better treatment of disease made easier for a long time to come. The results of pharmacological labour are often of very little value until elaborated, tested, and purified from their dross at the bed-side by patient and repeated clinical observation. The real work sometimes only begins when the pharmacologist leaves off. It is perhaps as well for the science of medicine that, after all, in the most favourable view of the case, few men can be expected to devote themselves exclusively in this country to the study of the action of remedial agents and substances upon healthy organisms, otherwise the treatment of disease might soon become utter chaos, as years of careful clinical observation and experience are often needed for the laying down of correct rules by the practical physician or therapist before the discovery of the pharmacologist can be of much value. Indeed, at the present moment, though we justly mourn over the paucity of pharmacological material, there is evidence that in many directions it is far in advance of our therapeutics.

Strophanthus, digitalis, caffeine, convallaria, adonis vernalis, scillin, casca or ordeal bark, mistletoe, and many other active vegetable substances have been found to produce certain definite and similar effects upon the healthy heart. What a vast field of clinical experience, and what innumerable observations by hosts of patient observers must be recorded before the physician can expect even to know which of these remedies is the most valuable, and under what conditions certain members of the group are indicated, whilst others are forbidden in the treatment of the diseased organ. This is true of the great bulk of our new drugs. We are only familiar with their most evident and striking actions, and we cannot expect for years to really know all we should about them, till innumerable observations at the bed-side reveal to us their value in the ever-varying conditions of diseased processes. The most sanguine view of our present position,

and the rate at which we are progressing, must convince us that as practising physicians we might be doing more in the direction of applying, utilising, and perfecting the results of recent pharmacological discoveries.

In the search after "new remedies" and specifics we have obtained a number of valuable drugs about whose virtues there is much yet to learn, and the scientific practitioner, who is simply waiting and watching for new additions, and deploring his own inability to add to the list, is losing the opportunity of improving the science to whose advancement he has consecrated his life and energies. The indication at present is not for more new remedies, but for a better and more precise knowledge of those already placed in our hands. It seems as if one of our very greatest barriers to progress is to be found in the ever-increasing number of new drugs which pours in upon us at a rate which prevents that thorough testing of their qualities and actions so necessary before the range of the new weapons can be accurately determined.

Here then seems to me to be our duty as a Section. A vast field of almost virgin soil lies at our feet; pathology, chemistry, physiology, pharmacology, and pharmacy, have brought in their discoveries and enriched the domain of therapeutics, and if we are to reap the benefits we must be up and doing. As part of a huge organisation of scientific men, we have the very machinery at our command. With a membership of many thousands, and a weekly JOURNAL conducted with a skill and spirit of enterprise which have excited the admiration and envy of all countries, we should have little difficulty in turning over a new leaf, and giving a powerful stimulus to practical therapeutics.

The higher and perhaps more strictly scientific work of the pharmacologist must, as a rule, be wrought out by himself in the solitude of his own laboratory, as he watches and records the comparatively constant effects of agents upon the tolerably stable conditions of health. The therapist, upon the other hand, requires the assistance of innumerable observers whilst studying the effects of the same agent upon the restless moods of endless change in the ever-varying conditions of disease in different individuals. One might state this in a general sort of way, by saying that the advance of pharmacology can only be accomplished by individual effort, whilst therapeutic advance demands combined and co-operative assistance. With the smooth working machinery of the British Medical Association, the principle of co-operation can be easily and effectually brought into action. At the present time there are many deterring forces operating to prevent a man from making or publishing the results of observations upon the action of remedial substances in disease. The fashion of the hour is to depreciate any records which do not appear susceptible of mathematical proof. The results of clinical experiences of various treatments are too often regarded as "matter" which can have no pretence to originality, and one can hardly fail to observe the prominence which many medical writers give to experimental researches of the most superficial and fallacious kind, which are at variance with the patiently accumulated clinical experiences of centuries. The feeling often presents itself to the physician that no matter how large may be his field of private or hospital practice, it must be too limited to enable him to formulate rules even for his own guidance about the use of many substances which are daily being employed in medicine. The immense number of such substances in constant use, about whose actions in disease we know very little, presents for exploration to any one really desirous of adding to the advance of therapeutics such a vast unfathomable sea of uncertainty that he may spend a good portion of his professional life before he can make up his mind about the selection of a drug whose numerous actions in disease might seem to him worth working out. It may be taking a roseate view of the profession to think that any considerable proportion of its members are stimulated with a desire to advance its progress in this way, yet my own short and limited experience leads me to believe that but few men ever enter medicine without at some time, especially in their earlier years, indulging in the fond day-dream of leaving the science better than they found it, and many would become valuable contributors to its practical literature if a suitable avenue of research were chalk-marked out for them upon the fields which now lie fallow. This laudable ambition, strong in the early years of practice, is too often allowed to die out just as we know every organ or faculty will atrophy and disappear under disuse.

With more time at our disposal, we might easily dwell upon the numerous and inestimable advantages which would accrue to the science of medicine if there could be devised some method by which therapeutic experience could be lifted out of its present unsatisfactory and somewhat chaotic condition into a higher and better ordered system. In addition to the improvement such a method would make upon the uncertainty of treatment, there would be the obvious benefit

to ourselves which such an ennobling influence would be certain to cultivate and foster.

An undertaking so vast cannot be approached with a light heart or without grave consideration, nor need the most sanguine imagine that any one scheme or plan can more than help to a scarcely appreciable extent towards the desired end. If our new Section could in any way assist in working towards this object, the Dublin meeting of the British Medical Association would be long remembered with pride and satisfaction.

As one means of attaining this end or working towards this desired goal, I would earnestly suggest for your consideration the advisability of utilising our extended membership and our most admirably conducted JOURNAL. I am sure at the present time our courteous and many-gifted Editor is only too glad, as he always is, to receive contributions upon the effects of drugs and upon questions of treatment, and to give such papers due prominence; indeed, from personal knowledge, I am convinced he is most anxious to assist and encourage work in this department. But, hitherto, the fact of the JOURNAL being open to the discussion or publication of therapeutical questions can hardly be said to be productive of much practical result, and we may be quite prepared to hear that there is even great difficulty in procuring contributions or papers upon purely therapeutical subjects for the columns of the JOURNAL.

In addressing medical men, I need not refer to, much less dwell upon, the fact that the great object of our art is the successful treatment of disease; this being our *raison d'être*, it does seem wonderful and painfully suggestive that for every hundred pages of our medical literature there can scarcely be said to be as many lines devoted to the subject of the treatment of disease.

No one will say that this is as it should be, and if there be real scarcity of records of therapeutic experience, no more powerful argument could be adduced for reformation. What seems to me to be necessary for such reform is the initiation of a radical change in our JOURNAL. A portion of its space should be wholly set apart and dedicated to the ventilation of questions relating to the treatment of disease by members of the Association. To permit the remedies or methods of treatment discussed to be selected by the contributors at random would be to remain precisely as we are at the present moment. All the deterring forces would be still in operation, and the domain of therapeutics would not in the least benefit from the experiment, which in all probability would be a failure. A small committee with a good secretary would be an essential part of the scheme; this committee, upon which the success of the undertaking would, to a large extent, depend, might be selected by this Section, or preferably by the Council of the Association, or, perhaps, better still by the members of the Collective Investigation of Disease Committee, or in any way afterwards to be decided upon by the Association. The duty of this small but important body would be to select one or more remedies whose actions in disease are but imperfectly known, and to invite a full and free discussion and investigation of their virtues through the JOURNAL, the ventilation of each subject to be conducted upon certain definite lines previously to be laid down by the Committee. It is not proposed to invite the compilation or publication of mere statistics, which, though valuable in other departments of medicine and surgery, are often most mischievous when introduced into the domain of therapeutics.

The method of statistical research has been utilised with great benefit and success by the Collective Investigation Committee in some of its labours, which body, I trust, shall long exercise itself in clearing up many of the dark and mysterious problems in the other branches of medicine, as they have done in the past.

The present scheme, then, of improving the position of the department of therapeutics would consist mainly of ventilating original bedside observations, and stimulating the various observers to work on certain definitely laid down lines, so that in a short time, from numbers of workers, an amount of valuable experience could be readily obtained which otherwise could not be procured during many years of patient individual toil. This would necessarily involve the publication of many details which unfortunately would mean additional space, as it does not appear that the publication of mere final conclusions in tabular or very condensed form would be much of a stimulus to clinical observation. Series of short, pithy, original experiences would be of untold value in advancing our knowledge of the action and effects of various remedial agents.

The first President of this Section, in his opening address, selected with much wisdom the subject of "Methods of Therapeutic Research," and in pointing out the various methods by which the work of our Section could be accomplished and its objects advanced, dwelt upon the three methods:

1. Experiments upon the lower animals ;
 2. Statistical observation of the results of treatment ;
 3. Individual observation at the bed-side ;
- remarking that by the first method much had been done in the past, and much would likely be done in the future.

Of the statistical method he wisely said : " Of all methods of research this is the crudest and most unscientific. From such a crude method it is not likely that any useful results could be got, and as a matter of fact, no results have been got. Statistics so compiled are from their birth impregnated with error, and as a contribution to the literature of the question are worse than useless ; they are positively misleading. Individual observation is that on which we have to rely : it is that by means of which the most important advances have been made in the past ; it is that, too, by which all methods of treatment must be tested, and on the results of which their adoption or rejection must depend. There is immense scope for us in this field, ample to occupy us for many a year to come. There is scarcely a disease whose treatment might not be improved ; scarcely a therapeutic question which does not want some light thrown upon it : and the number of such questions grows rather than diminishes."

Can there be a doubt cast upon the advisability of our meeting today and freely and earnestly discussing how we may best further the great aim of our Association, and the object of our noble profession, in the perfecting of the treatment of disease and the consequent alleviation of human suffering ? The JOURNAL would afford a very easy way of reaching a large percentage of medical men, and there need be little fear that a judicious selection of points upon which records of clinical experiences were invited would yield an abundant harvest of carefully observed and recorded facts, clearing up many doubtful, or exposing many unsuspected, actions of certain selected drugs in certain selected diseases. These results, with proper sifting and supervision, might soon become the most valuable additions made to the science of medicine in our time.

If successfully managed, this method of stimulating combined research might have a beneficial effect upon our current medical literature, exchanging for the harmless or desultory single-file firing the continuous roar of volleys of musketry, before which every obstacle and difficulty could not fail to be swept away. Many men would probably be induced to devote themselves to the close observation of a limited number of remedies when these would be selected for them, and many other men would be induced to give to the world results already obtained during years of practice, which otherwise they never would have thought of publishing.

The proposal is open, no doubt, to serious and even numerous objections, and much chaff would be certain to be found with the wheat. The success of the project would largely depend upon the wisdom and administrative or organising power of those into whose hands the selection of subjects for investigation would be placed. That it would give a stimulus to therapeutic progress, and strengthen the weakest point in all the machinery of our useful Association, I have not the least doubt. Matters of opinion would have to be carefully separated from matters of fact, and the supervision and condensation of contributions would be labour requiring much skill and discrimination.

We probably may be told that there is already too much demand upon the space in our JOURNAL, and many difficulties would doubtless arise which are not at the first moment apparent ; our answer to all objections would be the paramount importance of the subject and the vital character of the questions or problems to be investigated. No difficulty would be met with which could not ultimately be overcome by the energy and wisdom of our members. So many are the avenues of by-plans branching off the main scheme, and so numerous are the details which arise before me as I speak, that I refrain from going off the main principle of the proposal, which I earnestly submit to your sound judgment, feeling that with my limited knowledge and experience of the working of the Association, it is, or may be considered, presumptuous upon my part to suggest a change involving so many alterations in the present system of working the great engine of our organisation. One may, however, say that such a scheme, if carried out, would in no way interfere with the work of the Collective Investigation of Disease or of the Scientific Grants Committee, with both of which admirable departments it could with great advantage be made to dovetail in, nor could it lay us open to the objection against which we should always be placed on our guard, in laying the Association open to any imputation of encouraging experiments upon our patients. As an example which occurs to me in passing of the possible relationship which might be established between the proposed departure and the working of the Scientific Grants Committee, one might refer to the vast amount of material created by the

pharmacological researches of Professors Rutherford and Vignal upon the action of various drugs upon the biliary secretion of the dog. Had such an organisation as is now proposed been in operation, and had these researches been taken up where these investigators left off, there is reason to believe the treatment of some hepatic lesions would be in a much more satisfactory condition than it is at present.

Time does not permit me to dwell further upon this proposal, but compels me with reluctance to pass on, and briefly discuss another matter of great importance which appears to fall naturally under the work of a Section of the British Medical Association, with the intention of advancing the department of therapeutics.

If our national *Pharmacopœia* is to be recognised as in any way indicative of British therapeutics, there must be some method devised and adopted by which the mass of practitioners in this country can have a voice in its construction. It is neither my intention nor desire to find fault with our new *British Pharmacopœia*, though we must acknowledge it is far from what it should be. Through the efforts of Dr. Quain and the Committee over which he presides, it has reached its present state of development. When we look at the difficulties with which he has had to contend, we cannot withhold our admiration for his great ability and untiring industry, nor can we fail to wonder how the volume is not more seriously defective than it is. It is the method by which this great index of our national therapeutics is compiled more than the present imperfections apparent in the work itself which interests us just now. It can scarcely be denied that there are many substances still included in the present issue which should be excluded, and a host of agents omitted of undoubted and established value in daily use amongst scientific physicians in this country ; nor can it be questioned that the subject of dosage requires reconsideration and treatment at the hands of some authorities who have made posology a special study.

Nevertheless, in order to clear away all possible sources of misunderstanding or matters upon which there might be a difference of opinion, let us assume that the present *Pharmacopœia*, issued in August, 1885, was at that time without spot or blemish, a volume of which every British physician was proud, and with which therapeutists of all countries were perfectly satisfied. Two years have elapsed since then, and at no very distant date, if we are to keep pace in this age of progress, we shall have to face another edition. Even in this short time there have been rapid strides made in some departments of treatment, and already quite a number of new remedial agents, about whose value there cannot be a shadow of doubt, have come into daily use amongst us. Others are upon their trial and of still questionable utility, and many novelties, with the most worthless and absurd pretensions, are often and extensively prescribed. Better knowledge of some comparatively modern official drugs has changed our views about their dosage and methods of administration since 1885.

We may, without much danger of being considered hypercritical, ask ourselves what steps are being taken to ensure the next issue being thoroughly representative of the advanced knowledge of the day. I believe that the services of the three distinguished editors are still retained, and that reports upon chemical, botanical, and pharmaceutical changes are being carefully elaborated by these able experts, who doubtless are closely watching the onward march of events in their allied departments, and the next volume will be a great advance in these respects upon its predecessors.

But what of the purely therapeutic aspect of the work ? Shall it be left to chance ? Or is anyone devoting himself to the arduous task of watching and compiling the accumulating mass of valuable information scattered throughout the current medical literature of the world, so that it can be rigorously sifted, and the kernels made use of at the proper time ? It is unfair to expect that such work can be done by the individual members of the Council. The need of assistance is so obvious and pressing, that one wonders why it has been so long delayed.

It is not, however, with this point that, as a Section, our duty directly lies. If a purely medical or therapeutical editor were at work even now, a great practical question would remain still unsolved. It is clearly within our province to grapple with this difficult question : What drugs shall be excluded, and what new remedies should become official ? The solution can only be determined satisfactorily by the voice of the profession. When the present *Pharmacopœia* was in course of construction, almost the first act performed by this Section after its inauguration was to discuss the pressing necessity of having the voice of the Association heard upon this matter, and resolutions to this effect were passed, and a small committee, consisting of Professor Matthew Hay, Dr. Morrell, and myself was appointed, but the advanced state of preparation which the work had already reached at

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