

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE EIGHTY-FOURTH ANNUAL GENERAL MEETING of the Association was held on Tuesday, Wednesday, Thursday and Friday, July 7 to 10, 1925, at the University, Edmund Street, Birmingham, under the presidency, in the earlier proceedings, of M. J. NOLAN, L.R.C.P.&S.Irel., and, later, that of Sir FREDERICK W. MOTT, K.B.E., LL.D., M.D., F.R.S.

The Council and the various committees assembled on the previous day.

MORNING SESSION.—TUESDAY, JULY 7.

at The University, Edmund Street, Birmingham.

Dr. M. J. NOLAN, President, in the Chair.

MINUTES.

The minutes of the eighty-third annual meeting, held at Belfast, having appeared in the Journal were taken as read, and were confirmed and signed by the President.

ELECTION OF OFFICERS OF THE ASSOCIATION.

The PRESIDENT proposed that the officers of the Association for 1925-26 be:

President.—Sir Frederick W. Mott, K.B.E., LL.D., M.D., F.R.C.P., F.R.S.

Ex-President.—M. J. Nolan, L.R.C.P.&S.Irel., M.P.C.

Treasurer.—James Chambers, M.A., M.D.

Editors of Journal.—J. R. Lord, C.B.E., M.B., H. Devine, O.B.E., M.D., F.R.C.P., G. Douglas McRae, M.D., F.R.C.P. Edin.

General Secretary.—R. Worth, O.B.E., M.B.

Registrar.—Daniel F. Rambaut, M.A., M.D.

This was agreed to.

The President-Elect.

The PRESIDENT said that the Council had unanimously adopted for the position of President-Elect the name of Lt.-Colonel J. R. Lord, C.B.E., M.B., the senior Editor of the Journal. In so deciding the Council had in view the valuable services to the Association of Col. Lord, and his whole-hearted zeal in its interest. Moreover, apart from that, his fine record of public services in many scientific departments doubly qualifies him for the honour. He therefore put forward, as the unanimous voice of the Selection Committee, accepted unanimously by the Council, the name of Col. Lord, and asked the meeting to ratify the selection with equal cordiality and unanimity.

This was agreed to with acclamation.

He next proposed that the nominated members of Council be: Drs. Thomas Beaton, C. H. Bond, H. B. Leech, Hamilton C. Marr, J. N. G. Nolan and G. M. Robertson.

This was agreed to.

Election of Honorary Members.

On the proposition of the President the following gentlemen, whose names had been approved of by the Council, were elected Honorary Members:

The Right Honourable ARTHUR NEVILLE CHAMBERLAIN, M.P.

Sir DAVID DRUMMOND, C.B.E., M.A., D.C.L., M.D., J.P.

APPOINTMENT OF AUDITORS.

C. F. D. McDOWALL, M.D., and H. J. NORMAN, M.B., were appointed the Auditors for the current year.

APPOINTMENT OF COMMITTEES.

The following Committees were appointed: The Parliamentary Committee with the addition of Dr. T. C. Mackenzie, Dr. Donald Ross and Sir Robert Armstrong-Jones; the Education Committee with the addition of Dr. Donald Ross, Dr. O'Connor Donelan, Dr. S. J. Graham and Sir Robert Armstrong-Jones; the Library Committee; the Committee on Post-Graduate Teaching and Diploma in Psychological Medicine.

REPORT OF THE COUNCIL.

The Hon. GENERAL SECRETARY (Dr. R. WORTH) read this Report:

The number of members—Ordinary, Honorary and Corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1925, was 739 as compared with 743 in January, 1924.

Number of new Members elected in 1924	.	.	.	.	.	.	.	.	.	37
Number of Members restored in 1924	.	.	.	.	.	.	.	.	.	0
Removed according to Bye-law 17	.	.	.	.	.	.	.	.	.	0
Number of Members resigned in 1924	.	.	.	.	.	.	.	.	.	5
Number of deaths in 1924	.	.	.	.	.	.	.	.	.	14

Members.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.
Ordinary	644	632	627	626	626	640	631	676	699	694
Honorary	34	32	33	32	26	24	25	27	30	29
Corresponding	18	18	18	17	9	9	10	13	14	16
Total	696	682	678	675	661	673	666	716	743	739

Since the last Annual Meeting, Quarterly Meetings have been held in London in November and May. The February Meeting was held in Edinburgh. In connection with the Royal Commission appointed to inquire into the working of the Lunacy Acts and the provision of early treatment of mental disorders, Sir Frederick Mott, Drs. R. H. Cole, M. A. Collins, R. Worth, J. R. Lord and E. Goodall were nominated by the Association to give evidence on its behalf. This evidence, after being submitted to the Association, was given, and the Memorandum which was drawn up will appear in the July number of the *Journal of Mental Science*.

The post of Registrar, since November last, has been ably filled by Dr. D. F. Rambaut.

A sub-committee was appointed to act as an Advisory Committee to the General Nursing Council of England and Wales, in regard to the State examination of mental nurses. This Advisory Committee was asked to nominate examiners for the Final Examination for the General Nursing Council, and nominated the same examiners as were examining for the Association, but on an objection being raised by the General Nursing Council that an Irishman and Scotsman were elected to serve, they asked that three Englishmen should be appointed. This was accordingly done and accepted by the General Nursing Council, and in addition the Advisory Committee was asked to appoint 32 doctors and 32 nurses to assist in the practical part of the Final Examination.

The 48 Hours Bill was discussed at the November meeting, and a resolution was carried unanimously to the effect that the Association opposes the inclusion of mental nurses in such a Bill, as it was considered to be detrimental to the interests of the patients, and therefore to the ethics of the nursing profession.

Conferences have been held dealing with the amendments to the Asylums Officers' Superannuation Act; an amended Bill has been drafted, and arrangements are being made to introduce it into the House of Commons.

The matter of the Association being granted a Royal Charter was discussed at the Quarterly Meetings and a draft petition has now been printed.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1924.

REVENUE ACCOUNT—January 1st to December 31st, 1924.

1923.		1924.		1923.		1924.	
£	s	£	s	£	s	£	s
Dr.		Cr.		Dr.		Cr.	
800	6 10	To	Journal—Printing, Publishing, Engraving, Ad. vertising, and Postage	270	0 0	270	0 0
1243	5 2	"	Examinations, Association Prizes, and Clerical Assistance to Registrar	160	2 0	160	2 0
21	2 9	"	Petty Disbursements, Stationery, Postages, etc.	4	5 7	4	5 7
207	5 3	"	Annual, General, and Divisional Meetings	23	18 1	23	18 1
116	4 0	"	Rent of Premises at 11, Chandos Street, care of Office	458	5 8	458	5 8
10	10 0	"	Audit and Clerical Assistance	2540	5 6	2540	5 6
213	11 0	"	Miscellaneous Account	1152	3 3	1152	3 3
1283	4 5	Balance	...	7	19 6	7	19 6
4054	9 5			4383	6 2	4383	6 2

BALANCE-SHEET—31st December, 1924.

1923.		1924.		1923.		1924.	
£	s	£	s	£	s	£	s
Dr.		Cr.		Dr.		Cr.	
1404	1 5	To	Journal Account, balance of	672	13 7	672	13 7
203	3 9	"	Examinations Account, balance of	400	0 0	400	0 0
402	5 2	"	Petty Disbursements Account	25	0 0	25	0 0
57	11 0	"	Meetings Account, balance of	7	19 6	7	19 6
337	15 0	"	Rent Account	13	5	13	5
3	17 9	"	Fees Account	49	19 11	49	19 11
187	18 2	"	Miscellaneous Account, balance of	292	6 3	292	6 3
4	3 0	"	Gaskell Account	24	8 10	24	8 10
113	10 4	"	Income Tax	539	13 3	539	13 3
23	15 0	"	Dividends	272	13 5	272	13 5
24	19 6	"	Income Tax	74	8 4	74	8 4
35	12 2	"	Dividends	141	3 6	141	3 6
1404	1 5	"	Asylum Workers' Convalescent Fund	312	10 11	312	10 11
5440	16 2	Balance as at 1st January, 1924	...	316	10 0	316	10 0
1283	4 5	Add	Balance as per Revenue Account	2006	7 7	2006	7 7
11	14 7	"	Stock Redeemed	2576	15 0	2576	15 0
6735	15 2	"	Increase in Valuation of Investments	1895	0 0	1895	0 0
34	10 10	Deduct:	Subscriptions written off	...	...	...	...
106	9 9	"	Investment redeemed (received 20/2/24)	...	...	...	...
6504	14 7			8577	5 1	8577	5 1
67008	16 0			69518	6 2	69518	6 2

MAUDSLEY BEQUEST.

	Dr.	Expenditure.	Cr.	Income.	Cr.	
1924.	£	s.	d.	£	s.	d.
Jan. 10. To Cash—Income Tax			23 15 0			113 10 4
May 22. " " Lecturer's Honorarium			52 10 0			23 15 0
" 28. " " Expenses of Meeting...			5 2 0			52 16 4
Dec. 31. " Balance Income Tax owing			23 15 0			52 16 4
" " " Dividends			137 16 0			52 16 4
			161 11 0			£242 18 0
			£242 18 0			£242 18 0

GASKELL FUND.

	Dr.	Expenditure.	Cr.	Income.	Cr.	
1924.	£	s.	d.	£	s.	d.
Jan. 10. To Cash—Income Tax			4 3 0			187 18 2
Nov. 20. " " Prize awarded			30 0 0			4 3 0
" 26. " " Examiners' Fees			4 4 0			18 14 6
Dec. 31. " " Balance Income Tax			4 3 0			3 18 6
" " " owing			213 7 2			9 5 0
" " " Dividends			217 10 2			18 14 6
			431 7 4			318 6
			£255 17 2			£255 17 2

The sixth Maudsley Lecture—a scientific one—was delivered at the May meeting by Prof. J. Shaw Bolton, entitled “Mind and Brain.”

The following papers were also read at the February Meeting: “The Boarding-Out System,” by Dr. George Gibson; “Demonstration of the Psycho-Galvanic Reaction,” by Dr. David Slight; “Results of Treatment of General Paralysis by Malaria,” by Dr. Wm. McAlister.

A revision has been made of the list of institutions recognized for the training of mental nurses and those nursing mental defectives. It has been urged that the members of the Association should take more interest in the Mental After-Care Association, and it is hoped that they will take part in forming more centres.

New Regulations have been drawn up and published in regard to the Gaskell Prize.

R. WORTH, *Hon. General Secretary.*

He moved that it be adopted.

Dr. F. H. EDWARDS seconded.

The PRESIDENT said the prizes would be more fully advertised in the future than they had been in the past.

The Report was adopted.

REPORT OF THE TREASURER.

The GENERAL SECRETARY said he had heard from the Hon. Treasurer, Dr. J. Chambers, who had not yet completely recovered from his serious illness, but was progressing satisfactorily. He read the Financial Report:

I beg to submit the Revenue Account and Balance-Sheet of this Association for the past year, also a statement of the Income and Expenditure of the Gaskell Fund and the Maudsley Bequest.

There is a substantial credit balance in all these accounts. In the Gaskell Fund the credit balance is £213 7s. 2d., and I suggest that the Council should consider whether a portion of this amount should be invested.

During the year there was purchased for the Association £2,300 3½ per cent. Conversion Loan.

J. CHAMBERS, *Hon. Treasurer.*

He moved that it be adopted.

Dr. BEDFORD PIERCE said he wondered whether, having regard to the good financial position of the Association, it might be possible to do something towards helping research work.

The PRESIDENT thought that, in the absence of the Treasurer, it would be best not to discuss future finance as the position might be doubtful in the future, whatever might be their position at present.

Dr. F. H. EDWARDS suggested that, by the powers conferred by the Charter, it might be possible to endow research, therefore until the Charter question had been decided it did not seem wise to raise questions as to the disposal of the Associations' funds.

The PRESIDENT said there was a matter which might affect the Association later, namely, the possibility of the Association, in the immediate future, seeking new quarters. The expenses incidental to such an event could not be estimated at the moment. The Council had left the matter in the hands of the President and other officers to act as they might think necessary to secure more suitable accommodation for the Association.

Dr. M. A. COLLINS asked whether the Treasurer had mentioned the matter of investing some of the Gaskell Fund.

The PRESIDENT replied that the Treasurer suggested that a portion of the Gaskell Fund should be invested.

Dr. COLLINS asked whether this matter might be left in the Treasurer's hands to do what he might think best.

The PRESIDENT replied that it was so decided at the meeting of the Council.

The Report was agreed to.

REPORT OF THE EDITORS.

Lt.-Col. J. R. LORD submitted the Report of the Editors:

Owing to unforeseen circumstances the Report of the Editors for 1923 was not completed in time for its submission to the Annual General Meeting held on July 2, 1924, at Belfast. This Report, therefore, is in respect of 1923 and 1924.

The Journal has steadily increased in number of pages since 1922. The cost of production has likewise increased, but not disproportionately. The increase in the size of the Journal was thought justifiable having regard to the great fall in costs which occurred in 1922. The circulation of the Journal has also increased for some years past.

These facts are all shown in the following table :

	1920.	1921.	1922.	1923.	1924.
Circulation	3,600	3,759	3,800	4,000	4,100
Number of pages	536	581	472	603	722
Cost of production per copy	—	5/4.8	3/8	4/3	4/10
Cost to Association „	—	3/9	2/3	3/1½	3/2

The economy of production is shown by the fact that an increase of 119 pages during 1924 over those for 1923 has only increased the cost per copy to the Association by ¼*d.* The limited circulation of the Journal will not permit of a reduction in the price per copy, which remains at 7*s.* 6*d.*

Analysis of Cost of Journal 1923-24.

	1923.			1924.		
	£	s.	d.	£	s.	d.
Printing of text	505	14	0	572	4	4
Illustrations	70	3	6	17	8	0
Paper for text	54	16	0	65	3	0
Advertisements	14	10	10	16	7	0
Binding	47	10	0	58	16	3
	<hr/>			<hr/>		
		692	14 4		729	18 7
Reprints	64	0	2	79	10	3
Wrappers	30	10	4	30	8	3
Despatch	36	5	7	38	9	11
	<hr/>			<hr/>		
		130	16 1		148	8 5
Stationery	6	18	6	1	12	10
Postage	14	6	1	13	11	2
Index	7	7	0	10	10	0
	<hr/>			<hr/>		
Publishers' fees		28	11 7		25	14 0
		41	12 6		40	0 0
	<hr/>			<hr/>		
		£893	14 6		£944	1 0
Credit—						
Sale of Journal	247	10	0	270	0	0
Advertisements	19	13	5	23	18	1
	<hr/>			<hr/>		
		267	3 5		293	18 1
Cost of Journal to Association		626	11 1		650	2 11
Cost of production of Journal per copy		4	3		4	10
Cost to the Association of Journal per copy		3	1½		3	2
Size of Journal in pages		603			722	

The matter has been raised as to whether it might be possible to assist authors in the publication of small works on psychiatric and psychological subjects by the publication of monographs in connection with the Journal. There are many difficulties, however, and the Association must be willing to make many changes in the constitution and nature of the Journal, and to undertake greater financial responsibilities. It would mean that original articles dealing with some subject comprehensively or a record of research work which now occupy many pages of the Journal would be issued separately as monographs and perhaps with ample illustrations and diagrams, which we cannot afford to produce under present conditions. The monographs would be sold at a fair price, and profits would be credited to the Journal in accordance with its financial responsibilities. The Journal would thereby be reduced in size and price, and would probably need to be issued monthly, and much more matter of a general character, news, etc., included to widen the circulation, which at present is almost limited to members of the Association, libraries, schools and local authorities. A paid part-time or whole-time assistant editor would be needed, who could, however, also be Librarian and be of some service to the Registrar and General Secretary.

The Editors are not at present prepared to make any recommendations in this matter, which would require consideration in all its aspects.

The Journal is still fortunate in being able to publish each year many original articles of great scientific value, and to maintain, and perhaps improve, its position in current medico-psychological literature.

The reviews and epitomes are something more than mere notices, abstracts or acknowledgments, the object being that they should contain criticism and information of real value.

Twenty-one books were reviewed during 1923 and thirty-four during 1924, and over 100 articles during 1923 and 70 during 1924 were epitomized. The Editors again thank all those who so willingly continue to give them such valuable assistance in the production of the Journal, and also Mr. Adlard, whose personal interest in the welfare of the Journal lightens the work of editorship considerably.

For the Editors, JOHN R. LORD.

He said, in submitting this Report and asking the meeting to adopt it, that although he did not for a moment believe the Association was losing prestige, or that it was declining in usefulness, what he did feel was that the Association must move with the times or such would be its fate; and he submitted that the index finger of the times was pointing very definitely to the need for the Association to extend its sphere of activities, especially in the direction of scientific psychiatry, in which the junior members of the specialty were showing the deepest interest. The Journal would, therefore, need to adjust itself accordingly. With the Journal in its present form there was arising great difficulty in meeting the requirements of members who wished to publish records of original work, many of them of great value. For instance, in the July number there would be published two such works, each of which in monograph form must be worth at least 5s. At present the incorporation of these meant either cutting them down and printing portions in small type or postponing shorter original articles, reviews and epitomes, etc. Furthermore, the question of illustration presented monetary difficulties, and he had to obtain assistance in these respects from several sources. He thought the time had come to appoint a committee to inquire into these matters and to see in what direction the Journal could be improved. With the exception of *Brain* there was not in England a journal which would publish such papers as he had alluded to—lengthy contributions entirely original, with masses of statistics, charts, etc. Other journals would have rejected them either because of their length, the diagrams, or the pages of references. He thought that sooner or later—and the sooner the better—the Association must make up its mind to meet these contingencies, and provide, through the medium of the Association, an outlet for the scientific and research work of the members of the Association. The short sketch given in the Report of the possible direction in which this might be effected was nothing more than a sketch; and when the matter came to be considered in all its bearings by a special committee a better scheme might be evolved.

He took the opportunity of saying how deeply he appreciated the honour which the Council had done him, and endorsed by that meeting, by nominating him as their President for 1926. It made him feel very old when Dr. Chambers intimated to him that the supreme Council of four—or ten, or some such body—which decided these matters, pointed out that he, the speaker, was one of the senior members of the Association, and must for a time take a position of greater responsibility. Members could rely that, in the future, as in the past, his energies would continue to be whole-heartedly devoted to the interests of the Association and to the progress of psychiatry in this country. (Applause).

He moved the adoption of the Report of the Editors.

Dr. C. C. EASTEBROOK said it gave him much pleasure to second the adoption. He suggested that the news part of the Journal might be issued as a separate bulletin as in the case of some other medical journals.

The PRESIDENT said that he had felt for many years that the *Journal of Mental Science* was capable of changes which would be of benefit all round. Many years ago he heard a member—who was an exceedingly clever man and had much scientific work to dispose of—say, when asked why he did not put his work into the *Journal of Mental Science*, that the Journal was too slow, and did not come out rapidly enough. And it had always occurred to the speaker that if the Journal could be produced more frequently, and, as had been suggested—not for the first

time—a bulletin with the reports of meetings issued separately, as in the case of the *British Medical Journal*, it would be more useful, because many items of news became absolutely out of date by the time the quarterly Journal reached the members and were therefore not included. He thought the suggestion of Col. Lord ought to be acted on to-day, and a Committee appointed to consider the publication of the Journal and any changes which might be thought desirable.

Another suggestion he had heard was that the time had arrived for altering the name of the Journal, to bring it more into line with the literature of the same class which was issued by other countries. One suggested title was "The British Journal of Psychiatry." This, however, was a matter for the Committee to suggest. However, the Secretary had just reminded him that the correct mode of procedure was to place the matter on the agenda for the next Council meeting, and that would be done.

The Report was agreed to.

REPORT OF THE AUDITORS.

Dr. COLIN McDOWALL submitted this Report, and moved that it be adopted:

We, the undersigned, having examined the Treasurer's books, and having duly compared and scrutinized receipts and vouchers, hereby certify that the Accounts and Balance-Sheet, as set forth, represent a true statement of the Medico-Psychological Association's finances for the year 1924.

COLIN McDOWALL }
HUBERT F. NORMAN } *Hon. Auditors.*

Dr. J. G. SOUTAR seconded, and it was agreed to.

REPORT OF THE EDUCATIONAL COMMITTEE.

Dr. A. W. DANIEL read this Report and proposed that it be adopted:

The Educational Committee beg to submit the following report for the year ending July 6th, 1925.

Four meetings have been held during the past twelve months.

The new regulations providing for the co-operation of examiners of the nursing profession came into force for the Final Examination held in May last. It was agreed that the nurse coadjutor at the *viva voce* examination shall be paid similar fees to those paid to the medical examiners.

The Gaskell Prize for 1924 was awarded to Dr. Mary Rushton Barkas. No award was made for the Prize Dissertation.

In 1924 there were three candidates for the Certificate in Psychological Medicine, and all three were successful.

In November, 1924, certain alterations in the Syllabus and Regulations governing the Gaskell Prize were approved by the Council, the most important alteration being that a thesis based on original research may be accepted by the examiners in place of either the written or the clinical examination or both.

The Special Sub-Committee appointed to deal with the revision of the "List of Recognized Institutions" presented their report at the November meeting of the Educational Committee; as a result of this Report, a Training Sub-Committee has been appointed to recommend additions to the "List of Recognized Institutions" and to subject it to an annual revision.

The number of candidates who presented themselves for the nursing examinations during the year were: Preliminary, 3,221; Final, 2,786. In the previous year: Preliminary, 3,471; Final, 2,641.

The Educational Committee received the first report of the Training Sub-Committee and approved it yesterday.

Owing to the increase of the Registrar's clerical work necessitated by the new Regulations, the Educational Committee recommend that the allowance to the Registrar in respect thereof should be increased to £100.

It has been arranged that the signatures to be attached to the Nursing Certificate should in future be those of the President, the Examining Superintendent and the Registrar.

J. KEAY, *Chairman.*
A. W. DANIEL, *Secretary.*

Lt.-Col. J. KEAY seconded.

A MEMBER asked what were the qualifications for a nursing coadjutor. Must she be a general trained nurse, or a mental trained nurse?

The PRESIDENT said that she need not be a general trained nurse.

Lt.-Col. LORD asked what was the attitude of the Association to registered nurses who had obtained admission to the Register, not by examination, but by the service qualification. Were such nurses exempted from the Association's Preliminary Examination?

Dr. DANIEL replied that there was nothing in the regulations about that.

Lt.-Col. LORD said there might be some such unqualified nurses registered as State general nurses who would want to be mentally qualified, and the Association must decide sooner or later as to the number of years of training they would need to have and as to how many examinations they would be required to pass. The question had arisen in one place he knew of, where a male nurse who had produced evidence to the General Nursing Council that he had had considerable general hospital experience and so had been put on the Register as a general male nurse. And that man wanted to know how many years' service he must have in a mental hospital before he could qualify for the Association's Final Examination, and also whether he would be exempted from the Preliminary Examination. Thus the Association ought to make up its mind as to what attitude it would take as regards training and examination of those State nurses who had been admitted to the Register, and who had qualified by experience, but not by examination.

Dr. DANIEL read the regulation: "Nurses who possess certificates of having trained for three years in a general hospital or Poor-Law infirmary approved by the Council shall be exempt from the Preliminary examination, etc."

Lt.-Col. LORD: It does not cover all the nurses qualified to be State nurses. Many on the Register have never been trained at all.

Dr. C. C. EASTERBROOK: They have to have a certificate.

Lt.-Col. LORD: There are general nurses on the State Register who have never passed an examination of any sort. If they come to us for mental training do they have to undergo three years' training and to pass both Preliminary and Final Examination? Shall we change our attitude in this matter or not?

Dr. G. DOUGLAS McRAE: I propose that it remains as it is. If the State has lowered the standard of its requirements, that is no reason why we should do so.

Dr. BEDFORD PIERCE said he thought the regulation met the situation which was under discussion. Because the State was obliged to recognize many of the existing nurses he did not see why this Association should alter its Regulations.

Lt.-Col. LORD said he mentioned the matter because he felt some applications from nurses qualified for registration as existing nurses would be made for this exemption, and perhaps applications from local authorities. Now that the Association had expressed its opinion that there should be no exemption in these cases, it would be a guidance to those officers who dealt with such applications.

A MEMBER asked whether it could be put into the Regulations so that it could be quoted.

The PRESIDENT said the regulations were quite clear on the point that the applicants for exemption from the preliminary course and examination must have certificates of three years' general hospital training.

Dr. EASTERBROOK said that anybody in the category Lt.-Col. Lord mentioned would have to be told they must produce the required certificate of general training.

Dr. DANIEL said it was suggested that there should be only one portal of entry, and that the State examination, but that view was not adopted by the Association.

Lt.-Col. LORD said the position was that the nurses who passed the State Preliminary Examination must proceed to pass the Association's Preliminary Examination before they could enter for the Final Examination for the Medico-Psychological Nursing Certificate.

Dr. EASTERBROOK thought that if any nurse had got the Final State Certificate he or she need only pass the Final Examination of the Association.

Lt.-Col. LORD said the nurse who possessed certificates of having trained for three years in a general hospital or Poor-Law infirmary approved of by the Council would be exempt from the Preliminary Examination, and would be eligible for the Final Examination after two years' training. If she had obtained admission to the State Register as the outcome of possessing a three years' training certificate, and having passed the State examination, it was not the State examination which exempted her from the Medico-Psychologica Association's Certificate for the

Preliminary, but the fact that she had a three years' certificate from a general hospital. Being on the State Register was of no moment as far as the Association's examinations were concerned. If a nurse was to be exempted from the Association's Preliminary Examination she must have done three years' training in a general hospital or Poor-Law Infirmary, and have a certificate of training stating this. Whether she was on the State Register or not did not matter, and the sooner that fact was clear in people's minds the better.

Dr. D. ORR asked whether the Association had any declared policy on this subject, namely, as to the registration of nurses.

The PRESIDENT replied that at several Council meetings that matter was traversed thoroughly, and there was a definite policy, which was laid down in the Rules and Regulations for the Association's Training Certificate.

Dr. ORR said he would like to hear, from Dr. Daniel, what the policy was.

Dr. DANIEL replied that the policy of the Association was to continue its own examinations; that was re-affirmed on the previous day at the Council meeting. The State registration was not the Association's business, but the business of the State. The Association's policy was to encourage nurses to go in for the State examination, and a circular letter was being prepared on the subject.

Dr. ORR asked if that advice was not accepted what would happen to the nurses.

Dr. DANIEL said it was for the nurses themselves to settle.

Dr. ORR retorted that it was for the Association to settle.

Dr. DANIEL said the nurses would take the advice of their superintendents. The Association was advising superintendents that nurses should go in for the State examination.

Dr. ORR said there was much unrest, as the nurses were not assured that the State examinations would be accepted by the mental hospital authorities. He had appointed a head nurse who was already qualified as a general hospital nurse. She then took her certificate from this Association. Was not that the right policy?

Dr. DANIEL said that was no business of the Association.

Dr. ORR said that was the only means by which all this unrest could be settled.

Dr. SOUTAR said he did not see what Dr. Orr's policy was. He asked whether Dr. Orr wanted everybody to be in the position of the nurse he had mentioned: that a nurse should first hold a certificate in general nursing, and then take the certificate of the Association.

Dr. ORR said that the correct policy of the Association was that the mental hospitals should engage general hospital trained nurses, and tell them that in the event of their taking the Association's special certificate they would be promoted.

Lt.-Col. LORD said it was necessary to differentiate between the policy of the Association and the policy of the local authorities. What Dr. Orr had been mentioning were policies of the local authorities. The business of the Association was to train the nurses, and—if he could voice the Association's feeling in the matter—they meant to remain independent and to stick to their ideas as to training and examinations. The Association was adopting an attitude of benevolence and one of working in a collegueship with the one-portal system, by doing its best to induce nurses to qualify for the State Mental Register. If the Association had any policy at all as regards the one-portal system, that was a plain statement of it. It was for the local authorities to say whether they would appoint untrained nurses, or medico-psychological trained nurses, or general hospital nurses. Such matters were mixed up with questions of rank and pay, matters which local authorities would resent interference with. As an Association of psychiatrists their duty was to train mental nurses, and it was the duty of the local authorities to decide whether the Association's training was good enough. If it was not thought to be good enough, then that was the time to start looking into the Association's Nursing Regulations.

The PRESIDENT reminded the meeting that the discussion as to the actions of the local authorities was out of order, as that did not come into the Report.

The Report was agreed to.

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. G. DOUGLAS McRAE read this Report and moved that it be adopted:

During the past year the Parliamentary Committee has met four times.

A Royal Commission having been set up to inquire into the operations of the

Lunacy Acts for England and Wales, and to consider the treatment of Mental Disorder in its early stages your Committee at once appointed a sub-committee to prepare the evidence to be given before it on behalf of the Association. This sub-committee carried out a searching review of the existing conditions in regard to the reception, detention, treatment, discharge and "after-care" under the present Lunacy Acts for England and Wales, and approved of the principles of the Mental Treatment Bill, 1923, with certain modifications. After careful consideration and the fullest discussion, carried out both in committee during the course of seven lengthy sittings, and by extensive correspondence between members, certain recommendations for the amendment of the Lunacy Acts on modern and progressive lines were formulated, and embodied in an exhaustive memorandum which was adopted by the Association. Seven witnesses were appointed, and gave evidence based on this memorandum before the Royal Commission.

Delegates from your Committee have continued to confer with representatives of other interested bodies, with a view to having the Asylums Officers' Superannuation Act amended, and as a result of their deliberations an Amending Bill has been drafted and the principles approved of by the Association. Steps are now being taken to have this Bill introduced into the House of Commons.

The Committee has drawn the attention of the Council to the possibility of a Bill being introduced by the Government to limit the hours of work in certain employments to eight hours per day, and has strongly urged that active measures should be taken by the Association to oppose the inclusion of mental nurses in such a Bill.

R. H. COLE, *Chairman*.

W. BROOKS KEITH, *Hon. Secretary*.

Dr. H. C. MARR said that in France they had a universal eight-hour day in Government services, and he had had the opportunity of going through some of the French asylums, and he found that the doctors in them were antagonistic to the eight-hour day; it had been a source of great trouble to them. He gave some details.

The PRESIDENT said the members would be grateful to Dr. Marr for narrating that experience.

Dr. R. H. COLE seconded the motion, and it was agreed to.

REPORT OF THE LIBRARY COMMITTEE.

Dr. COLIN McDOWALL read this Report and moved its adoption:

During the past year there has been an increase in the issue of books, some members calling for books at the Library, and to others books have been sent as usual by post.

Additions to the Library have been made, both by purchase and presentation. The Committee take this opportunity to thank those responsible for presentation gifts to the Library. The list of additions has been reported from time to time in the Journal.

R. RAYNER, *Chairman*.

COLIN McDOWALL, *Secretary*.

Dr. M. A. COLLINS seconded, and it was carried.

MOTIONS INVOLVING EXPENDITURE OF MONEY.

The PRESIDENT remarked that no money grant had been asked for by the Library Committee. The Registrar found that the clerical assistance he had was inadequate to meet the enormous demands of the nursing examinations, and the Council had recommended a grant of £100 a year in future to meet the cost of the Registrar's office.

Dr. J. G. SOUTAR proposed that the sum of £100 for extra assistance for the Registrar for the expenses of the office be granted.

Dr. G. W. SMITH seconded, and it was carried.

The PRESIDENT said the next matter was a proposal by the Council to show its sympathy with the After-Care Association. He proposed that twenty guineas be granted for that purpose.

Dr. M. A. COLLINS seconded.

Dr. McRAE asked whether there were any other societies which were likely to make an appeal for funds from the Association. In giving a subscription to the After-Care Association a precedent was being set up. Was that After-Care Association operative over the whole country, or was it limited in its scope?

The PRESIDENT replied that its operations were not limited in any sense. Dr. McRAE suggested that there might be appeals from Irish, Scotch, and Welsh bodies.

The PRESIDENT said there was only another similar body that he was aware of, namely, The Mental Welfare Association. It was Government supported, and "after-care" was only a side branch of its work.

Dr. MARR said the Scottish Branch received £700 from the Government. But the After-Care Association in England had no contributions from the Government, and the circumstances were entirely different.

The grant of twenty guineas was approved.

DATES OF QUARTERLY MEETINGS.

It was agreed that the Quarterly meetings of the Association should be: Tuesday, November 17, 1925; Tuesday, February 16, 1926; Tuesday, May 18, 1926.

MAUDSLEY LECTURE.

The PRESIDENT intimated that the nominee for the Maudsley Lectureship for 1926 was Sir John Macpherson, C.B.

OBITUARY.

The late Dr. R. G. Rows.

The PRESIDENT said that they had to deplore the death of Dr. R. G. Rows, the well-known Pathologist of the Lancashire County Mental Hospital, Prestwich.

Dr. D. ORR said he thought that in the death of Dr. Rows this Association had sustained a great loss. He was an indefatigable worker, who had the interests of this Association at heart. The members were aware that he was a collaborator with him, the speaker, for about twenty-five years. During the war he thought no one did more for the soldier with functional nervous disease than did Dr. Rows. He also trained a body of young practitioners, and they were now carrying out work which was largely the result of his teaching. He sincerely hoped that members of the Association would always remember that Rows, although unassuming, was really a great man. (Applause.)

The PRESIDENT said he was sure it was the feeling of members that they would like to send a message of sympathy and condolence to the members of Dr. Rows' family.

This was agreed to by members rising in their places.

The late Dr. W. Maule Smith.

Dr. P. T. HUGHES said it was announced in the previous day's paper that Dr. W. Maule Smith had died. He was Superintendent of West Bromwich Infirmary. Prior to this he was a medical officer at his, the speaker's, mental hospital, and before this at the West Riding Mental Hospital. He was a magnificent worker, especially interested in pathology. His death would be widely regretted.

The late Sir Thomas Clifford Allbutt.

Sir FREDERICK MOTT said Sir Thomas Clifford Allbutt was one of the most distinguished members this Association had ever had. In 1890 he was appointed a Commissioner in Lunacy, and prior to that he had been Physician at the Leeds Infirmary, and of all the physicians of that time he was one of the most outstanding. If he had not been appointed Regius Professor to the University of Cambridge he might have influenced the Board of Control to take up more prominently the medical attitude to insanity. Unfortunately the Act of 1890 had been passed before he joined the Board.

All the members knew the great work which Sir Clifford carried on at Cambridge. He, the speaker, was associated with him for a great number of years as Examiner at Cambridge, first for a short time in medicine, then in pathology, and he had opportunities of seeing what a magnificent man he was. He was a cultured man, and had a wide interest in social affairs, but he never lost his interest in psychological medicine. In fact he believed it was Sir Clifford who was responsible for the establishment of the Diploma in Psychological Medicine in the University of Cambridge. This interest in psychological medicine he retained to the last.

When he, Sir Frederick, drew up the syllabus for the first of eight courses for the Maudsley Hospital, Sir Clifford was kind enough to look it through and express his approval after suggesting a few minor alterations. Sir Clifford Allbutt was a man with an extraordinary sympathy with young men. Though when he died he was old in years, he was young in heart and sympathies, and it was a great privilege and a great charm to be associated with him. He was sure the members of this Association realized what a great man he was, and how much he did for psychological medicine. (Applause.)

The PRESIDENT said he desired to associate himself particularly with what Sir Frederick Mott had just said. Sir Clifford Allbutt, on more than one occasion, was exceedingly helpful to him, the speaker, especially in his younger days. He was sure all would miss him.

A resolution of sympathy was carried, by members again rising in their places.

THE HONOUR TO DR. D. M. CASSIDY, C.B.E.

Dr. ORR reminded the meeting that Dr. Cassidy, who had completed fifty years at the Lancaster Asylum, had received the honour of C.B.E. from the King and LL.D from his Alma Mater, McGill University. He was now 80 years of age, and yet on going through his mental hospital one found him as keen as a young man and absolutely up to date.

By the motion of Lt.-Col. J. R. Lord the meeting agreed to send its congratulations.

ELECTION OF CANDIDATES AS NEW MEMBERS.

The President nominated Dr. P. T. Hughes and Dr. C. C. Easterbrook as scrutineers of the ballot at the election of new members.

The following were unanimously elected:

GEOFFREY F. COBB, M.R.C.S., L.R.C.P.Lond., D.P.M., M.P.C., Senior Assistant Medical Officer, Staffordshire County Mental Hospital, Burntwood, Lichfield.

Proposed by Drs. T. C. Graves, C. W. Forsyth and Isabel Falconer-King.

ANNE FAIRWEATHER, M.B., B.S.Durh., D.P.M., Assistant Medical Officer, Hollymoor Mental Hospital, Northfield, Birmingham.

Proposed by Drs. T. C. Graves, C. W. Forsyth and Isabel Falconer-King.

JAMES WILSON MURDOCH, M.B., Ch.B.Aberd., Junior Medical Officer, Devon Mental Hospital, Exminster, Devon.

Proposed by Drs. R. Eager, C. F. Bainbridge and W. Starkey.

JAMES MILLAR CRAIG SPEER, M.B., B.Ch.Belf., Assistant Medical Officer, Wilts County Mental Hospital, Devizes.

Proposed by Drs. S. J. Cole, J. W. Leech and W. Starkey.

LANTERN DEMONSTRATION AND DISCUSSION.

The Sympathetic Endocrine System.

Dr. DAVID ORR: In opening a discussion—and that is all I propose to do—on the mechanism of the emotions, I intend to treat the subject entirely on anatomical and physiological lines. I may first clearly define my position to you, and it is this: Pure psychology teach one nothing with regard to the emotions. But physiology and anatomy teach us that emotion and intellectual life—and intellectual life and emotion are absolutely inseparable—depend upon sensory stimuli from birth throughout life.

There are certain areas in the brain which are associated with the registration of visceral impressions; and I might say that there is no impression from the body—whether it is muscular, joint or visceral—but is registered in the brain, and immediately reacts upon certain organs. We cannot talk now of the central nervous system as a system *per se*; the central nervous system is intimately connected with the sympathetic system, and that system is intimately connected with the ductless glands. Therefore one might define the whole central nervous system, the sympathetic nervous system and the ductless gland system as interdependent. The basis of this statement will be found in Cahill's work. He has enunciated two laws. One is that of dynamic polarization, and the other is the law of average.

The law of dynamic polarization is this: That an axis cylinder spreads its little collaterals around the protoplasmic processes of the nerve-cells. The impulse passes through the cell, out again through the axis cylinder, and so is passed on through thousands of cells. I believe that no impression is received from the periphery but impinges on every cell in the brain. Otherwise our brains would be chaotic. As every impression reaches the brain it is accompanied not only by its own specific sense, but by an emotional content. There is no such thing in the human mind, or even in the animal mind, as a negative impression; it is either pleasant or unpleasant. If the reaction is unpleasant, at once there is an emotional reaction, which is transmitted to the sympathetic system, and the ductless glands at once respond.

This is accomplished by a very complex system. There are impressions going down the spinal cord, spreading out through the anterior roots and into the white rami of the sympathetic system, and so outwards. At the same time sensory impressions are proceeding from the viscera resulting in reflexes, which are just as much reflexes as those called sensory-motor. That is to say that the vegetative system possesses its reflexes just as much as does the system which we call our life of relation, *i. e.*, our life of relation to the outside world. But the vegetative reflex constitutes our reflex system with regard to our inside world. And it is of the utmost importance and should never be forgotten in treating our patients from the physical side.

I now draw your attention to those ganglia situated just between the posterior and the anterior horns; it is there that those impressions from the viscera are registered. The main tract is the intermedio-lateral tract, and it exists in the spinal cord between the first dorsal segment and the second lumbar, from which the ganglionic chain fibres pass out. The fibres that pass into the cord arborize around the sensory cells in the posterior root ganglion. One of the special types that is concerned with this visceral mechanism is the little group of cells described by Dogiel. It was denied for many years that the vascular system, in the central nervous system and otherwise, had sympathetic fibres. I think I pointed out to this Association some years ago that von Recklinghausen was convinced that a great deal of the inflammatory phenomena which took place in various organs was under the influence of the sympathetic system; and Prof. Gulland, of Edinburgh, as far back as 1895 showed me some sections in which he had demonstrated sympathetic fibres, or at any rate fine fibres in the pia arachnoid of the brain, stained by Gamgee's method. In a recent work Muller has pointed out that in the pia arachnoid of both the cord and the brain and the choroid plexus there is a system of fine sympathetic fibres. I show you these fibres in these slides from the pia arachnoid of the temporal lobe, the pia arachnoid of the cord and in the choroid plexus. They are present in the next, which is a series of ganglia taken from the continuation of the choroid plexus down the iter. Also again in the fourth ventricle there is the same system of fine fibres, with a ganglion here and there. I also show you another variety. When you come to consider the vascularity of the brain—and I throw this on the screen to show how vascular the brain is—you will see it is clearly unphysiological for us to believe that such a vascular system could not be under nervous control. Consider for a moment what happens in what may be called a nervous upset, which must reverberate throughout the whole of the nervous system. It reverberates through the whole sympathetic system and influences the ductless glands, which glands at once react and throw out their secretions, possibly chemically altered, into the arterial system, with the result that there is established a vicious circle. And one has only to remind oneself of the curious nervous symptoms which we found in the soldiers during the war. I have known a soldier, as he developed acute mania, develop at the same time an acute thyroid enlargement, which subsided as his mental attack abated.

As a proof that the pia arachnoid is supplied with sympathetic fibres, I show you a section, taken from a rabbit, in which I cut the sympathetic and then injected toxins. Take the olfactory area, or the pallium. You will notice it is only the areas which are supplied by the pia arachnoid that show a lesion, which is dotted out in red. Why the other areas should not show lesions I do not know. That is as far as I have got in that work.

Here is a section of a rabbit's brain, and you will notice in the pia arachnoid that the vessels are quite normal, and apparently they are not dilated. But in the

next section the sympathetic has been cut, and at once the congestion of the pial vessels is apparent. And if you go a little further and cut the sympathetic on one side of the brain, and then inject an organism into the ear of the rabbit, you find at once lesions all over the brain. But you will notice that the choroid plexus is packed with outpouring lipoid bodies, which shows that the choroid, though it is concerned with the development of the nervous system in the physiological sense, is concerned also with the problem of immunity. This is important to remember, because in infectious diseases we know that the myelin sheath of the cord may temporarily degenerate. But we also know that under treatment, rest, etc., the myelin sheath regenerates, and it can only do so through the influence of the choroid plexus.

And *here* is an experiment done under exactly the same conditions. You see the ependymal lining of the iter, and you can see that the neuroglial cells under the ependyma are very active. But on the large structure at the top and along *here* is a large outpouring of lipoid material, which will apparently act as an immune body, or will assist in repair. The point I want to make is, that in the study of emotion we must look at it in the physiological sense. Perhaps intellectualism is disturbed first, but remember the sensory stimulus awakens the emotion, and also awakens everything connected with the central nervous system—the sympathetic system, the ductless glands. Therefore I am trying to put on an anatomical and physiological basis the fact that we psychiatrists have always said to ourselves, “Do not pay so much attention to the psychological side; rather let us study our patients from the physiological point of view.” And I might sum up my remarks by asking, “Has anyone ever encountered a case of mental disturbance in whom there has not been emotional disturbance?”

The PRESIDENT said he would content himself with congratulating Dr. Orr on his lucid demonstration, and asked members who were more conversant with the matter to make some observations.

Sir FREDERICK MOTT said he had listened to Dr. Orr's demonstration with a good deal of interest, because that gentleman thought very much as he did himself—that cases should be studied from a biological point of view. He was particularly interested in Dr. Orr's remarks about the supply of vessels of the brain with sympathetic fibres, because many years ago he, Sir Frederick, was able to show that the vessels of the brain had abundant sympathetic fibres. He was interested in Dr. Orr's remarks about the choroid plexus, because when he, the speaker, gave the Oliver Sharpey Lectures at the College of Physicians on the cerebro-spinal fluid, he showed specimens of the choroid plexus with the nerves stained by the Dogeil method. Some little time ago he was asked to write a review of a book on human character, by Hugh Elliot, for the *Edinburgh Review*, and he had to state the matter to laymen in a rather simplified manner; but it agreed completely with Dr. Orr's explanation. In that review he said we had first to remember that stimulation of the nervous system might lead to impulsion or inhibition, and that the mind might be considered to be in the whole body, though psyche was in the highest level, the cerebral cortex. It was by the harmonious interaction of all the cells and tissues of the body that mind was exemplified. He further said, in that review, that if one considered the internal secretions of the ductless glands one found there were two groups, the hormones and the chalones. Action took place through the vegetative nervous system, and the vegetative nervous system could not be separated from the cerebro-spinal nervous system. As Dr. Orr had clearly pointed out, the anatomical relations were so intimate that one could not be separated from the other. He, the speaker, likened the secretions of the ductless glands to a postal system—diffused, and very essential to the whole body. The postal system must always go on. It was slow, but it spread everywhere.

There was another system intimately related to the vegetative nervous system, the bulbo-spinal segmental protopathic system, which might be likened to the telegraphic system of the Post Office. There was a much more precise determination of action, but it was slow in delivery because the involuntary system was slow in response. Then there was the epicritic system—the quick, very precise telephone system in which the response was immediate.

The results of Dr. Orr's work with regard to the regions supplied by the sympathetic where the lipoid change was found, showing a reaction in that particular region, were of extreme importance. He was pleased to find that a superintendent

could still find time, amid his multifarious duties, to devote attention to research, and he hoped Dr. Orr would be able to continue that work. He was conducting it on lines which were essential. As Dr. Orr pointed out, the vegetative system was always operating; it was only when there was some alteration in the periodic character of the action that one became aware of something—a heart-beat out of the normal, or air-hunger, and then attention was summoned to afford relief for the difficulty or the discomfort, whatever it might be. It was acting automatically all the time, and as soon as mind intervened one knew of the effect. It was seen in the "D.A.H." of the soldiers, and in the way in which fear acted on the endocrine system. He saw numerous examples of enlargement of the thyroid, a rapidly-acting pulse and sweating, all the signs of Graves's disease; yet as soon as the terrifying dreams ceased all these symptoms of bodily change as a result of this fear disappeared too.

All would wish to congratulate Dr. Orr on this valuable communication, and he hoped that gentleman would continue on those lines to help forward this idea, which was becoming more prevalent now, that every case should be studied as a biological entity, and classification should be left alone.

Dr. C. C. EASTEBROOK also desired to thank Dr. Orr for his very interesting demonstration. He thought the recent work which had been done on the innervation of the striated skeletal muscles invalidated the Lange-James theory of emotions. According to the work of Roybe and the late Prof. Hunter, the skeletal muscles consisted of two distinct sets of fibres: (1) Striated fibres which were innervated by the medullated somatic fibres, which produced voluntary movements of muscle and maintained reflexly their contractile tone, and (2) finer striated involuntary fibres, which were innervated by sympathetic fibres and maintained reflexly the plastic or postural tonus of the muscles. The third element present in muscles was the muscle spindles, which apparently consisted largely of these finer plastic fibres. They had a large medullated nerve-fibre, which was the nerve of muscle-sense. They also had an efferent sympathetic innervation, which maintained the lengthening and shortening of the muscle-spindles imposed on them by the movements of the voluntary contraction of the muscle. The Lange-James theory was that the physical basis of emotion was the muscles expressing emotion; but this recent work showed that there was something wrong with that explanation. It was in keeping with common sense that before anybody could experience emotion he must sense the circumstances or the danger—whatever it was—before he could respond in the form of an emotion. Therefore one's impression was obtained through the sense of sight, or the sense of hearing, etc.: the message went to the sensorium, and messages were sent to the ductless glands, especially the adrenals, which secreted adrenalin, resulting in the liver supplying sugar to the muscles and to the blood-vessels of the body, constricting the abdominal vessels and setting more blood free, so helping the muscles and the brain. That was done as soon as the sensorium received an impression acquainting the individual with the situation of danger. And messages also went out to the voluntary muscles and brought about the movements of defence which helped the individual to deal with the situation and the emotion roused thereby.

It seemed curious if the feeling of emotion—fear, anger, or whatever it might be—should be produced as the result of a voluntary movement of muscles which brought about the natural position of defence, *i.e.*, that the muscles should be responsible for an emotion which it would be to the advantage of the individual to control.

Dr. W. F. MENZIES said that in rendering thanks to Dr. Orr for his demonstration he wished to allude to one point, which was that of the innervation of the cerebral vessels. It was generally assumed that the very fine fibres seen in the vessel walls, spinal cord, nerves, etc., were sympathetic. There was a school which thought they were not, but that they were protopathic. He had been much struck by an article in the last number of *Brain*. The cerebral vessels were looked at by direct microscopy, a magnification of 100 diameters, and they showed absolute absence of reaction to either mechanical or chemical stimuli. This had an intimate connection with the reaction of the brain vessels to those in the splanchnic area; and the question arose as to whether there was only an afferent supply to the cerebral vessels. The knowledge possessed concerning the afferent sympathetic system was so fragmentary that it was difficult to formulate an opinion, but he thought it possible that there were no efferent sympathetic

fibres, but there was a very well-developed afferent system, and he considered this responded to the various emotions, as Dr. Orr had shown, and that when the blood tension in the cranium was required to be altered this could be brought about entirely by the efferent sympathetic in the splanchnic area.

Prof. G. M. ROBERTSON expressed his regret that he had not been present to hear the whole of Dr. Orr's address, but with what he had heard he was much impressed. With regard to Dr. Orr's last remark, asking whether any had seen mental disorder which was not accompanied by emotion, he thought that was a very important question, and it fitted in well with the other part of the contribution. The only form of mental disorder which most people in the past had regarded as not being accompanied by emotional disturbance was paranoia, of the apparently purely intellectual type, without any emotional disturbance at all. On that particular subject he thought that one of the finest presidential addresses the Association had ever had was that delivered by Dr. Percy Smith, in which he went into the whole subject of paranoia, carefully dividing intellect, emotions and the will in the various forms of what was then known as systematized delusional insanity. But it had always seemed to him, the speaker, to be a mistake to suppose that there was no emotional element in every case of paranoia. It was admitted that these cases tended to develop in persons having a particular temperament or character, and this was sometimes called the paranoic character. This paranoic character was nothing more or less than that of a person in whom there was a morbid feeling or emotion of a particular kind. It might have been, in some cases, vanity, in others suspicion, in others irritability, but so slight that under ordinary circumstances and without careful thought one did not regard the person as being under the influence of any emotion at all, simply because the individual did not express it in the features or in the general expression. But not a moment passed in the day when all of us were not subject to emotion; every moment we were experiencing emotions of various kinds. The people in question were those with a morbid disposition, in whom one particular type of emotion overcame all others. The result of this was that the intellectual operations of these people were changed by this pervading emotional feeling, so that, in the end, one person took a vain and elated view of things, and imagined himself to be more important than were other people or than other people thought him to be. Or he might have suspicions, slight, but always present, so that in the end he supposed himself to be surrounded by suspicious circumstances, and it was easy for him to suppose that his neighbours were persecuting him—that if two people were seen by him to be talking together, the burden of their conversation was a conspiracy to do him harm.

So, though it was thought at one time that this form of insanity was not accompanied by emotion, it now seemed clear that this, along with other forms of mental disorder, had a distinct emotional basis. It was now agreed by psychologists that there was not a thought passing through the mind nor was there any act carried out which was not accompanied by emotion. It was impossible to say which came first. No mental state could be analysed without including in that state both intellect and feeling, and also will or striving. For example, in such a simple matter as saying that two and two make four there was some satisfaction, and when the sum was more complex, such as the result of 13 times 13, there was a feeling of unhappiness when the answer was not forthcoming, followed by one of elation when the solution was found. Therefore emotion was a mental element which we could not get away from under any circumstances, and it played a great part in all morbid mental conditions. Also, the psycho-analysts themselves laid great stress on the emotions, because they said a complex was an unconscious process accompanied by a strong affect.

Lt.-Col. J. R. LORD said he was more particularly interested in this subject as bearing on the development of psychiatry for the future. While he did not feel competent to talk very deeply on these physiological problems, he felt bound to say that really so little was definitely known about the processes underlying what was called insanity that one could not afford to neglect any avenue whereby further knowledge could be acquired. He thought one of the chief mistakes of workers in this and other fields had been to specialize in one direction of investigation to the neglect of others. And when he heard Dr. Orr say that this sympathetic endocrine system should be concentrated upon in the future as the most promising he felt he would like to put it in this way: that this field should be added to the other fields of psycho-physical research and all concentrated upon. There

had been much unbalanced knowledge advanced on problems of the mind and conduct, and he thought that had been due to the fact that the workers on one aspect of the subject had not had regard to what was being done in other directions. For instance, to neglect the introspectionist methods of investigating psychological problems was a mistake. He would say study them physiologically and pathologically by all means, but the knowledge thus gained was of little value, even dangerous, unless correlated with that gained by introspective methods and by human experience. The poet, for instance, was a great psychologist, and sociologists had a knowledge of the human mind of a kind which psychiatrists were prone to ignore and think of little importance. They could not afford to neglect social psychology. He, the speaker, would like to see psychiatrists looking at these problems of the human mind from a broader and more biological point of view, as he was sure this would help them considerably when they looked down the microscope, and particularly when appraising the results of experimental psychology.

Dr. ORR, in replying, said he was very glad that this short communication had led to some discussion. With Sir Frederick Mott and Dr. Easterbrook he was in agreement. With Dr. Menzies he felt himself somewhat at variance. He was not aware that only afferent fibres came from the vessels, and that there were no efferent fibres; but perhaps he had misunderstood that gentleman on that point. Prof. Robertson had made some very interesting remarks on paranoia, and he agreed with that speaker that the paranoic was an emotional subject.

As to Lt.-Col. Lord's remarks on introspection, he would recommend everybody to read the *Tales of Mystery and Imagination* by Edgar Allen Poe. It was simply full of introspection, and really an education.

One point he had forgotten to touch on. He should have remarked, in regard to emotions, that the normal person might suffer from a very intense emotion; he might feel incensed at something, he might feel that he would like to hit somebody. But he also reflected, "No, I must exercise my inhibition," and so the emotion was governed by inhibition.

The PRESIDENT said the views which had been brought out by the discussion showed the necessity of such an Association as this, to combine those from different spheres of work—the union of the clinical and the physiological with the psychological. With regard to paranoics and emotion, it was not so much the absence of emotion in them as the misplacement of emotion that was important; in them the emotion had not a proper place.

AFTERNOON SESSION.—TUESDAY, JULY 7.

At the University Buildings, Edmund Street, Birmingham.

THANKS TO THE RETIRING PRESIDENT AND OFFICERS.

Prof. G. M. ROBERTSON said it was his pleasant duty to propose a vote of thanks to the retiring President and Officers of the Association. He, himself, had now been a member of the Association many years, and he had never known anyone elected to the post of President whose election gave such universal satisfaction as that of Dr. Nolan. Dr. Nolan had a personality which had endeared him to every one of the members, and further he thought all were glad to appoint a president from the Sister Isle. The annual meeting which took place at Belfast was one of the most successful he ever remembered—and he had attended most of the annual meetings during the last twenty years. The Presidential Address which Dr. Nolan gave on that occasion indicated to all who heard it what a fine philosophic mind he had. It was an address which he was sure every member perused afterwards with the very greatest interest and instruction. In connection with that meeting members visited Dr. Nolan's mental hospital at Downpatrick, and saw there the tangible results of the fine personal qualities which the President possessed. That mental hospital was an eye-opener to many who saw it; it was second to none in the country. It showed evidence of his complete medical knowledge as to what should be done in every department of a mental hospital, and it also showed his fine judgment in regard to administration and as to what should guide his Committee concerning the management of a hospital. It was designed on a large scale, was picturesquely decorated, it was exceedingly comfortable, and it was evident to all who visited it that the relations between his staff, the patients and our President were most cordial.

Dr. Nolan had been exceptional among the Presidents of this Association in one respect, a respect which the speaker hoped would be followed by all who succeeded him in the presidential chair: he had presided at quarterly meetings in all the main divisions of the Kingdom, in England, in Scotland and in Ireland. And they in Scotland were particularly grateful to him for the honour he did them in deciding that one of the quarterly meetings should be held there. On that occasion the speaker considered that the meeting was very successful, and the members in Scotland did all they could to do him honour. The members of the Scottish Board of Control turned out to a man, the only exception was the Chairman of the Board of Control, who, unfortunately, was unable to be present owing to illness in his family.

He could assure Dr. Nolan that he retired with the knowledge that he had discharged his duties in this important post with great dignity and judgment, and he had aroused a feeling of gratitude in all the members of the Association.

He wished next to refer to the Hon. Treasurer, Dr. Chambers, who, unfortunately, had been indisposed for a considerable time. But, in spite of his indisposition, he had continued to take the same interest as he had always done in the affairs of the Association, and had still looked after its financial affairs in an efficient way. He was glad to learn that Dr. Chambers was now very much better, and that there was every reason to suppose that in a very short time he would be restored to full strength and vigour, and would again be seen at the Association's meetings. His position in the Association was unique, so that the speaker could not adequately express the feeling of indebtedness which members had towards him.

The work of the Secretary was multifarious, and it was difficult to know how he could manage to get through all the departments of activity which he had to superintend. Like his game of golf, Dr. Worth drove a long and straight ball through the fairway of the secretarial work which he had to perform, and if he occasionally found his way into a bunker by bad luck, or perhaps in his case by over-driving, one found he was as useful with his niblick as with his driver, as he got out of the difficulties. Prof. Robertson thought that under Dr. Worth's guidance the affairs of the Association had been well managed, and he had got round the 18 holes with success, and so far, he thought, they had won their matches.

He had also to thank the Editors of the Journal, and most especially he desired to thank the senior Editor, Lt.-Col. Lord. He also, unfortunately, had been in indifferent health, but in his case also that had not prevented him doing justice to his work, and the Journal had been extending its circulation and improving in its quality and increasing in bulk during the last year, and therefore members had to thank him very much and to congratulate him on his prospective promotion.

He had also to thank the Registrar of the Association. They still had to deplore the loss of one of the most beloved members of the Association, Dr. Miller. He thought the meetings would never again be the same as they were when Dr. Miller attended them so regularly, when all were so pleased to enjoy his genial presence. He had been succeeded by Dr. Rambaut, who, he thought, had carried on his work most efficiently. The taking over of such a large department as this—and none realized how large it was under Dr. Miller's supervision because he said so little about it—had been attended with the minimum of friction or disturbance, and for that the Association had to thank Dr. Rambaut, and it was also due to the fact that Dr. Miller and Dr. Rambaut had been lifelong friends.

And there were many others who had helped the Association during the past year and to whom thanks were due. Among them were the Auditors, who, he believed, had to perform a useful duty, but probably, as far as results were concerned, it was a sinecure. Still, it was a necessary work.

There were also the Chairmen and Secretaries of the various committees, and the Secretaries of the Divisions. They performed a large amount of very useful, important and necessary work. He did not think the Association usually realized to what extent it was indebted to the Secretaries of the Divisions and to the Secretaries of the various committees. Every now and then a special investigation was made in a particular department, such as nursing, or education, or Parliamentary work, and then these Secretaries had to do a very large amount of work, and he wished most particularly that they should receive members' thanks and a full recognition of the work they did.

And lastly he had to make reference to the work of the Council. They also deserved the thanks of the Association. In this connection he wished to refer

particularly to one point—and in doing so he desired to exclude himself altogether, as he was proposing a vote of thanks. The point was that he thought the Association should realize—and he did not think it did adequately realize—how much it owed to those members who came so regularly from Ireland and Scotland to attend these meetings. The ordinary members of the Association paid a certain subscription, a very small one, considering the benefits they received, and the fact that the advantage of having the Journal was thrown in. But, over and above that, one had to consider that the members who came to the meetings so regularly and faithfully from Ireland and Scotland must spend from £20 to £50 a year in order that the Association should be regarded as one embracing the whole of the United Kingdom and they contributed in various ways to the success of the Association. No doubt some of them, after coming such a distance, had a good deal to say, and they appreciated the patience with which members of the Association listened to them, and allowed them, in a paternal way, to have their own way in small matters.

And he wished to make the following remark to the meeting in conclusion: it was a remark which he discussed with his friend Dr. Bedford Pierce at dinner the previous evening. He did not know any association whose work was so well done, whose proceedings were carried on so harmoniously or pleasantly as the Medico-Psychological Association. There was a good reason not only why members should be pleased with themselves, and also why they should congratulate the Association's officers on having done so much for their members.

Dr. F. R. P. TAYLOR said it gave him much pleasure to second the vote of thanks to the retiring President and Officers which had been so eloquently proposed by Prof. Robertson. After what had been said he did not propose to occupy further time in enlarging on the good work which the officers and Council had done. But he did hope that when Col. Lord stepped into the Presidential Chair it would not interfere with his activities as Editor of the Journal; if it did, he was sure members would miss him in that office very much.

Carried by acclamation.

The PRESIDENT, in acknowledging the vote, said he had never felt so unworthy of the high honour which was placed upon him a year ago, than when he had to listen to eloquent and flattering remarks to-day from Prof. Robertson. He, the speaker, wished he could exclude himself from this vote; it should be possible, because the President had remarkably little to do with the working of the Association; he relied upon its more or less permanent officers, and no officers could have worked more efficiently and zealously than had those of the Association. On their behalf he tendered warm appreciation of what had been said.

INSTALLATION OF THE NEW PRESIDENT.

Continuing, the President said he now came to his last official act. When leaving this world it came naturally to us to bequeath all we valued most to those we esteemed highest, and so, at the close of his year of office, nothing could gratify him more than to hand on the Presidential Badge to his most distinguished successor, Sir Frederick Mott. He felt at a loss what to say of him: there was at once so much and so little to be said. On the passing of one of Ireland's famous sons a large sum of money was offered for the most suitable and eloquent inscription for the magnificent monument erected to his memory, and many sought, in ornate language culled from many tongues, to give expression to a nation's appreciation and affection of the dead tribune. The prize-winner sent in but the one word, "O'Connell." So also it would suffice to name "Mott" to the meeting to-day, but, happily, he was still among them to hear their praise. Recently the Public Orator of Dublin University, when introducing the recipient of an honorary degree, said, "A fair thing indeed is that kind of life which the Greeks call speculative; a fairer thing is, perhaps, that life which they called practical; but, unless I err, the fairest thing of all is the union of the speculative and the practical in the same person." Of such a union Sir Frederick Mott was an outstanding example; splendidly speculative and profoundly practical; perhaps more accurately, but with loss of alliteration, profoundly speculative and splendidly practical. Here any detailed reference to his prolific scientific work, his original achievements and his many academic distinctions would be superfluous. Every one of his hearers must of necessity be familiar with his triumphal progress, for his reputation was international. For many years he had shown a whole-hearted interest

in the aims and objects of the Association, whose proceedings he had enriched by generous contributions and rendered valuable by constructive criticism. Members knew, too, how liberally he had, in a less public manner, encouraged aspirations of younger workers, ever ready to give enlightenment to those less richly gifted, and who were working in more limited spheres. Hence the Association had seized the opportunity to mark, in the highest degree in their power, not only their appreciation of his splendid scientific labours, but also of his personal qualities, and he came to it richly laden with honours—from His Majesty the King, from foreign rulers, and from many world-wide learned societies.

So much for the man; now a word as to the moment. Sir Frederick had come to the chair at a time when it was essential that the Association should have at its head one who was the living embodiment of all that it strove and stood for—the advancement of mental science in its practical bearing on disordered minds. As a band of crusaders in that noble cause, the Association had the good fortune to possess as its trusty leader a doughty knight, bearing on his shield the motto “Excelsior.” The President trusted that the lance Sir Frederick was taking up to-day as President of the Medico-Psychological Association of Great Britain and Ireland might be laid down by him as the first President of the Royal Medico-Psychological Association. (Great applause.)

[He then invested Sir Frederick Mott with the Presidential Badge, and Sir Frederick Mott took the Chair.]

The PRESIDENT (SIR FREDERICK MOTT) said he was unable to express his state of feeling at the praise he had received from the President. He felt it a great task to follow such a man, as he had not had the same experience, but he wished to assure members that he regarded it as a great honour to have been elected President of the Medico-Psychological Association, and he would do his best to live up to the standard set by his predecessors, including Dr. Nolan.

The President then delivered his address (*vide* p. 631).

Dr. R. PERCY SMITH said he had been asked to propose a vote of thanks to Sir Frederick Mott for his most instructive and interesting address. He, the speaker, looked back to the time when Sir Frederick was appointed Pathologist to the Mental Hospitals of the London County Council; at that time he, Dr. Percy Smith, was Senior Medical Officer at Bethlem Hospital. Members were all thoroughly familiar with the work which Sir Frederick had done ever since he was connected with the London County mental hospitals, and the great work he was instrumental in doing in the establishment of the Maudsley Hospital by his influence with Dr. Henry Maudsley. There the work which was originally carried on at Claybury was continued, and now Sir Frederick was doing much the same thing at Birmingham. All he did was always done with the most consummate care; and, whether one agreed entirely with his conclusions or not, one had the greatest admiration for the splendid work he had accomplished.

It was not the function of the proposer of this vote of thanks to discuss the address. It was necessary to see it in print, as it contained a great deal of material for reflection. He was sure all would look forward to the next number of the Journal, when the address would appear in full. He therefore asked members to accord to the President a most hearty vote of thanks, and he was sure all would congratulate him on being in the Chair of the Association, and would feel that during his year of occupancy the Association would maintain its high standard of work.

Dr. F. H. EDWARDS said he would like to have the pleasure of seconding this vote of thanks. He did not propose to add anything to what Dr. Percy Smith had said, but members did realize that Sir Frederick was an ornament to the chair, as great an ornament as had sat in it during the time he, the speaker, had been a member of the Association.

Lt.-Col. J. R. LORD said that as the one there who, with the possible exception of Dr. Bond, had been the longest associated with Sir Frederick Mott and his work at the London County mental hospitals, he would like to ally himself with this vote of thanks. There had always been one point he admired about Sir Frederick Mott's work, namely, the ease and the readiness with which he would abandon a promising line of work immediately it seemed likely to lead to a fallacious result. For that reason one had always felt one could depend on the soundness of his premises.

The vote was carried by acclamation.

The PRESIDENT, in acknowledging the vote of thanks, expressed his appreciation of the patience with which members had listened to him. Dr. Nolan, in referring to his, the speaker's, work, said there was a good deal of speculation as well as work. He thought one must have some imagination. Probably with much of what he had said in his address many members might differ; still, it was based on premises which he hoped would stand the test of future research. If that did not prove to be the case, then those premises must go, and Col. Lord had paid him the compliment of saying he had taken that attitude on all occasions.

He thanked Dr. Percy Smith, Dr. Edwards and Col. Lord for their appreciative remarks in regard to the address.

RECEPTION AT THE UNIVERSITY.

In the evening the Council and Senate of the University held a reception which was largely attended by members and their friends. The guests were received in the Founders' Room by the Vice-Chancellor, Col. Sir Gilbert Barling, Bart., C.B., C.B.E., M.B., F.R.C.S. and Miss Barling. There was music and later refreshments were served in the Students' Club. A very pleasant evening was spent.

MORNING SESSION—WEDNESDAY, JULY 8.

At the University Buildings, Edmund Street, Birmingham.

The PRESIDENT in the Chair.

PAPER.

Encephalitis Lethargica and its Psychological Implications, by Dr. G. A. AUDEN (see p. 647).

The PRESIDENT said he was voicing the feelings of the meeting when he said members were intensely obliged to Dr. Auden for this most illuminating paper. It was a subject of great interest and importance at the present time, and it had been presented by one who had had a large experience, and who had studied the disease in a way which was altogether admirable. He had been particularly pleased to hear this paper, because he was himself much interested in the subject. He had only had the opportunity of seeing comparatively few cases. He hoped later to show some slides. He had had the opportunity of seeing a good many cases of sleeping-sickness due to trypanosomiasis, and the lesions in this latter disease were very similar to those met with in lethargic encephalitis; and some of the symptoms also were similar, especially the lethargy.

It was clear from Dr. Auden's paper that there were material lesions which probably accounted for the symptoms and the change of character which occurred in this disease in so many instances. He thought it likely that many would wish to take part in the discussion on the paper, therefore it would be adjourned until after the ceremony of laying a wreath in the name of the Association in the Hall of Memory.

[The meeting was adjourned accordingly.]

CEREMONY AT THE HALL OF MEMORY.

The President, officers and members of the Council and other members attended at the recently erected Hall of Memory, to lay a wreath in commemoration of the sacrifices made by the citizens of Birmingham in the Great War. The wreath bore the words:

"To the City of Birmingham, from the President, Council and Members of the Medico-Psychological Association of Great Britain and Ireland, as a tribute to the memory of those who fell in the Great War."

In performing this function, the PRESIDENT said:

"As President of the Medico-Psychological Association of Great Britain and Ireland, now meeting in this city, I have been requested by the Council, officers and members of the Association to express to the City of Birmingham its sympathetic feeling for all the brave men of this city who died for their country. We are conscious of the important part that this great industrial area played in the Great War, and we realize in this beautiful 'Hall of Memory' a lasting monument to all those who gave up their life, to all those whose health has been shattered and who still live, and to all those parents who mourn for their sons, and for the

widows and orphans. I need not remind you that all the members of this Association, excepting the too aged, played an active part, both at the time and after, in relieving the wounded soldiers and those suffering from shattered nervous systems. I deem it, therefore, a great privilege to be allowed to place this tribute in the Hall of Memory, on behalf of the Medico-Psychological Association of Great Britain and Ireland."

Lantern Demonstration of the Lesions of Lethargic Encephalitis. By Sir FREDERICK MOTT, K.B.E., F.R.S.

The PRESIDENT showed a number of slides bearing on the subject. The first was from Prof. Wimmer's book on epidemic encephalitis, showing the tracts which were involved. The lesion was in the mid-brain, affecting the substantia nigra and red nucleus and the aqueduct of Sylvius. There were also changes higher up in the tracts coming from the basal ganglia. The cortex in these cases was usually unaffected; still, sometimes one found inflammatory changes in the cortex. One characteristic about this disease was that the meninges were not affected, and therefore one did not expect to find lymphocytes and polymorphonuclear leucocytes in the cerebro-spinal fluid.

The next slide showed the characteristic lesion found in the mid-brain, especially in the medulla and pons. This disease was described by Oppenheim as pontobulbar encephalitis, because the changes now shown were found in the pons and the bulb. The spaces in the vessels and the perivascular infiltration led one to think there were hæmorrhages, but in this specimen there were no hæmorrhages, though punctate-looking bodies were seen throughout the mid-brain, the pons and the medulla. Sometimes a hæmorrhage did occur. There is a lymphocytic infiltration in the perivascular spaces, like the lesion met with in true sleeping-sickness due to the trypanosome and the tsetse-fly, and in much the same situation. The same was seen in general paralysis, though in the latter the lesion was in the cortex of the brain, especially, and not in the mesencephalon, pons and bulb. That accounted for the lethargic condition met with in the other two diseases and not in general paralysis.

The next section also showed, in the mid-brain, perivascular infiltration and congestion of the vessels. To the naked eye the dots looked like punctate hæmorrhages. A group of cells could be seen in the neighbourhood of that inflammatory area and there were considerable changes in the ganglion cells. The changes in the ganglion cells depended on the proximity of inflammatory changes. Therefore one often found, especially in the nuclei of the third nerve and around the aqueduct of Sylvius, an explanation of the fact that sometimes there was one muscle affected on one side and another muscle on the other side. There could be seen a considerable amount of inflammation around the vessels, and neuroglial proliferation may also be seen. Two cells could be seen in which the dendrons had broken off, and there was considerable swelling and absence of Nissl granules, with evident changes in the cells.

He next showed, under a much higher power, a cell in which vacuolation had occurred.

A characteristic phenomenon in lethargic encephalitis and in the trypanosome sleeping-sickness was the lethargy and sleepiness, and in both there were lesions in mid-brain, pons and medulla. In these latter were important tracts and nuclei connected with the static sense, with gravitation, fibres from the labyrinth connected with the cerebellum and Deiter's nucleus, which sent out impulses to all the voluntary muscles, producing voluntary muscle tonus. A lesion affecting stimuli by interfering with the conducting paths of that sense would tend to cause sleep. When one felt drowsy, the jaw dropped and the eyelids closed, the head drooped, the muscles were relaxed, and this relaxation of voluntary muscles prepared the way to sleep. It also meant a lowered basic metabolism, and everything favouring a recuperation of energy throughout the whole body. He put the point forward for discussion; he had already mentioned it in a paper on sleeping-sickness.

Dr. Auden's paper was a most valuable one, and it had opened up some new ideas. A number of people were now seen coming into mental hospitals of a type which did not go there before, apparently, and the same was true in regard to myxœdema, and it had not been recognized in the latter case until it was pointed out by Kocher. He himself conducted a class on neurology at Camberwell Infirmary,

and he was told there was a case of Parkinson's disease. As it was a typical case in a woman aged 35 he made further inquiries, and he found it was typical lethargic encephalitis. She had had an illness which was called influenza, and following that she had squint. The squint passed off, and she experienced a drowsy feeling, and then this particular affection of the extra-pyramidal system. He did not doubt there were many instances of the same condition throughout the country. Evidence was available that the disease had been in existence 300 years in the form of epidemics.

Dr. P. C. P. CLOAKE (Queen's Hospital, Birmingham) expressed his appreciation of having been invited to discuss Dr. Auden's paper. He had been much interested in the subject, and for eighteen months he had been working at it, with the aid of a Medical Research Council grant. In the mass of literature which had collected round the subject he had not seen any paper which had dealt so lucidly and so convincingly with the aetiology and the symptoms of the disorder as did the paper read that morning. It was a great pleasure to him to be able to say that his own line of work had led him to almost identical conclusions to those Dr. Auden had put forward, and which had not previously been advanced in such detail.

One had to look at the symptoms of encephalitis lethargica firstly from the standpoint of the acute disorder. He thought all who had worked on the mental symptoms of the acute disorder were agreed that these belonged to the great group of organic mental symptoms which could be classed as toxic or infectious in origin. The delirium which he found in a large number of his acute cases was seen also in other forms of acute disease. As a general rule, when delirium occurred in acute diseases it was associated with pyrexia, but in encephalitis pyrexia was often absent in the acute stage, though the mental symptoms were similar to those in other infections with a febrile condition. The reason of that probably was that the infection fell with greatest weight on the brain. The delirium, which was a combination of a disordered grasp of external events and an increased psychic activity, was probably due to the toxæmic condition. In addition there was the characteristic symptom, lethargy, which occurred, in most cases, in the acute stage. Lethargy also occurred as the commonest of all the sequelæ of encephalitis lethargica. It occurred in some degree in almost all of a series of 50 to 60 cases; *i.e.*, a slowing of the mental processes, combined, usually, with a slowness of speech and of movement, and sometimes there was disorder of automatic functions, such as those of walking, breathing, swallowing, etc.

Dr. Auden had put forward a suggestion which appealed to him, Dr. Cloake, very strongly, namely, that in many cases, in the mental sequelæ of the disease, one had the manifestations of regression due to abolition of inhibition of higher functions. He could not now go into details, but he thought some other adjuvant theory must be admitted, too. He had suggested that one had to look at mental function generally as consisting of a hierarchy of levels of function. The highest were those which had been most recently acquired and those which one would expect to be earliest abolished in any form of disease. The difficulty arose, as was seen in Dr. Auden's figures, in the fact that the purely intellectual functions were so little disturbed in this disorder. The emotional and social reactions of the patient might be very gravely upset without any corresponding disorder on the intellectual side of the mind. Yet he thought one would have to regard the intellect as being one of the highest functions and, certainly in its highest phases, one of the most recently developed of the mental functions. Therefore he thought one had to consider that toxæmia falling upon the nervous system, in so far as it manifested itself in psychic disorders, must be taken up as a separate line of study. If other forms of toxæmia were considered, *e.g.*, alcohol and the toxins of other diseases, then one found a general similarity between the symptoms of the various toxic affections. But the mind did not react in identical ways under the stress of the different toxins which were liable to affect it. In other words, one had to consider that the mind split, or was disordered, differently under the influence of different toxins. It might be that on investigation it would be found that there was a corresponding difference in the effect of the toxins on the neurological structure of the brain. For instance, in encephalitis lethargica the commonest effect was the damage done to the mid-brain. In alcoholic conditions and in general paralysis and other disorders the maximum damage did not fall on this region, but on the cortex.

In encephalitis lethargica he thought the outstanding psychological disturbance was what had been referred to as lethargy. Lethargy brought one directly into relation with the psychology of the drowsy or sleepy state. The condition which the profession had now had experience of was not the one which had been elucidated from the psychological standpoint. It had been difficult for him, the speaker, to obtain the results of any investigations which had been directed to the elucidation of what happened when a person felt drowsy, *i.e.*, what occurred in regard to his mental function. It was known that the attention slackened when one became drowsy, and there was a depression at intervals in the attentive level; and during the falling to sleep, the peaks of attention between the states of depressed attention became less and less frequent, until gradually actual sleep supervened. At the same time the directive association of logical thought, which was characteristic of the wakeful state, gave place to freer and freer associations. The mind lost direction, and as one fell to sleep, the thought became freer and freer in its associations until, presumably, when one was asleep, what thought remained, as in dreams, was at the level of the free association of thought, where one thought was connected with another, not by directive attention, but by the intrinsic value of the thoughts themselves, their meaning or significance. If one looked at the sequelæ of encephalitis lethargica as indications of defective attentive level arising from the state of lethargy, one could explain many of the symptoms which appeared in the final stages. The loss of the higher social adaptation of the individual became more clear when one regarded it as a defective power of what was spoken of as attention—the inability to give the mind to those calls which came upon it from the social life. This change did not necessarily occur in all forms of toxic mental states. And though other toxic states, such as general paralysis, might lead to similar symptoms, the symptoms there did not necessarily arise through the action of the same psychological mechanism. In general paralysis, dementia in some degree was probably present from a very early stage, such dementia as was not at all apparent in encephalitis cases.

Sir Frederick Mott's suggestion as to the origin of the lethargic state implied not merely a dissociation of the normal tonic innervation of the body, but also an alteration in the metabolism of the body, which presumably induced, or was associated with, the psychological state of lethargy. If one admitted those two possibilities, and that the metabolic centres were situated in the region of the mid-brain, upon which the great weight of the infection in encephalitis lethargica fell, it was not necessary to hypothesize a sleep centre, as had been done.

He, the speaker, wished to emphasize the observation that the mind split in different manners under the influence of different toxic states. Dementia præcox, for example, was essentially a splitting of the mental life. It was not remarkable when one considered it that some cases of encephalitis lethargica, when they were very severe, resembled to a considerable extent or conveyed the impression that they were very similar to dementia præcox. Both were examples of mental splitting, and in encephalitis the splitting was somewhat different, in that the intellectual functions were not so greatly lost.

He also wished to refer to one or two smaller matters. The first was the question of tics: sniffing and coughing and sneezing, and especially the respiratory disorder which was such a common sequel of encephalitis. He would only put forward one view, which had not been mentioned, namely, that these tics were often associated with abnormal sensations. One of his patients complained of a constant discomfort in the nose and throat, and that was not at all an uncommon complaint. The discomfort seemed to be due to centrally determined abnormal sensations. One intelligent patient said to him she felt that if she could sneeze or blow her nose properly she would be better. It showed what distress was felt by these patients. In some there was an abnormal sensation of pain; in the disease a chronic pain was common.

The question of prognosis was a very important one, and he would like to hear whether Dr. Auden had seen any cases, other than the one he mentioned, in which any very marked improvement had taken place as a result of treatment. Many of the physical disturbances following encephalitis tended to improve with the passage of time, and in one or two patients he, the speaker, had seen an improvement in the mental condition. But on the whole these cases did not seem to do very well, though it was early days as yet to speak of what might ultimately occur.

One last point. In encephalitis one was faced with a problem which was urgent and, *i.e.*, oft-recurring, namely, What was one to do with the patients who were very difficult to manage, and yet who were not certifiably insane? Fortunately Lord Knutsford had been interested and had raised the matter in the House of Lords. The action had led the authorities to make an attempt to arrange for some form of institutional treatment of these cases. The ordinary industrial school found them too difficult to manage; these patients required special consideration, and in a school this special attention was a cause of disaffection among the others. One could not deal with them under the Lunacy Acts, nor under the Mental Deficiency Act. And though it was conceded that these children would do best in institutions, there were no existing institutions suitable to which the majority of such cases could be sent.

Dr. G. H. MELSON asked whether it was the experience of members that sometimes the symptoms, and perhaps also the signs, of this condition were very transient. He remembered hurrying to see a case which was diagnosed as encephalitis lethargica, but he was unable to corroborate the history which had been given. It was important to know whether cases, transient in onset, might yet lead to the sequelæ which were under discussion.

Dr. HAMILTON C. MARR wished to glean expressions of opinion from members concerning a particular case.

A few weeks ago he received a telegraphic message from an institution for mental defectives, stating that a boy there was unmanageable, and had the signs of post-encephalitic insanity. He was 9 years of age, and had escaped from an institution and wandered about until he got into the hands of the police. The superintendent of the institution asked the police to keep him in the police station and bring him back on the next day. But at 2 o'clock the next morning a message came stating that they could not keep him there any longer, and that they were bringing back the boy in charge of four policemen! The speaker went to see the boy, but he had then again escaped from the institution. He had knocked down the nurse in charge and had made his way out to a station and had thrown himself in front of a train which was about to start. When he was caught by the railway people he made another attempt and got on to the line in front of a moving train.

Dr. Marr saw him and found he was quite intelligent, and during his impulsive attacks, which were epileptoid, there was no loss of consciousness. But the question arose as to what could be done for cases of that sort. He thought it would be a great misfortune if such a case were sent to an asylum. But it was impossible to have such a case in an institution for defectives, not only because of his conduct, but these institutions had not the means for studying this obscure and toxic condition. He had suggested in a report that it might be desirable to do as had been done in cases of enteric carriers—to have them, if possible, associated in centres. The centre he had in mind was one like Stobhill, in Glasgow, where a ward might be set apart for cases of encephalitis sequelæ, equipped and staffed by nurses who were qualified to deal with mental conditions. The cases could be under the care of people who could pursue clinical investigations and find out something more about the causation of the disease.

Dr. F. R. P. TAYLOR said he had been very interested in the remarks of Dr. Marr as to provision for these cases. Last week he was asked to see a patient who was supposed to have had meningitis two years ago. This patient was a girl, *æt.* 8, one of a family of nine, of which she was the youngest but one. The mother gave a history almost exactly similar to that related by Dr. Auden. The child had become morally bad; she was noisy, destructive, spiteful, and was unable to sleep. She also had spasm of one sterno-mastoid, and apparently a clonus of the right foot. The spasm could be controlled. She could not be detained in the house, it was merely a cottage, and the case could not be certified under the Mental Deficiency Act, because the condition was not present at an early age, and it was not considered desirable to have her certified and sent to a mental hospital. He could only suggest she should be got into a school for backward children, but the medical officer of health was not anxious that this should be done. He eventually decided to try to get her into an industrial institution or school. It was very important to the parents that these children should be taken care of, because they were a pest in the house, and at present there was no institution which had accommodation for this class of case. It was most

desirable that these children should be under medical care while they remained abnormal. He would like to hear whether Dr. Auden thought it desirable that the education of these children should be continued; whether they should be treated as backward children and educated accordingly, or whether for the time being all education of them should cease.

Lt.-Col. J. R. LORD said many interesting points had emerged from this discussion, apart from the value of the paper, which was one of the most interesting he had heard for some time. That cases of the condition had been sent to mental hospitals he believed to be a fact; if one went round a mental hospital with the possibility in mind, not a few instances would be found. As regards their accommodation and treatment, as far as the London County mental hospitals were concerned, they were segregated in West Park, and some of them the speaker had seen. The younger cases had showed immense improvement while under care there. Particular attention was given to their physical health, especially as regards any possible toxæmias. A case he showed at the Maudsley, a patient at Horton Mental Hospital, was very interesting. About 3½ years before she came to Horton she had an attack of (?) pneumonia, which was so diagnosed and treated by the local practitioner, and she recovered. About 2 years later she commenced to have attacks of screaming and periods of stupor, and repeatedly fell downstairs. After 18 months she became melancholic. Later it was noticed that she had very marked pyorrhœa, so marked that the doctors insisted on all her teeth being extracted, and this was done. The result, however, was the setting up of a further general infection, and she became more depressed and made repeated attempts to commit suicide, and when admitted was a fairly typical toxic-exhaustion case. She had, however, coarse tremors of head and hands, and especially of the neck muscles, some Rombergism, very exaggerated deep reflexes, poor superficial reflexes and some general anæsthesia of lower limbs. Pupils were normal. The infirmity she came from diagnosed her as suffering from disseminated sclerosis. Her condition, however, rather suggested paralysis agitans. He, the speaker, went sick, and did not see her for twelve months. When he returned he examined her with considerable interest. She sat immobile with her head on one side, and she was salivating at the rate of several pints a day. She had had several attacks of vertigo, "shivering fits," and apart from coarse tremors of head and arms (especially the right), all that could be found physically was a plastic condition of the right arm, extending up into the muscles of the neck on that side. Sensation everywhere seemed normal.

With regard to her mental state, she had nothing to say to anybody, and took no notice of food. When one moved her or lifted her head up from the chest she would talk sensibly and rationally in reply to questions, but her head would go down again immediately the stimulation ceased. There was undoubtedly lethargy and a plastic condition limited in one arm. He felt no doubt that the attack of so-called pneumonia was really encephalitic, and that it was the cause of the mental symptoms which followed, namely depressed emotional tone, extreme lethargy with occasional bouts of psycho-motor excitement and attempts at suicide. There was no intellectual disorder or impairment, nor had any such resulted. Nervous symptoms were undoubtedly basal in origin.

One interesting point in regard to that condition was, that according to its pathology it was difficult to explain the occurrence of delirium. Cases of encephalitis lethargica could be divided into the early delirious or psychotic group, with lethargy as a later symptom, and into cases which at an early stage showed lethargy and basal symptoms. Lesions in the brain-stem could not but affect the static sense, muscle tone and synergic control, etc., and he knew from his own experience of the illness that these led to a mental confusion and a loss of what one would call one's sense of personality, *i.e.*, the physical sense of personality. The failure to hold the head in a fixed position, owing to loss of voluntary control and of tone in the muscles of the neck, led to failure of the power of attention. He did not think one could possibly concentrate attention or make any mental effort whatever if there were complete paralysis or complete loss of tone in the muscles of the neck. The occurrence of delirium in basal lesions might be explained in the following way: There was the pathological condition of the mesencephalon, which might destroy to some extent the sense of physical personality, causing confusion, and there was the emotional disturbance owing to lesions affecting the thalamo-striato-rubral system, and loss of cortical inhibition. One could imagine,

under those conditions, delirium arising without toxæmia of the cortex. This would also explain the further interesting point that intellectual functions were preserved in encephalitis, while the more emotional and instinctive faculties suffered.

Dr. Marr had raised a point as to housing and care of these cases. He, the speaker, did not think that a case of encephalitis which was insane, *i.e.*, exhibited marked disorders of conduct rendering it certifiable under the Lunacy Acts, should be considered in any different light from other toxic cases. He saw no reason for taking a condition due to one poison, and saying that the person who was the victim of it must be looked upon as someone above ordinary procedures. When in these cases there were such disorders of mind as led to abnormal conduct, their place was a mental hospital. If their conduct was not such as to render them certifiable and admissible to mental hospitals, then there were other places for treatment, such as the hospitals and infirmaries. Why should special institutions be built for such cases and not for other toxic cases? Though a good deal of work must yet be done as regards this condition, to-day all would agree that Dr. Auden had added in a great measure to whatever knowledge they previously possessed on the subject. He also felt much indebted for the important observations made by Dr. Cloake; and Sir Frederick Mott's fine demonstration of the pathological changes he had found had cleared the ground for the illuminating discussion which had followed.

Dr. HELEN BOYLE said that at the Lady Chichester Hospital there had been a certain number of mild post-encephalitic cases, and she had also had the chance of seeing several in consultation, having been called in to see them as they were supposed to have some mental disturbance. She asked whether members found that encephalitis in pregnancy ran a more beneficent and generally more satisfactory course than it did in other people. The only two or three cases occurring in pregnancy she had seen had been peculiarly satisfactory. These patients had gone to bed at once, and when they got ill they were not at first recognized as cases of encephalitis lethargica; the condition had been so benign that it had not interfered with the subsequent birth, and there had been no other sequela. She had seen several cases which had the Parkinsonian syndrome recover, and she thought Dr. Auden said they recovered too. She asked whether it was the experience of others that cases who had the Parkinsonian syndrome had not go to bed at all as the nature of the condition was unrecognized, the diagnosis not having been made until subsequently. The case she specially wished to mention was taken ill at the General Post Office. She went home and she chiefly had lethargy, though her temperature also was raised, and there was some disturbance of vision. The nature of her condition was not recognized, and she was taken to the out-patient department of a hospital, where she was diagnosed as having a hysterical condition, and her father was told to send her back to work. This advice was followed, and two hours afterwards she was returned home, saying that it was impossible for her to work. She was taken to another London hospital, where it was said she was not hysterical, but was a case of dementia præcox, and that she had better resign her post at the General Post Office, as she would never recover, but would become insane and have to be certified. She resigned her post at the General Post Office and went home. Her people tried to get her to do various things, and were stimulating her to action the whole time. She became rather worse, and by the time she, Dr. Boyle, saw her, she had the Parkinsonian syndrome. She then went straight to bed and remained there three weeks, at the end of which time no one would have thought she could have had the Parkinsonian syndrome. It was the first chance she had been given of going to bed and keeping quiet. About four months after the onset she came to the Lady Chichester Hospital with post-encephalitic symptoms. She retained a certain amount of the condition for about five months, and at the end of that period she, the speaker, wrote to the General Post Office and told them it was encephalitis lethargica from which she had suffered, and that they might safely take her back again as she had recovered. The people in charge there said they must wait another three months, which they did, and the patient was now back again restored.

She thought that in the majority of cases where there were severe after-effects it was partially due to the fact that patients were not kept sufficiently long in bed at the beginning of their illness.

With regard to the differential diagnosis from dementia præcox, one of the

things which had struck her was that the dementia præcox of that type was not a "biddable person," whereas one could get an encephalitic person to do almost anything if one waited long enough. When demonstrating one case at a British Medical Association meeting, the patient, a woman, was induced to go to the top of a flight of stairs and slide down the banisters, and this she accomplished safely. Another point was the educability of the children. In many cases these children reacted very well to re-education. There was one very bad case, which seemed to be quite uneducable; he had a lot of unpleasant tricks, such as spitting on his hands. But he eventually became a nice little boy and was able to go to an ordinary school.

Dr. R. W. GILMOUR commented on two cases of encephalitis which he had under care. One of them came into the hospital, was discharged, and three months later had diphtheria. Having recovered from that she came to the out-patient department again, and was found to have polypnœa, respirations 80 per minute, and he took her into hospital, and she had now been in many months. She was sent to him as a neurotic, with polypnœa. On the average her respiration-rate had been 80 to 90 per minute, but twice the rate had gone down to 18 to 20, though only for a few hours. At those times he had not seen her. She had had one mild attack of tetany, and there was a lack of rhythm between the respiratory muscles and the diaphragm. As she lay in bed one could notice a see-saw respiration; as the abdomen descended, the chest came up, and the two sets of muscles were acting in direct opposition. It was not due to paralysis of the diaphragm, as the bulging of the diaphragm was due to its active depression, and she was not getting sufficient oxygen at each respiration, and this polypnœa represented the effort to procure it. Attempts were being made to relax the diaphragm by massage, but so far there had been but little change.

The other case showed difficulty in diagnosis and the sensory condition referred to by Dr. Cloake. This patient was now 20 years of age, and she had the disease when she was 14, though her father and mother said that at school she was up to the average of the other scholars, and was of good intelligence for a girl of 14. Her present mental age, however, was not more than 10, and there had been a moral degradation coincidently with the intellectual backwardness; she was not now so truthful as formerly, and her ideas of *meum* and *tuum* had distinctly altered. She kept her head on her chest, and it was difficult to get her to raise it. She said that when her head was raised up she felt as if she was suffocating. It was easy to demonstrate to her that the posture did not suffocate her, and she replied that she knew she did not suffocate, but she felt as if she were going to. This was a very marked sensation, and it agreed with what Dr. Cloake said—that many attacks were due to the sensations which these patients had. It seemed to be a trouble chiefly on the sensory side. When she first came, her condition was diagnosed as post-encephalitic, but the history of her illness was most indefinite. When aged 14 she had an illness, when she seemed a little odd. Within the next year she showed she had some moral defects of conduct, and there was some mistiness of vision. The latter was allowed to go on for two years before she was taken to see an ophthalmic surgeon. Glasses were then provided for short-sightedness, and she wore them for a time. She had no diplopia. She said that things at a distance seemed misty to her. Her present symptoms made it practically certain that she had had the disease. In this respect the condition was something like poliomyelitis. In a case of the latter which he recollected there was a sudden paralysis of two fingers; she was practising at the piano one day, and then she noted this sudden loss of power in those fingers. Finally the condition was diagnosed as anterior poliomyelitis, affecting a few cells associated with the affected muscles. He did not see why in encephalitis the difficulty in diagnosis should not be due to the slowness of development of the lesion in the brain. Diagnosis was arrived at late in some cases because the original lesion had been so small.

A MEMBER asked if there was any neurological explanation of the great increase in salivation.

The PRESIDENT asked, in regard to relapses, whether the toxin remained in the system for a much longer time than was generally supposed. Also, having regard to the infectious nature of the disease, was there any possibility of it being prevented?

Dr. AUDEN, in reply, desired first to add his thanks to those expressed by others to Dr. Cloake for his amazingly interesting disquisition. It had been an eye-opener to him on the point which von Economo said must be the fundamental basis of consideration of this disease—the question of the sleep-wave rhythm.

The question of ultimate recovery had been raised. He felt, from his experience, that there was a definite tendency to recovery, even in cases which at first gave cause for a very grave outlook. The boy whose photograph he put on the screen, and who had to be re-taught to walk, was now able to do so. He was a wood-turner, and was getting on satisfactorily.

With regard to the moral changes, one found that so long as there was not a dys-social trend in the family, there was a tendency towards rehabilitation of the social instincts. In a paper he read before the Northern and Midland Division on April 27, 1922, he related the case of a boy who was charged with stealing. The parents were respectable, and they were rather severe on him. He was sent to a reformatory. A year ago boys in the school were taken to see the Wembley Exhibition, and he won a watch as a reward for the best essay. He was now out on license from the reformatory, and the probation officer brought the boy to see the speaker. He was then a well-conditioned boy, and there was no anti-social trend detectable in him. But if one got a case from a home in which there was a strong anti-social trend, and the children had lived in degradation and anti-social conditions all their lives, then, however long they were kept under a new *régime*, it was not likely that satisfactory cases would be made out of them.

With regard to institutional care, the difficulty was that these cases were on the increase; he had himself notes of 94 cases of children in the last year in the City in poor homes. Until there were some places where a mild discipline obtained and a lessened strain on the emotions, matters would go from bad to worse. He pitied any institution which received these cases only. The Mental Defectives Order, 1911, said that if they lacked supervision one might deal with them. There should be some institution in which the child's education could be continued. The most important thing of all was re-education in social discipline, which alone could make them suitable for a free life.

He had no explanation to offer as to the salivation some of these cases had, but the amount of saliva some of these patients secreted was amazing, as in Lt.-Col. Lord's case. The woman he quoted got rid of pints of it a day, and a towel had to be constantly kept under her mouth.

In one case he saw there appeared to be a definite relapse three years afterwards; there was at least a recrudescence of the physical symptoms, with an increase in her anti-social tendency, namely, taking what did not belong to her.

With regard to the possibility of preventing this disease, he did not think very much could be hoped for in this direction, because he did not doubt that the virus was passed on by means of carriers. He thought all that could be done in the way of prevention was to keep the nasal passages clear and in a healthy condition.

Of the adult cases of the disease who were notified last year, three had committed suicide in Birmingham, and that was a very important fact. That was 3 out of 282 known cases of all ages. In the Birmingham cases in the period 1920-23, the mortality among notified cases was 45 *per cent.*, while last year the mortality was 15 *per cent.* But these were fallacious figures, because more than one-third of the cases had never been recognized, and the cases now being reported were examples of those which had been missed in the past.

The PRESIDENT said he was sure he was expressing what was in the minds of those present when he tendered to Dr. Auden cordial thanks for this most excellent paper. He also thanked those who had taken part in the discussion.

WEDNESDAY AFTERNOON, JULY 8.

Wednesday afternoon was spent by members and their friends visiting those industries for which Birmingham is so famous. There were conducted parties to Messrs. Cadbury Bros.' factory at Bournville, the Birmingham Small Arms works at Small Heath, and Messrs. Dunlop's factory. Others visited the City Art Gallery and other places of interest and note in the city. Members were kindly and hospitably received everywhere.

ANNUAL DINNER.

The Annual Dinner of the Association took place at the Grand Hotel, Birmingham, on Wednesday evening, July 8.

The Chair was occupied by the President, Sir Frederick W. Mott, *K.B.E.*, F.R.S.

The guests included the Right Hon. the Lord Mayor of Birmingham (Alderman Percival Bower, *M.B.E.*, *J.P.*), Councillor Miss H. Bartleet, *O.B.E.*, *J.P.*, Councillor Miss Clara Martineau, Alderman J. H. Lloyd, *J.P.*, Alderman F. Smith, and others of the City and County Councils, and Mr. F. H. C. Wiltshire, Town Clerk.

The University was represented by Mr. W. F. Haslam, Dean of the Medical School, Prof. J. S. Haldane (Education), Prof. O. J. Kauffmann (Medicine), Prof. J. T. J. Morrison (Forensic Medicine), Prof. Sir John Robertson, *C.M.G.*, *O.B.E.* (Hygiene and Public Health), Prof. J. W. Russell (Medicine), Prof. E. W. Wall Carlier (Physiology), Prof. G. Haswell Wilson (Pathology), Prof. C. W. Valentine (Education).

Other guests were Mr. E. Musgrave Woodman (Surgeon, Birmingham General Hospital), Mr. C. J. Bond, *C.M.G.* (Ministry of Health), Sir James Curtis (Clerk to the Guardians), and the Rev. Father Emery.

Apologies for unavoidable absence were read from the Lord Bishop of Birmingham, the Rt. Hon. Neville Chamberlain, *M.P.*, Minister of Health, Sir Charles Hyde, Sir Gilbert Barling, Sir William Ashley, Sir Michael Lakin, Principal C. Grant Robertson, Alderman Lovsey, Alderman Cadbury, Mr. C. P. Lane and others. Dr. Edwin Goodall and Lt.-Col. W. R. Dawson sent special greetings and good wishes, which were read by the President.

The croupiers were Lt.-Col. J. R. Lord (President-Elect), Dr. J. G. Soutar, Dr. P. T. Hughes and Dr. T. C. Graves.

THE TOASTS.

"THE KING."

The PRESIDENT proposed the toast of "The King," with the words: May he long reign over us and be a bond of union of the far-flung British Empire!

The toast was loyally pledged.

"THE CITY OF BIRMINGHAM."

Dr. NATHAN RAW, *C.M.G.*, in proposing this toast, said he considered it a very great honour to have been asked to do so. It was a very important one, and he felt sure that no man, nor woman, could do full justice to such a toast in the few minutes he was supposed to occupy. They felt greatly honoured by the presence of the Lord Mayor of that great city. The Association had had a most enjoyable meeting, and members were grateful for all the courtesies and kindly hospitality which they had received from the citizens of Birmingham, a city which was famous throughout the world, for its enterprise, its initiative, and its commanding position in regard to industry and education. Whenever there was mention of the word "Birmingham" there rose to the mind the great name of Chamberlain. (Hear, hear.) He was not sufficiently old to remember the great Joseph Chamberlain, certainly the greatest Secretary of State for the Colonies the country had ever possessed; but he had had the great pleasure of sitting in the House of Commons with two other Chamberlains, worthy sons of their father, namely, Mr. Austen Chamberlain and Mr. Neville Chamberlain. Mr. Austen Chamberlain was a representative of this city, and had been not only Leader of the House, but also Chancellor of the Exchequer. Mr. Neville Chamberlain had also been Chancellor of the Exchequer, and was now—he said it advisedly—the best Minister of Health we had had for a long time. Mr. Neville Chamberlain had had the great advantage of being trained in the City of Birmingham and its municipal methods, and the speaker understood that he had been a successful Lord Mayor of the City. That training had been of incalculable benefit to him in his political career in the House of Commons, and he was sure that a good deal of the knowledge that gentleman possessed of State affairs was due to the experience and training he obtained in Birmingham. Birmingham was celebrated for many things, which it would be impossible for him to enumerate; and the name of the city caused one to think of its art, its music, and its great organizations

in regard to health and municipal affairs generally. There was present at this dinner its great health administrator, Sir John Robertson, whom he cordially congratulated on the high honour which had been conferred upon him in recognition of the splendid work he had done in furthering the health of this large community. He would only add that Birmingham was held in friendly rivalry by other large cities of the Empire. The work which had been done by the citizens and by the Corporation was a lesson and an example to other great municipalities. He coupled with the toast the names of the Lord Mayor and Councillor Miss H. Bartleet.

The Rt. Hon. the LORD MAYOR OF BIRMINGHAM (Alderman Percival Bower, *M.B.E., J.P.*), in responding to the toast, tendered to the President and the members of the Association his regrets that he had been unable to attend the ceremony in the morning when the Association laid a wreath in the Hall of Memory; he assured the company that nothing but business of a very urgent character prevented his acceptance of the very kind invitation which had been extended to him to participate in that thoughtful ceremony.

It had been his privilege on several occasions to be called upon to respond to a toast couched in somewhat similar terms to this during the past eight months. In fact, he thought he could claim to have served a very good apprenticeship, as, on looking through his engagements, he found that to-night was the 135th time he had been called upon in such a capacity. (Laughter.) Yet, notwithstanding that training, he found that to reply on the present occasion meant facing certain disadvantageous circumstances. On one particular occasion he was asked, "Did anyone see you come in?" and this evening he wondered whether this present company would let him go out, because it had been said by, he supposed, a puerile critic, that one of the tests of a person supposed to be insane was what view he took of those by whom he was surrounded; and he had heard it politely suggested that if such a one regarded everybody else as insane, the test was unfavourable to him. If that were to be the test, he could imagine that he and some of his colleagues on the City Council might find themselves labouring under very disadvantageous circumstances, because there were a number of people whom they might regard as mad, and there was a certain large volume of people who would put himself and his colleagues into that category.

The proposer of the toast had been good enough to refer to the vastness of the city's activities, and he, the speaker, only wished to say that while it was not for them to determine the standard of greatness to which the city might attain, one was mindful of the fact that the development of the city had naturally brought with it great problems for solution. In fact, he submitted that, historical as were the periods through which the city had passed, the problems which confronted not only it, but the nation, were such as to call for the exercise of sound judgment and wisdom. Members of this Association were interested in a problem which must inevitably react in the life of a city such as this, as it must also react in the life of a nation. And he was bound to confess that from time to time the thought arose with them as to how far the grave problem with which those gentlemen were concerned could be harnessed up, if not actively associated with those grave social problems which had now assumed such a menacing character in the country. It was very difficult to occupy the seat of judgment at all times, and it was extremely difficult to assess correctly the outlook of many of the thousands of men and women in this city who were labouring under such distressing housing conditions as applied here and in other parts of the country. It was also difficult to assess the mental outlook of the man and his dependents who for a long time had been attached to that great army of unemployed, which had been in existence altogether too long. He submitted that it must have its effect sooner or later, and very shortly they in this city would have to face the question of whether or not they were going to add to the already heavy burdens which they had been carrying now for some time, in the way of putting into operation further large unemployment relief work schemes. This problem was, to Birmingham, one of great gravity; they had already spent many millions of money in the direction he had indicated, and it was now necessary to weigh the pros and cons of the situation, and consider whether the already overburdened industries of the city should incur greater responsibilities in this direction. On the other hand, they had to put in the balance against that their obligations to those who, at the moment, found themselves unemployed, and whose position was getting progressively

worse. He assured the company that those who had accepted the responsibility for determining an issue of such importance would give it the consideration which it deserved.

He was sorry he would not be able to accompany the Association on the following day to Hollymoor, as he had to accompany the Town Clerk to Manchester immediately after lunch. He expressed the sincere hope that the reflections which the Association would have indulged in during the week would, in their working out, not only add credit to the great profession to which most of his friends present were attached, but would also work out to the advantage of their own and other cities, and, above all, to the advantage of those who were not privileged to enjoy what most of those others were happy to enjoy. He hoped that those now mentally afflicted, and those who in the future might be so afflicted, would be greatly benefited by research work, and so bring about a result which would also be a great credit to the medical profession. (Applause.)

Councillor Miss BARTLETT, *O.B.E., J.P.*, also responded to the toast. She said that, in contrast to the Lord Mayor's 135th time of responding to such a toast, this was the first time she had done so. She very much welcomed the opportunity of doing so, as a woman. Perhaps one of the reasons she had been asked to do so was that she was really a little bit of old "Brum." Her father was a surgeon in the city, and both her grandfathers were physicians in the city, while her great-grandfather was a button-maker here, and perhaps that was why she had been called a "bright button." (Laughter.) She did not herself make anything, though she worked fairly hard. Yet, though she made nothing, except perhaps a few mistakes, she made no mistake in one thing she did three years ago, when she put all her weight—which was considerable (Laughter)—into getting the President, Sir Frederick Mott, to help in the research work which they had inaugurated in Birmingham, and to advise in the improvements being made in the mental hospitals of the city. Not the least part of the success of the pulling of that string was the assembly gathered at that function. Birmingham appreciated brains, and it had some of the best brains in the Kingdom present at this dinner to-night. But Birmingham also liked to pick the brains when it had them, and it was hoped that it would get a good many pickings out of this Conference. She hoped that all, or most of the members, would go out on the morrow to Rubery Hill and Hollymoor to see what was being done there, and what was intended to be done for the patients under care there. A good deal of building would be seen in progress, and it was hoped that new wards would have been ready in time for the visit. But at least members would be able to see what was attempted to be done for the unfortunate people who had to occupy such institutions. The admission rate had been considerably reduced, which meant that patients discharged recovered had really recovered in more instances than was formerly the case, and this fact of fewer readmissions was a very good test of the efficiency of the work. She hoped members would believe that they were very heartily welcome, and that the city was very grateful to them for their presence here. She was sure that presence meant not only that they would give help, but also that they would look on the city's failings with a little blindness, and be to the few virtues they possessed very kind. (Applause.)

"THE UNIVERSITY OF BIRMINGHAM."

Dr. C. HUBERT BOND, *C.B.E.*, proposed the toast of "The University of Birmingham." He said that the choice of place for the Association's Annual Meeting was guided, by happy custom, by where it transpired that the President's activities were concentrated, and from time to time it happened to be a University centre; that fact was always an asset, as it was felt that it helped the Association to keep its anchorage to general medicine. And even if, in the course of the business part of the programme, matters inevitably arose which were foreign to the spirit of an Academe, it broadened their outlook and prevented them getting into grooves which, from lack of ploughing and of fertilization by fresh thought, tended to become sterile. They were unfeignedly glad to be in the Midlands capital, in what had rightly been called the emporium of our country's mechanical arts. Doubtless in one of the many Halls in the city they could have counted upon shelter for their meetings, but all the same it was not only a matter of great convenience to the members, but a greater satisfaction, to find themselves located within the

University. And those who at this meeting had been privileged to hear and see what this great educational centre had done and had in contemplation, and of coming into contact with the members of her professorial staff, had received stimulation and encouragement to press forward with the work of their specialty. He had received instructions on no account to forget to tender to Sir Gilbert Barling, as Vice-Chancellor, and to the Council and Senate of the University, the Association's most grateful thanks for the use of the fine rooms which had been placed at their disposal, and for the delightful hospitality shown to the members on the previous evening.

Birmingham was not quite the most junior of our universities, but was proud of being one of the younger ones; and not in arrogance, but with youth's virility and enthusiasm, the footprints of her progress indicated the firm and steady steps born of confidence in the cause she stood for. Her youth? That was a term of comparison—or nowadays, he should say, of relativity. This University was now a quarter of a century old, and just a hundred years ago joint systematic lectures on medicine were started here by Dr. Sands-Cox, F.R.S., who also, he believed, founded, in 1828, the College and Hospital known as Queen's, and it only took a quarter of a century since this College developed into a university. It was with an assured confidence that he asked what would be the position and influence of this University when she celebrated her centenary, or even her jubilee?

There were other toasts to come, and therefore he would not say all he had intended. But, among other points, one could not help noticing the order of the University's Faculties. Science headed the list, and was followed by Arts and Medicine, to which had been added not merely a Degree in Commerce, but a Faculty of Commerce. Did not this last addition exemplify the fact that commerce was still, as it ever had been, the most potent broadcaster of ideas? One could enlarge upon the growing importance of dental surgery, and members of the Medico-Psychological Association knew full well the influence of dental and other forms of sepsis. But of still closer interest to the Association, and to his colleagues on the Board of Control, was the Joint Board of Research in Mental Diseases, which was the first of its kind in the country, and in the work of which the President and their fellow members, Dr. Graves, Dr. Percy Hughes and Dr. Roscrow, were taking so active a part, and towards the work of which Sir Charles Hyde had given a substantial endowment. Within quite easy access of Birmingham were a considerable number of other mental hospitals and institutions for mental defectives, and therefore might he not venture to hope that at no distant date there would develop within the University a School of Psychiatry, and that the University would institute a Diploma in Psychological Medicine. He felt sure that that would have a full response from those in the vicinity, and that such a step would not be regretted.

He coupled with the toast two names known well in this room—Prof. Kauffmann and Prof. Sir John Robertson. In regard to Prof. Kauffmann, members knew the important chair that he held, that of Medicine, which was the crown and keystone in the ever-extending arch of the medical curriculum. And might not the eminence and distinction which he brought to this position be possibly due to that sure foundation which he laid when he was Professor of Pathology? The other name was Sir John Robertson, Professor of Public Health and Medical Officer of Health in this mighty city. What an onerous position to hold! Onerous, too, in the legal as well as the ordinary sense; for in Scots Law the word expresses the bilateral nature of an advantage, and it was patent, from a study of the City's vital statistics and noting its low mortality and the small incidence of infective disorders, that Sir John had won the trust of the citizens and an obedient response to his advice and instructions. He (the speaker) cherished an aspiration there will be corresponding posts known as Medical Officer of Mental Health. He took this opportunity of congratulating Sir John on the high honour which had recently been conferred upon him.

The toast was cordially given.

Prof. O. J. KAUFFMANN thanked Dr. Bond and the company, in the name of the University, for the manner in which this toast had been proposed and received. He could assure the gathering that it had given the Council and the Senate the greatest possible pleasure to welcome the Association in Birmingham. They found, even in a young university, that teaching was not the only business to which

they had to attend; that one of its chief duties was to help, in every way it could, learning and research, whether it were within its walls, or outside them. For that reason it was most happy to welcome such a scientific body as this Association. There was a kind of research for which all had the greatest respect—that pursued by the individual without any institutional encouragement, a solitary worker, just using the opportunities he had, making what experiments he could, and drawing such conclusions as his intellect enabled him to do, and then bringing his results before the scientific world, chiefly represented by societies of which this Association was a type. He met there with approbation, or—more useful still—with criticism, for nothing was quite so wholesome to him as criticism; and he could expect to get more criticism at a meeting of such a body than he could expect if his contribution were published in the *Lancet* or the *British Medical Journal*. Such criticism cleared his mind and enlarged his horizon for future steps in research, and corrected any tendency he might have towards excessive self-esteem on account of a piece of research, or on account of any exaggerated belief in its results. He himself belonged to a parallel society, the Association of Physicians. If all respected and valued this kind of research—and the researches of Lister were of this kind, it was no exaggeration to say, had conferred the greatest benefit on mankind—it was also recognized that there were other ways in which a University could readily help the solitary worker who, perhaps, had not the means of pursuing the aims to which his genius and his inclinations impelled him, and, recognizing this, the University was, at the time of which Miss Bartleet spoke, most eager to share in the undertaking of which Sir Frederick Mott was now the chief, and to which he, the speaker, wished every success.

It might not be known to all present—if it had been, he thought it would have been spoken of before—that in Birmingham University there was a Research Committee, the chairman of which was the Principal, and that committee existed for the express purpose of fostering any kind of research the plan of which was brought before it by a member of the staff. The committee examined the plan and then helped, by money or by instruments, or by placing space and time at the disposal of the individual, granting him some liberty from his teaching duties. In that way a most fruitful arrangement had sprung up, and members of the University staff had been able, on many occasions, to undertake and bring to a successful issue valuable researches. In addition, the University was contemplating the establishment of a kind of university press. They would not have a press of their own, but would undertake, in association with a well-known printing firm, the publishing of any major work which might have originated within the University, so that the record of such work might pass into the scientific world with the sanction and approval of the University. In that he saw a great stimulus to success.

Dr. Bond had made sympathetic reference to the University's youth; he represented it in glowing terms. He sometimes wished he was himself twenty-five, and probably a good many others did too. At twenty-five one had a reputation to make, and that was a stimulating thought. When a university was 100 years old it had a reputation to keep, and that was at once less interesting and less stimulating; yet it was none the less important, for without continuing its efforts in all directions he supposed a university would lose its reputation, just as baking powder would. (Laughter.)

With regard to Dr. Bond's remarks concerning the establishment of a School of Psychiatry, that would come. (Hear, hear.) But these things cost money, and he believed the University had not too much of that at the moment, any more than had the city.

In conclusion he wished to say a word about two men, about whom no one who rose to respond for the University should be silent. He referred to the two Principals it had been the good fortune of the University to have had since its inception. Sir Oliver Lodge shed the lustre of his name upon the young plant, and enabled it to grow in a way which, without such help, would have been impossible. In the present Principal, Grant Robertson, they had an accomplished historian, one who united with those functions a really remarkable interest in and understanding for the progress of all the physical and natural sciences, and was, at the same time, an extraordinary administrator. To both those men the advance which the University had made was due in great measure, and to them a great debt was due.

A word about himself: simply that in his references Dr. Bond had been far too good to him. (Applause.)

Prof. Sir JOHN ROBERTSON, *C.M.G.*, also responded. He said he supposed his name had been associated with this toast because it was his function in life to try and think out means of preventing illnesses of all kinds. And one of the forms of illness which troubled the community were those mental illnesses with which many of those present had to deal. It seemed to him to be a peculiarly happy idea to propose this toast on this occasion, because a university not only had the opportunity of teaching the young members of the profession how to deal with those illnesses when they occurred, but also an equally important function of a university was to undertake research work in connection with their treatment and their prevention. Most of those present at this gathering would regret that the Vice-Chancellor of the University was not present to respond to this toast, as he had taken such an interest in the establishment in connection with the University of research work in mental diseases; indeed, but for him this organization probably would not have matured. All in the University were prepared to do their best to forward that research, and when the opportunity arose he knew it was the intention to do a great deal more than was being done at the present moment. It had been stated this evening that Birmingham University was a very young one. One rejoiced that it was a growing University, and he rejoiced even more that the people of the district were beginning to realize the importance of a University in their midst; and, more and more, they were sending their sons to the University for higher education. He could not help thinking that this would be an extraordinarily valuable asset to the district in time; he believed these new universities were going to change the whole mental outlook of the country in course of time. He was almost going to say we could not have too many; the only limitation was the financial one. Their own work at the present time was largely limited by the amount of income they got. They could do many things, and by starting them they could get the rising generation greatly benefited if they had the means. Birmingham, like all the other young universities, needed a very considerable endowment in order to carry on its work.

In conclusion he assured the Association that those in the University had made up their minds not only to teach as well as they knew how, but to engage in that equally important function, that of finding out new methods of curing disease and of preventing disease. (Applause.)

“THE VISITORS.”

Dr. J. G. SOUTAR said the toast he had the privilege and the pleasure of proposing was one which was always welcome at any meeting of the Medico-Psychological Association, namely, that of “The Visitors.” That term did not mean, on this occasion, that limited and restricted class of visitors defined in that Statute with which they were more or less familiar. (Laughter.) It meant the friends who had honoured the Association by their presence, and who had already added so much by their geniality and sociability to the enjoyment, and had indicated by their presence their sympathy with and their determination to support the purposes of the Association. Those cardinal purposes were the cure, where possible, and the relief—always to some degree attainable—of those who were suffering from mental disorder. But, beyond that, there was the spreading of knowledge and the provision of the conditions which had already been referred to by several speakers, under which it was possible to treat individuals in the first and early stages of mental instability, and thereby very often it would be possible to avoid the catastrophe of a complete breakdown. And, beyond that even, there was the cultivation of ideas in regard to the upbringing of children, the education of youth, and the conditions under which men and women should live and labour—conditions which would tend to the strengthening of the mental attitude of the whole of the nation. (Hear, hear.) How was such a desirable end to be effected? Only by combination of those who were capable, by experience and education, of carrying out research into the normal and the abnormal mental states and of those who occupied such positions in the State and city that they could influence the public policy so that the conditions necessary for carrying on that research might prevail; and when the results of such research had been ascertained, provision should be

made for carrying them into practical effect. (Applause.) There were present this evening citizens of Birmingham who in both the directions he had indicated had shown their sympathy and interest, and he trusted that what Birmingham did to-day, the rest of England would do to-morrow. Sir Gilbert Barling said, the other night, that psychology was beginning to find its own. He, the speaker, thought and hoped that was true. Not very long ago the vast majority of men and women in every degree of education looked upon psychology as being something absolutely remote from their lives, and, if they thought about it at all, they thought it was one of those subjects which a certain number of cranks indulged in and had futile disputations about, and who were only a little less cranky than those for whom they had to care. But the whole position was now altered, because it was evident that psychology was recognized as an important factor in the education of the whole of the people; that, in fact, it was in touch with every human activity, and that the practical application of the lessons which psychology could teach would be of inestimable value in improving the whole tone of the country. There was evidence of this in the fact that our great newspapers, presided over by men who had an extraordinary gift for sensing the undercurrent of thought, the still unexpressed feeling of the people, had given more prominence to matters relating to the cultivation and maintenance of mental health. It was also found in another way which was very satisfactory: a much larger number of men and women of the laity were coming in to help, and it was a matter which was sincerely welcomed that women in particular were coming to take their share in this important work. The company had heard this evening from Miss Bartleet of the work which she and others were doing, and he was sure that the more women could be got to be interested in this work, the more satisfactorily the work would be done; in fact what was required was the co-operation of the whole community.

He had to couple with the toast the names of Alderman Lloyd and Mr. Wiltshire. He was very sorry that Alderman Cadbury could not be present.

The toast was cordially pledged.

Alderman J. H. LLOYD, in responding, expressed the pleasure it had given him to be present at the Dinner, and to hear something of the Association's work. He had seen some of the work which was being done at Hollymoor, and it was a pleasure to do any slight thing in his power by his sympathy to help forward such a work. He could not, however, pretend to possess any great knowledge of the subject on which those present were experts, but while he had been sitting in his place, one thought had occurred to him. In Birmingham they had a motto, namely, "Forward!" and he believed they had always had the gift of being able to assimilate people who came among them from a distance. Miss Bartleet and he were both Birmingham born, but that could not be said of some of the speakers to-night, nor of many distinguished people in Birmingham; and it was rather a proud thing to be able to say that Birmingham had been able to welcome so many people from other places, to get the best from them, and obtain their loyal help and support to every good object which the city was able to take part in. As he saw around him so many representative people—the Lord Mayor, Miss Bartleet, the Medical Officer of Health, a representative of the Board of Guardians, of the University, of the Queen's and other hospitals—it occurred to him there was one great problem, one which no doubt arose in many other parts of the country too, namely, how the hospitals could be used to the greatest advantage of the neighbourhood. In this vicinity there were hospitals of great variety in addition to the numerous Corporation hospitals—hospitals run by the Guardians, good voluntary hospitals, children's hospitals and special hospitals. But what were they going to do in the future, looking twenty or thirty years ahead? The voluntary hospitals were finding it very difficult to raise sufficient money for the modern equipments which were necessary. Would someone with a gift for organizing come forward in the future and arrange some way in which the various hospitals could combine to the greatest advantage? Probably it meant securing a big piece of land somewhere—and it should not be far from the University, probably at Edgbaston, and he hoped the time would come when many more acres would be added to that property. Under some such scheme not only would overlapping and competition be avoided, but everything would be arranged and organized for the most efficient use of these hospitals. Accidents should be provided for in a central place, but for ordinary treatments the

situation should be such as to secure an abundance of fresh air. Moreover, the University should have the best circumstances and opportunities for teaching its pupils. At present there seemed to be difficulties in that respect owing to the isolation of cases of different diseases in different institutions. He felt he would like to take the opportunity of ventilating this idea in the present appropriate company. It might be a problem in other parts than Birmingham, but it was certainly an important one here.

He expressed his sincere thanks for the opportunity to be present, and he hoped the Association's stay in Birmingham would prove an enjoyable and profitable one. (Applause.)

Mr. F. H. C. WILTSHIRE (Town Clerk of Birmingham) also responded. He said he felt he was entitled to the indulgence and perhaps also the sympathy of the company in rising to respond to this toast, as the request reached him only on the previous day, towards the end of a protracted Council meeting, when his mentality was not very alert, and he thought acceptance was the best way out. Then he saw that his name was not included in the list of speakers, and he allowed his thoughts to evaporate, only to find that at the last moment he was required to speak after all.

He felt some trepidation in coming into such an assembly, because anything to do with psychiatry conjured up in his mind all sorts of dangerous things, but he was glad to say that he had thoroughly enjoyed the hospitality offered, and it was a privilege to be associated with so many gentlemen eminent in a great profession. At the same time, it was a pleasure tinged with regret that there should be need for such a body of eminent men in this country. He, in a small way, had, perhaps, remarkable opportunities of studying the mental alertness of 120 citizens of Birmingham—(Laughter)—a remark he made with trepidation knowing he was in the presence of distinguished members of that body. He was sure there was a general feeling of appreciation and satisfaction at the distinction conferred on Birmingham by the Association having chosen their city for its meeting. The only regret he had was that the Association had included in its numbers one he would have liked to remain at the Ministry of Health, Sir Frederick Willis, who was now President of the Board of Control. He supposed that the cultivation of a proper mentality among the rest of the nation had greater attractions for him. (Applause.)

“THE MEDICO-PSYCHOLOGICAL ASSOCIATION.”

Mr. C. J. BOND, C.M.G., said it was a very great privilege to propose the toast of the Medico-Psychological Association of this country, and to couple with it the name of his old friend, Sir Frederick Mott. It might be thought somewhat presumptuous on the part of one who primarily and ordinarily was a surgeon, but who in later days had been led along lines of pathology and physiology into research problems, to propose the toast of such an august body as the Association he had named. But there were certain reasons which seemed to be bringing the various branches of the medical profession into closer co-operation. And when he remembered that the subject, which it was the privilege of members of the Association to investigate, the neurology and mentality of the human being, was at the bottom of many of the beginnings of departures from health, and when he also recalled to himself the fact that, after all, surgery was only a makeshift and dealt with the end-products of disease, he did feel a certain amount of satisfaction in being associated with the early beginnings of disease—even if only for a short time. He thought there was no doubt that recent experience, especially the sad experience of the war, had demonstrated very clearly that these neural and psychical problems were often really at the root of the early beginnings of morbid processes. It was also evident, from other reasons, that it was along the lines of research into these early stages that the co-operation of neurologist and psychiatrist with the surgeon and physician was of such great benefit. A few months ago, in a conference with Sir George Newman, and in a deputation to Mr. Neville Chamberlain, they had to discuss the question to which Alderman Lloyd had alluded, the vital problem of co-ordinating the medical services of the country, and he then expressed the opinion that the medical profession was surely, if slowly, beginning to realize the essential unity of bodily and mental conditions, and, he would add, the moral health of the community.

It was only as the profession realized the essential and intimate association between these bodily, mental, and moral processes that any real advance would be made in the conduct of the people. It was also being realized that owing to the increasing complexity of our modern civilization, national welfare was becoming more and more a question of the conduct of the individual citizen. It was because this Association dealt with conduct on the psychological side that its work seemed bound to increase. The social evolution of the future would be along psychological lines, and the community would have to rely more and more on the psychical and the neurologist to keep it on sound and safe lines in the developments which awaited any community in the future. The vital necessity for research into the problems of mind in regard to the future of the human race was now abundantly clear.

Those were the reasons which induced him to take his courage in both hands, and accede to the kind invitation which was extended to him to propose this toast. But there was an additional reason, one of a more personal character. His mind went back some fifty years, to the time when Sir Frederick Mott and he entered University College, London, and when they sat at the feet of that great man, Dr. Henry Maudsley. He recalled, with the utmost pleasure, the day when they both had tea together with Dr. Maudsley in his declining years at Denmark Hill, when they talked about the incipient stages of the foundation of the Maudsley Hospital. He, the speaker, was proud also to bear testimony to the position Sir Frederick Mott held among the neurologists of the world. (Applause.) This was not the occasion for entering in detail into his classical researches on the relationship of syphilis to general paralysis of the insane, the problems of dementia præcox, and into the intimate association between the internal secretions of the body and neural disorders, but when the history of neurology came to be written, Sir Frederick Mott's name would appear on many pages. (Applause.) Instead of sitting quietly at home in his later years, Sir Frederick had launched forward into a new departure, and he thought Birmingham and the Midland area owed him a debt of gratitude for the energy, the vision and the wisdom and the organizing capacity which he was putting into this scheme of research into the most vital question which could affect mankind, namely, psychology and the psychological processes which underlay all the mental manifestations. He congratulated Sir Frederick on being President of this great Association, and at the same time congratulated the Association on the honour it had done itself in electing him as its President.

Sir FREDERICK MOTT, in acknowledging the toast, said he felt somewhat embarrassed after the speech of his old friend, Mr. Bond, who was a great surgeon, a great scientist, and one who for many years had devoted himself to the social welfare of the people. He was respected by all who knew him. Mr. Bond was one of the most brilliant students there had ever been at University College, and to have him present on this occasion the Association regarded as an honour. When Councillor Miss Bartleet spoke of being the "bright button," she probably was not aware that a bright button was used for the purpose of hypnotizing people, and she had effectually hypnotized him, the speaker, in his old age, to come down here, and when he, the speaker, had orders from home not to carry on, Sir Gilbert Barling and the "Bright button" pleaded again, as a result of which he consented to take on work for a little longer. He had been looking into the book *Madrigals*, and there he saw an "Ode to the Doctor," which ran:

"The earth our failures hides,
The world our cures doth see,
What time and Nature does,
The world ascribes to me."

But that time had now gone by, because now the first duty of the medical man and of the State was to prevent disease, or, failing that, to cure it, or, failing even that, to prolong life and relieve suffering. In the past these great mental hospitals, as they were now called, employed what was described by a great doctor who lived 200 years ago. Time and Nature, for very little was done in the way of treatment. One could not treat disease until one knew its cause. A little while ago Sir Walter Fletcher alluded to the fact that Henry VIII, the Prince Consort and Mr. Lloyd George were the notable authorities who forwarded research, and he, Sir Frederick, would like to add Joseph Chamberlain, a distinguished citizen of Birmingham, who founded the schools of tropical medicine. He knew that

to be a fact, because he, Sir Frederick, was interested in tropical medicine, and Sir Patrick Manson, who was a pioneer, told him that if it had not been for Mr. Joseph Chamberlain, with his foresight, there would not have been carried out the researches of Manson, of Ross, of Bruce, of Castellani, of Leishmann and Rogers, which in great measure owed their possibility to the energy and foresight of that great Colonial Secretary.

The Research Board which had now been founded here he regarded as a very good move; it was a beginning, but it was not by any means all he wanted to see. He would never have come to Birmingham if he had not received assurance that that Board would be associated with the University, as he regarded such association as a great advantage. The sciences were now so extensive that no man could possibly keep abreast even of one science, and he would like to give a practical example of the value of being associated with the University. He had the idea of investigating the chemistry of the body, which was known as basal metabolism, in cases of mental disease, as compared with the condition in health. The desire was to place these patients under favourable conditions, putting them in a nice room, where they would not know they were being experimented on, and indeed it was not really in the nature of an experiment, because they would simply breathe the air, and there would be an estimation of the carbonic acid they exhaled and the amount of oxygen they used up. In the University there was a most distinguished scientist, Prof. Haldane, and to him the speaker applied, and he afforded him valuable information, he being the great authority on the subject, and he helped in the construction of the chamber which was now in use. Information was also wanted in regard to other matters—physics, chemistry, physiology, etc.—and application could always be made to the professors, knowing that they were able to afford the latest information on the subject. Therefore it was of inestimable advantage for a research laboratory to be associated with the University.

He was very pleased to hear the suggestion of Alderman Lloyd, because he thought the University of Birmingham ought to try and follow London; through the generosity of Dr. Maudsley, London was ahead of Birmingham in this respect. Dr. Maudsley came to him, the speaker, fifteen years ago, and then wrote a letter offering to give £30,000—which was half the fortune he had made himself—to the London County Council if they would build a hospital for the treatment of early cases of mental disease, with the view of preventing them going into the county asylums, because it was his belief that a number of cases could be arrested and cured if they were treated early. The great difficulty was to get patients at an early stage of their trouble, because they were afraid of being certified and sent to an asylum. It was a very real fear, though it had been much exaggerated by statements in the Press concerning the treatment meted out to patients in those institutions. As a matter of fact, the treatment there was most humane, but the fear remained. One could not blink the fact that during the war a great number of soldiers had this fear, and a War Office regulation was passed that no soldiers should be sent to asylums unless they were suffering from an incurable chronic disease, or had been observed for a year before being certified as insane. That also applied to the Ministry of Pensions. His experience at the Maudsley Hospital assured him that a number of cases could be treated voluntarily there, and if they got better they were discharged without the stigma of having to be certified. It was a fact that the British Medical Association and the Medico-Psychological Association of Great Britain and Ireland approved, before the Royal Commission on Lunacy, of the principle of not certifying a patient for 28 days, *i.e.*, the Provisional Order should still continue for 28 days if it were necessary, and then the patient should have the opportunity of saying he would remain under voluntary control. That was a great advantage, and it would have to be provided for. How would it be done? Many propositions were made. One was that an attempt should be made to link up the general hospitals with the treatment of early cases so that these patients could go to the general hospitals and be treated there. But there were great difficulties about that. First, the voluntary hospitals had no money, yet special wards would be required, and even then, there were not facilities for treatment such as was required, namely, nice gardens and surroundings. He would probably be dead when it came about, but he could visualize Alderman Lloyd's scheme coming off, with a mental hospital near the University. We in this country were very slow. When Dr. Maudsley came to him, the speaker, and

offered the money, it was taken by the Council—they were wise in that way—and when Americans heard of this and they saw the picture of Dr. Maudsley in the papers, they sent their architect, who said Mr. Phipps would find the money for a psychiatric institute at the Johns Hopkins Hospital, Baltimore, and asked to see the plans of the Maudsley Hospital. But there were no plans, and there was no site for five years, and he did not think the hospital would have been secured then if they had not been stirred up. Maudsley lived until 1917, and he saw the hospital as a war hospital, but not as one for the treatment of acute mental cases for the civilian population. He was very glad Mr. Bond reminded him of the interview with Maudsley, as he was such a delight to talk to. He was not only a great alienist physician—the greatest we had produced, he thought, as all his works were translated into many languages—but he was a great philosopher too, and all the world now knew he was a great philanthropist. His wife was Miss Conolly, and it was Conolly who took the chains off the lunatics at Hanwell, and their association with the better treatment of mental conflict would remain for ever.

When he, Sir Frederick, gave evidence recently before the Royal Commission on Lunacy, its chairman, Mr. Macmillan, asked him what he, the speaker, would like to see done, and he replied that here was a great University, that of Birmingham, which was the centre of one of the most populous districts in Great Britain. Why could not that University have a hospital like the Maudsley? And if the people had to pay £5 a head for a few weeks, was not that better than paying £2 or £1 10s. for two or three years? In 1912 there were 10,000 patients in the London County Council hospitals who had been there for ten years, and 5,000 who had been there twenty years. What was wanted was to prevent many of these cases, and that could be done in many ways. It could be done by improving the social conditions of the people, especially in the matter of housing. He saw a case recently from the East End of London. The woman was not insane, but she was very troublesome, and she was sent to the infirmary. They could not certify her there, and she had to be sent back to her home, and she made that home intolerable. A large family occupied two rooms. What was to be done? By improving the housing of the people one could help to dispel the anxiety which was such a fruitful cause of sleeplessness, as it upset the whole chemistry of the body, and this reacted back on the mind. It would not affect the very stable mind, as was shown very well during the war. For example, there were 10,000 Serbian prisoners who were subjected to every stress and strain, and yet one of the most distinguished German alienists could only find five of them who were insane. They had gone through hardships and adversity so long that only those who had a stable mental and bodily constitution could have survived. He fully agreed with all Mr. Bond had said. It seemed to him, the speaker, that the great problem was that the more highly cultured a people were, the more plastic was the highest level of the brain, and therefore one was bound to get streaks of genius and streaks of insanity. It would often be found true that—

“Great wits are sure to madness near allied,

And thin partitions do their bounds divide.”

He had studied hundreds of pedigrees, and had found that mixed up with eccentricity and madness there was genius. It would be found that all the great people in history were either regarded as mad men or bad men. What was wanted was a large proportion of “ordinaries,” those who were willing to go on and keep up the conventions, social usages and customs, because that was the great flywheel of the whole mechanism; and there must also be this streak of imagination and genius. And there would be insanity with it, for circumstance and chance might be unfavourable to the development of genius, and a mental breakdown might be the sequel. The person who was not wanted, for whom the community had no use, was the mental defective. And in regard to the mental defective, the higher grades of this shortcoming were the more dangerous, because one could segregate those of lower grade. The higher grade was not only a danger, he was also fertile. Not everybody who was good at book-learning was a useful unit of society, and many defectives were useful with their hands. He once heard Dr. Macfie Campbell say, at Portsmouth, that many who could not pass the intelligence tests were useful with their hands, and were employed at automatic mechanisms in factories in America. Whether that was a right policy was another question.

Those present had heard of claustrophobia, or a fear of enclosed spaces; also of agoraphobia, or the fear of the streets and open places. And soon there would be a new fear current—the fear to cross the roads. Such roads as Hill Street, in this city, were for the “quick and the dead,” and if Prof. George Robertson had been at the Dinner, he would have asked him to give a prefix to this phobia, for it was a serious problem.

A further and very serious problem was that of syphilis. At one time this was not known or suspected to be the cause of general paralysis of the insane—a most terrible disease. It had been looked upon as an incurable disease, but since the Royal Commission on Venereal Disease sat it was known to be a preventable disease. And if preventable, why not prevented? It could be prevented by prophylaxis and by educating the people. It could also be prevented by very early treatment—very early because if the organisms got into the brain it was very difficult to get them out again. That disease had to be considered, not only from the standpoint of the individual, but also from that of the children and the innocent wives. Therefore the establishment of the treatment centres all over the country and educative measures would, he was sure, lead to a diminution of this terrible disease, which affected every organ and structure of the body.

And there was a new disease in our midst, encephalitis lethargica, and this morning a very valuable paper was read on it by Dr. Auden. That gentleman brought forward a number of cases in which children who had the disease became moral imbeciles, with a radical change of character. The cause of that disease was not known, but it was some infection which got into the brain. There could not be hope of a successful treatment of the disease until something was known of the causal organism. At present, like the cause of cancer, it was elusive. The hope for the future lay in research, and he was glad to hear Mr. Bond's reference to research, because he did not think it was sufficiently valued in this country. He was proud to think that Birmingham was one of the first cities to take up officially the research in connection with mental diseases. So far, he did not know that anybody had given anything with which to found a hospital for mental disease except Maudsley, though Sir Charles Hyde was kind enough to endow a Lectureship in Abnormal Psychology, and had given to the Research Board funds for a scholarship. He wished more interest were taken in it, and that this subject would no longer be, as the Chairman of the Commission spoke of it, the Cinderella of the medical profession.

He hoped he had not made his remarks too lengthy, and, in conclusion, he thanked all for the patience with which they had listened to him.

MORNING SESSION—THURSDAY, JULY 9.

At the University Buildings, Edmund Street, Birmingham.

The PRESIDENT in the Chair.

The PRESIDENT first made sympathetic reference to the illness of Dr. R. Worth, Hon. General Secretary, whose condition necessitated his return home on the previous afternoon.

PAPER.

Incidence of Chronic Sepsis in Mental Disease (with slides), by Dr. T. C. GRAVES (see p. 658).

The PRESIDENT, in thanking Dr. Graves for his very valuable paper, said it embodied a large amount of research work, and showed that sepsis of the kind described was an important contributory factor—Dr. Graves did not claim it was more than that—of the ill-health of people admitted to mental hospitals. He had shown clearly that by removing the causes of chronic sepsis, the general health of the individual could be improved to such an extent that he was thereby given a chance to recover; for, after all, the axiom *mens sana in corpore sano* still held good. Attention to these matters, in anybody, might mean much. He, the speaker, was very interested in this subject, and he had suggested to Dr. Graves that what ought to be done in the laboratory was the following: If these chronic infections of the sinuses such as had been thrown on the screen played a part in producing mental symptoms, one ought to be able to find the lymphatics along the olfactory and fifth nerves, carrying the poison to the brain,

the same as Orr and Rows had shown experimentally in the case of animals. Possibly the only evidence of it would be a degeneration of the nerve structures, but it was a line of research which was well worth considering.

Another point of great importance, as Dr. Graves pointed out, was that a combined sclerosis might arise from streptococcal infection, particularly of the intestine, in pernicious anæmia, for the reason that the hydrochloric acid no longer acted as a barrier to organisms passing into the intestine. He thought many of these cases would be found to have achlorhydria or hyperchlorhydria. Dr. Pickworth had carried out the elaborate researches on the bacteria with the greatest care.

He wished to refer especially to the case of fibrosis of the thyroid gland. He had examined that specimen and found it to be a complete fibrosis; he had not seen anything like it before, though he had examined 150 thyroid glands. Here there was no chronic lymphocyte infiltration. Therefore he did not think sepsis had anything to do with that case.

What effect had that on the dead fœtus? It was well known that the thyroid gland of a pregnant woman becomes enlarged, and for a specific purpose, namely, to provide the thyroxin necessary for the tissues of the growing fœtus. He thought the fœtus died in this case because it was not receiving thyroxin from its mother.

Another important matter was that the natural defence of the body against micro-organisms was not taken sufficient note of. He did a number of experiments on this question many years ago, and found that organisms were continually entering the body. The late Sir Victor Horsley and he, when they were students, took organs out of the bodies of animals and dropped them straight into boiling paraffin, and when the paraffin had set they put the pots containing the organs into the incubator, and they went bad and putrefied. It was concluded that organisms were always entering the body, and if the defences of the body were good, the organisms were destroyed as fast as they got in. Prof. Caird, of Edinburgh, sent him word that he had done the same experiments, using wild animals, and said that these did not show this infection; they were able to deal with the organisms as fast as they entered the body.

Another important matter was that he believed a chronic sepsis might drain the endocrine system in some way. Dr. Pickworth was now continuing some researches which he, the President, reported last year, as to whether these chronic infections did not use up the thyroxin of the thyroid gland and upset the balance of the endocrine system. Considerable evidence was now available that it did this, but it was difficult to estimate the thyroxin, and a good deal of research was required before definite statements could be made. His belief was that prolonged anxiety upset the whole endocrine system. All were intensely interested in Dr. Graves's researches, and trusted he would continue them, as he was on the right lines. He offered him his congratulations and asked members to discuss and criticize it; Dr. Graves valued criticisms more than he valued platitudes.

Dr. P. C. P. CLOAKE said mention had been made of pernicious anæmia, subacute combined degeneration, and the channels by which the central nervous system might be affected and receive infection, as suggested by Drs. Orr and Rows some years ago. At a meeting of the Royal Society of Medicine some months ago, the subject of the origin of subacute combined degeneration was discussed, and Dr. Stanley Barnes, of Birmingham, suggested the possibility that the infection of the central nervous system travelled *via* the perineural lymphatics, *i.e.*, from the infected duodenal area. That view was supported by the fact that the symptoms in subacute combined degeneration so often centred round the thoracic area of the spinal cord in the first instance. There was another possible line of infection, which had been stressed to-day, namely, from the sinuses of the nose, through the thin plates of bone lying between the sinuses and the orbit. Recent published work showed that this plate of bone had often vanished, so that nothing lay there to prevent spread to the orbit but a thin epithelial and membranous layer. Some work which was published by Behr a year or two ago suggested that disseminated sclerosis might also take origin in the first instance as an infection in the nasal sinuses; and that the virus gained entrance to the nervous system through the sheath of the optic nerve. One of the earliest symptoms in disseminated sclerosis was a defect of vision, which was associated with retro-bulbar neuritis. This symptom often preceded the generalized symptoms of the disease by many years, and it had been suggested that the

infection gained access to the optic nerve in the first instance *via* the plate of bone in the region mentioned.

Another observation, of which he asked for confirmation from any members, was the following: One often noted, from the histories given by patients, that in the days prior to the onset of an infection there was experienced a feeling of extraordinary well-being—one which was quite beyond the person's usual experience. This might be also correlated with the fact that during vaccine treatment for septic infections the immediate effect of the vaccine was, very often, an unusual sense of well-being. One patient noted regularly that after such a sense of euphoria there followed, a week after the injection, a period of marked depression. That particular patient was a doctor, and he related very fully to the speaker the feelings he experienced.

He asked whether Dr. Graves had used vaccines in the treatment of his cases of this kind, also, whether he could give figures showing the influence of treatment as compared with the condition of other cases in which focal septic areas had not been removed. There was recently published a paper describing the treatment of 200 cases admitted into hospital in America, in which alternate cases were treated, one by the removal of septic foci found, and the next case by other treatment. The figures given showed that there was no difference in the recovery-rate.

Lt.-Col. J. R. LORD reminded members that this subject was very well discussed at a meeting in London, when Dr. Cotton produced a paper; also at the Belfast meeting Dr. Hobbs submitted a paper detailing criticism of other American medical superintendents who had tried to do the same work as Dr. Cotton. Both papers had appeared in the *Journal of Mental Science*. The success of the treatment of mental disorders by the removal of septic foci depended entirely on the thoroughness with which the work was done. The removal of a few decayed teeth and a perfunctory search for other septic foci was valueless. Yet it was easy to imagine in such cases that all sources of sepsis had been taken away. In a mental hospital with limited opportunities for surgery and for bacteriological examination such work was likely to be unsuccessful, and he was not surprised at the results obtained in some mental hospitals. To all intents and purposes such comparisons were valueless. As medical officer of a large mental hospital he had the feeling that Dr. Cotton and Dr. Graves were on the right lines. Cases were put forward by medical officers for discharge on trial, whose report on them was to the effect that the cases were as well as they ever would be while in hospital, and that they had been in this state of partial recovery for some time, and that a change would probably do them good. His own experience in regard to most of those cases was, that if one examined their teeth and throats, one would find septic conditions. His practice was to defer discharge until these septic foci had been dealt with, and perhaps in six weeks' time such cases could be discharged recovered. He always declined to discharge a case, however well, until septic conditions, if it were practicable, had been removed.

He also noticed in regard to some relapsing cases, particularly in the climacterium, that on the last admission attention had been drawn to a septic condition of the mouth, which was dealt with, the teeth being removed, and perhaps the case treated with autogenous vaccine, and the patient again went out recovered. This time the case remained out. If cases were treated in this thorough fashion the first time they were admitted many relapses would be prevented.

He wished to add his tribute of admiration of Dr. Graves's work. He had been staying with Dr. Graves, and had had an opportunity of hearing from him at large on this subject, and of seeing the records of many successful cases which had impressed him, the speaker, very much, and the view he took was that no case of psychosis of a recoverable kind should be deemed to be chronic until the patient had been rendered free from septic foci and kept so for three years. For some time preparations had been in progress at Horton for team work of that kind, and he was very grateful for the opportunity of learning more of the subject, and he was looking forward to achieving good results in his own hospital.

Dr. BEDFORD PIERCE said that in listening to such papers as Dr. Cotton's and this of Dr. Graves, he had found himself wondering whether anyone had made inquiry concerning people with no mental disorder as to what was the state of their sinuses, their teeth, and their intestines. He believed that all those present, for instance, would be found to have these organisms present somewhere, and hence

there was a danger of unduly stressing a relationship of these septic foci to mental disorder.

Dr. J. G. SOUTAR remarked that what Dr. Bedford Pierce just said had induced him to rise. It was certain that one particular stress would affect one individual and not another. A certain number of persons readily became subject to a degree of mental instability if they had any septic focus at all. During the last five years, since he had had the opportunity of seeing cases at a very early stage of mental instability, he had been much struck by the fact that what appeared to be comparatively small stress from septic foci affected them seriously, and if they were not attended to at any early stage, the patient soon got into a state of ill-being. The patient then began to wonder why he had this feeling of ill-being, and certain misconceptions and misunderstandings arose, and so delusional conditions developed. There thus came in the psychic misinterpretation which gave a tone to the particular line in which the mental manifestation showed itself. A valuable paper like that just read enforced what was absolutely necessary—that in the case of anyone having a departure from mental health, it must be ascertained what departures there were from physical health. This must be the first duty of all who dealt with mental disorder. One found that cases arose in which there was no fault to be found with the physical health, but there were stresses of another sort, and subsequently there were found to be changes in the person's metabolism, which, in that case, were of course secondary to the primary psychic stresses. Still, in a large number of cases a physical stress, such as sepsis, was a starting-point of the disorder. He was constantly calling in colleagues to make an examination of a patient whom he could not examine thoroughly himself, and that pointed to the necessity of team-work in regard to these cases.

As to the association of enlarged tonsils in children, all sorts of troubles arose in this relation, and not long ago he had an instance of a child who was continually wetting the bed; it was also irritable and intractable; but in that case enucleation of the tonsils and removal of adenoids had converted him into a well-behaved boy both by day and night.

He wished to add his testimony as to the value of such a paper as this, especially to those engaged only in clinical work and who had not the skill, or at least lacked the opportunity, to pursue investigations in the way they had been pursued by Dr. Graves and Dr. Pickworth.

The PRESIDENT said that during the war he went to the Croydon Hospital, where Sir Frank Collier was treating the jaw cases, and he found he could not obtain good results until he got rid of all sepsis. That meant a good deal of extracting and fixing of the jaw, and these soldiers had to be fed on minced food. When he, the speaker, compared the health of these men so fed with the health of those in other wards who had not had their teeth attended to, he found a marked difference in favour of the former. The difference was noted, too, by three American officers who accompanied him.

Dr. GRAVES, in replying, thanked all who had spoken for the encouragement they had given him. He had attempted to deal with some of the matters which might explain the difficulties others had met with. What he particularly wished to impress with regard to the jaws was that there might be deep foci of infection, whence infection might spread elsewhere.

The President said he would like to trace the path of the poisons in the nerves to the head. He, Dr. Graves, thought the fifth was a most important nerve in this relation.

The President also referred to the case of fibrosis of the thyroid. He believed that thyroid had been subjected to X-rays for some time before the patient was admitted. The question in that case was as to the diagnosis—whether it was exophthalmic goitre pure and simple. According to McCarrison, exophthalmic goitre owned a basis of infection. As to how far the thyroid was responsible for the condition in that case was a question, but he bowed to Sir Frederick's view on the subject. It was the cause of the condition of the fœtus. He quoted that case chiefly to show that infection could go deeply into the bone, beyond the alveolar border, and could be covered over by the cheek and muco-periosteum, and then the septic focus could not be seen, except by X-rays.

The question which arose was as to which organism was answerable for these cases, whether it was a visible organism or an invisible virus; also as to whether a depressed vitality allowed organisms to become active.

He thanked Dr. Cloake for his remarks. With regard to the thin plate of bone between the sinuses and the brain, they found in a case of epilepsy a chronic sinusitis and adhesion of dura mater to that plate of bone, showing that irritating material must have gone through to produce that periostitis and those adhesions. Maudsley pointed out the variation in the emotional state which might precede the onset of acute infective disorders. The more one read Maudsley, the more one felt that he covered the whole ground.

With reference to vaccine treatment, Lewis Bruce, in his book—which was not as well known as it deserved to be—said his view was that vaccines were not likely to do good, and on the whole he, the speaker, was inclined to agree with him. Possibly these people were in a state of anaphylaxis; they had already a large dose of foreign proteins, and by giving vaccines one might be adding more. He thought the treatment should be of a non-specific variety, so as to endeavour to stimulate the tissues which had been poisoned. It must be realized that each case was an entity in itself; no two persons were alike in respect of their response to infections. It was probable that we each carried a type of organism different from that of our neighbour. Even if laboratory tests showed that the organisms were of the same kind, that carried by a person for some time had been acted upon by him, as well as acted upon him, and this probably modified its characters. In one case the organism had its virulence exalted, in another case depressed.

In reply to Dr. Bedford Pierce, there were healthy people who had similar infections, he agreed, but the difficulty was to know what harm a focus of infection was doing. In surgery it was recognized that toxic states could arise, and in these conditions one could do something, namely, raise the potential health of the person, and thereby give him a better chance. There was a potential health and an actual health; Sir William Willcox had stressed that. The point was as to what we might be if we did not carry a load of infection from birth as we did. A car would go very much better if one kept the rust out of it than if it were left out in the rain and the rust were allowed to accumulate. Perhaps the milk which the child received from its mother might be infected, and this and ensuing infections drained the body, and eventually intensified the emotional reaction of the individual. It could not be said why one person's neuronal durability was more than that of another, but it was a factor which could be taken into account.

He wished again to express his appreciation of the way in which his paper had been received, and to reiterate his cordial appreciation of the services which had been given him by his colleagues on both the visiting and the resident medical staff.

PAPER.

On Delinquency, by Dr. W. A. POTTS (see p. 675).

The PRESIDENT said this paper had been listened to by the members with great interest, for it had laid the subject before them in a very lucid and comprehensive manner.

Dr. R. W. BRANTHWAITE said he did not think he had ever listened to a paper which had given him greater pleasure and interest, but it was too comprehensive to discuss its points in any detail. He, the speaker, had had a very unusual experience of the subject, beginning probably in the wrong way, in that he began with a certain class of old case, which Dr. Potts called the habitual drunkard, or the habitual drinker, and he had ended up with the youngest case of exactly the same type. Dr. Potts did not believe in moral imbecility, but what else could he call it? After all, it was only a name given to describe or indicate a condition. Dr. Potts called it mental conflict. Taking at random 400 cases, some could be judged by their mental age, but the majority could not. Although they might be a degree or so below the normal, they were not sufficiently low to be classed as mentally defective without other conditions co-existing. Those conditions were asocial; there was a defect in the power of judgment, an imperfect control over the impulses, a dread of anything like monotony, and these things prevented a normal existence. Such persons were troublesome and violent; some were dangerous. If they were not moral imbeciles, what were they? They could not be certified as insane, and yet must be controlled. The ordinary institution for certified cases could not control them. Whatever name was given to them, that was the condition which had to be dealt with, and it was that condition which the promoters tried to describe, as well as they could, in the

Mental Deficiency Act, so as to convey an impression as to the kind of case referred to.

With regard to the alcoholic, he had had considerable experience of cases committed from courts, and seeing these young girls and young men at Rampton State Institution, his memory was that the cases he formerly dealt with which had been committed from courts as habitual drunkards were exactly of the same type. He would be interested to hear what name Dr. Potts proposed to substitute for moral imbecility.

Dr. A. M. McCUTCHEON said he had learned much from Dr. Potts's paper, and there were only two points he wished to comment on. Reference was made in the paper to the correction of physical disabilities. His, the speaker's, work was in connection with mental defectives, and he considered that too great attention could not be paid to the correction of any physical disability which was revealed by a thorough examination.

With regard to the moral imbecile, he had nearly 1,100 patients in his institution, and his experience was limited to those patients; but he had not any moral imbeciles, though he had plenty of wrong-doers. They were all dealt with as feeble-minded, but there might be other wrong-doers who did not present the same features as did his patients, and to whom the term "moral imbecile" was applicable.

Dr. HAMILTON C. MARR said that there was one case which had struck his imagination, the first case he saw with his former colleague Sir John Macpherson, and it was that of a man who had served nearly all his life in Peterhead convict prison, and there was a likelihood of his being discharged. The inhabitants of the district prepared a petition to have him examined, as he was such a dangerous character. It was the most profound case of delinquency which he, the speaker, had seen. The man confessed to having committed one murder, and probably two others, and also to many rapes of lone women on the road. The medical officer of the prison of that time refused to certify him, knowing he was a homo-sexualist. The man had seen visions of faces, and was certainly insane; but on going into his history it was found that from the age of fourteen he had committed all kinds of bestiality. During the time he was in prison, every two or three months he became very peculiar in his conduct and irritable, and had to work alone. Since having closely examined that case, he had concluded that there might be, in most of these cases of homo-sexuality, a condition of mental disease, and that the sexual symptoms in the intervals he had mentioned might bear the same relation to manic-depressive insanity or the adolescent insanities as did the impulsive outbreak, *i.e.*, the only symptom which revealed itself was homo-sexuality.

As regards the procedure adopted in the Birmingham courts of calling in expert medical advice in certain cases, he had been asked what should be done in connection with child assault cases, and he had suggested that in all cases of sexual assault it was desirable that a panel should be constituted of the medical men in the neighbouring asylums, or those who were particularly experienced in mental deficiency, to assist the magistrate or judge in coming to a decision. He hoped such a suggestion might be adopted throughout Scotland. It was a great advantage in large provincial towns to have special medical men attached to the courts, but it would be impossible in smaller places.

Dr. M. HAMBLIN SMITH said he was sorry that the time left for discussing this paper was so limited, as he had taken many notes. He would confine his attention, under the circumstances, to three points.

There was a certain amount of dissatisfaction felt by some of the magistrates because many of his, the speaker's, reports were said to be negative. They were negative in that they did not indicate any specific thing with which magistrates, in the present state of the law, could deal. One could not always say a person was either mentally defective or insane, and those were the only two conditions with which the courts could legally deal from the mental side. But there were many other conditions found with which the court should be able to deal, and what was required was a clinic for the examination of cases, and for their necessary treatment. If that were provided and a sufficient number of people to work it, he thought there would be some surprise at the results. Dr. Potts said he had no information as to the percentage of mental conflict cases among the offenders. So far as the limited investigations they had made were concerned, he felt sure that the percentage of cases in which there was mental conflict was high.

With regard to the question of moral imbecility, like Dr. Potts, he would not have the term. But when Dr. Branthwaite said there was this type of man with whom one had to deal, he agreed. What was wanted was to have a legal provision for making a constantly repeated commission of a particular offence a reason for permanent segregation. That seemed to be the only logical course, and sooner or later it would have to be adopted.

Lt.-Col. J. R. LORD said that he doubted if there was such an entity as moral imbecility. He thought that such a one-sided defect was an impossibility, and that it must be accompanied by other psychopathic failures. If, however, there was such an entity, surely the Mental Deficiency Act, as at present constituted, excluded many cases from its operations. Moral defects did not ordinarily develop until some very fundamental instincts began to be called forth by age and environment. Cases of moral deficiency of a congenital origin could not be dealt with because the deficiency in this respect did not show itself until puberty. Yet it had been present from birth. Therefore if the Act was so altered as to cover moral defect showing itself up to puberty and early adolescence, then many more of the cases of the so-called moral imbecility would be dealt with under the Act, as was the intention of those who had designed it. At present most of these cases were lost. For instance, a moral defective, one without intellectual defect from birth, who showed sex perversions at the age of fourteen, did so because he had not been in a position to exhibit moral deficiency before that age. The moral defect only appeared when the physiological sex processes came to maturity and had a chance of operating. He hoped that shortcoming in the Mental Deficiency Act would be remedied when the Act fell due for revision. Many who later might become habitual criminals would thereby be put under control at an early age.

Dr. J. G. SOUTAR said that surely the difficulty in regard to moral imbecility was the same as that experienced when people spoke of religious mania. In this discussion speakers were mixing up an ethical concept with a psychological question. It was merely a matter of labelling, and this labelling was introducing a difficulty where there really ought not to be one at all.

Dr. POTTS, in reply, desired to thank very much all who had taken part in the discussion on his paper, as well as all who had listened so patiently to it.

With regard to the question of the moral imbecile, it struck him at once that he would have dealt with some of those cases by rectifying them as ordinary mental defectives, because mental defect did not only mean intellectual defect. The person who was asocial, who did not behave well when treated properly, was mentally defective, and that was a different case from one of mental conflict. One who suffered from the latter was normal in the first instance; there was no defect existing from an early age, as was the fact with a mental defective. If one having a mental conflict was properly dealt with he could again become normal.

Concerning the so-called moral imbecile referred to in his paper, he did not understand how such a case could be certified under the Mental Deficiency Act. He had been in a high form in a public school, and he was now earning a good living in another country, and for two years he had been behaving well. The speaker did not think there was any inborn defect in that case, such as the Mental Deficiency Act required should be present. The difficulty was partly one of definition, but he thought many could be dealt with as mental defectives.

Many drinkers were mental defectives, and it was because they were, that they drank. What he had in mind was, that there was a certain small group of drinkers who were amenable to treatment, and that there was a larger number who were incapable of controlling themselves right from the beginning, and little could be done to help these latter except to place them under control.

LUNCHEON GIVEN BY THE MEDICAL STAFF OF THE BIRMINGHAM MENTAL HOSPITALS.

The medical staff of the Birmingham Mental Hospitals entertained members of the Association to lunch at the Grand Hotel on Thursday.

At its conclusion, Lt.-Col. J. R. Lord, the President-Elect (the President being considered a member of the staffs), proposed the health of the medical staffs of the mental hospitals of the district. He said that if there was one thing which especially distinguished Birmingham, it was its genius for taking advantage in

all its enterprises of the best which could be obtained. Birmingham people took advantage of good art from all over the world, and in all parts, civilized and uncivilized, Birmingham reproductions were to be found! And the City had secured to itself the services of Sir Frederick Mott and Dr. Graves, again exemplifying this genius for appropriating good material. He hoped as many as possible would visit Hollymoor Mental Hospital in the afternoon, as he could assure them it would be well worth their while. They had enjoyed their lunch, for which it was their desire to return thanks, and their meeting in all respects was proving a great success, thanks to Dr. Graves, his colleagues, and the mental specialists of Birmingham.

The toast was cordially pledged.

Dr. GRAVES, in responding, said it was a great pleasure to the medical staffs to do what they could to render the visit of the Association to Birmingham a success. It was now many years since the last visit of the Association to the city, namely, when Dr. Whitcomb was Medical Superintendent of Winson Green. He apologized for the absence of their senior colleague, Dr. Roscrow, which was due to the state of his health. He hoped the success of the meeting so far would be continued to the end.

AFTERNOON SESSION.—THURSDAY, JULY 9.

At Hollymoor Mental Hospital.

The PRESIDENT in the Chair.

PAPER.

The Iodine Content of Thyroid Glands (Laboratory Demonstration), by Dr. PICKWORTH (see p. 703).

The PRESIDENT said that no doubt there were two factors at work in connection with the amount of iodine to be found in the thyroid gland: the first was the deficient manufacture of thyroxin, and the second was the excessive use of the thyroxin present. Because if one took the gland of a pregnant woman it would be found that there was a deficiency of iodine in it, even though the gland showed hyperplasia and an increased activity. He had found in a case of cirrhosis of the liver that there was an increase of iodine in the gland.

Another point he wished to emphasize was, that one must judge of this lack, not by the amount of colloid which was in the gland, but by the healthy condition of the inter-vesicular epithelium, as those were the cells which produced the iodine.

The method of estimation which Dr. Pickworth had just narrated was a more reliable one than the method he, the speaker, had himself adopted, and the results of which he communicated to the Association at its Belfast meeting last year. Still, the facts given then were in accordance with those found by Dr. Pickworth now. He had found a healthy-looking gland with very little colloid. It was the case of a man who died three days after having acute septic peritonitis, and there were 27 mgrm. of iodine in his thyroid gland. There was also another case, in which a man shot himself in Charing Cross Hospital. The proportion of iodine per gramme of gland was 1 milligramme, therefore he thought Zunz's estimate of 15 in the case of wounded soldiers was low. Those were obtained in hospital, and many of the soldiers might have suffered from sepsis. He thought Dr. Pickworth would find that when he got a case of a healthy man who had died of an accident, the amount would be about 1 mgrm. per grm. weight of the gland.

The research did show this variability in the size of the gland was more marked in mental hospital cases than in general hospital cases. Dr. Kojima, who worked with the speaker for a year at Claybury, carefully weighed the body of the patient and weighed every endocrine gland and the reproductive organs, and there was found to be a great variability in the weight of the gland, and it did not seem to matter what was the weight of the body. Sometimes a man who died with a low body-weight had a large gland.

Dr. Pickworth had referred to the adrenal cortex. That was now being worked at very carefully, and Elliot found there was a diminution of the lipoid cholesterol ester in the cortex of the adrenals when sepsis was present. Cholesterol was known to have an antitoxic action, and probably death occurred not only

because of the absorption of the poison, but also owing to the loss of resistance by virtue of the wasting of the substance in the cortex of the adrenal gland. What was being done in the laboratory here now was to make a chemical estimation of the cholesterol. Experiments done on animals had shown that when they had had a septic disease for some time, their cholesterol was greatly diminished in the adrenal gland. What was required in future was a study of the subject intensively—that is, get absolutely good clinical notes of a few cases and work out the findings in the whole endocrine system and the reproductive organs.

Dr. Pickworth was to be congratulated on the admirable work he had done, and the clear manner in which he had placed it before the meeting.

A demonstration of the process used in estimating the iodine content of thyroid gland and other research work in progress was given in the research laboratories of the Joint Board by Sir F. W. Mott, Hon. Director, Dr. Pickworth, and other research workers.

These laboratories comprise three large rooms and two smaller ones; the largest is used for bacteriological and histological routine, the second for chemical analyses, and the other for serological and special work. Of the two smaller rooms, one is used as an office and the other as a dark-room. The laboratories are equipped with incubators, autoclaves, centrifuges, ovens, photomicrographic, colorimetric and improved (Haldane) gas analysis apparatus. Close by is the animal house.

The respiration chamber used for the estimation of basal metabolism is situated near the Large Hall, and consists of a chamber with lead-lined walls and a door which can be made airtight. The interior is decorated, and contains a fan and a water-heating and cooling system. The chamber, together with other apparatus for this special work, was provided from a fund which was given through the Board of Control to the Honorary Director out of a grant from the Medical Research Council.

RECEPTION AND TEA.

During the afternoon there were present at the hospital, to receive members and their friends, Alderman W. E. Lovesey, *J.P.*, Councillor Miss Bartleet, Councillor Macdonald, Councillor Longford, Sir David and Lady Davis, Sir James and Lady Curtis, as well as Dr. and Mrs. Graves, Dr. Forsythe, and other members of the hospital's staff.

A photograph was taken in the grounds, and an ample tea was later provided in the recreation hall, where the City Police Band, by kind permission of the Chief Constable, Mr. C. H. Rafter, played selections under the conductorship of Mr. Richard Wassall, *F.R.C.O.*

MORNING SESSION.—FRIDAY, JULY 10.

At the University Buildings, Edmund Street, Birmingham.

The PRESIDENT in the Chair.

PAPER.

The Institutional Treatment of Mental Deficiency, with Special Reference to Occupational Training, by Dr. A. M. McCUTCHEON (see p. 694).

The PRESIDENT said he was sure it was the opinion of both members and visitors that they had just listened to a very valuable and practical paper, by a man who had had experience, and who, at Monyhull, has done splendid work in creating this excellent colony. He had himself been over it, and had been much impressed. He asked whether there was at Monyhull, as there was at the Royal Albert Institution, a special villa set aside for residence of those who showed good conduct, as a sort of stimulus to others to earn a similar privilege, the understanding being that if the good conduct was not continued the residence there ceased. He also asked whether there was an encouragement of singing in the form of singing classes. That was being done a good deal in America; the singing of old folk-songs produced a sense of joy in the singers, for a person could not feel unhappy while singing cheerful songs. He, Sir Frederick, had a good deal of experience of that during the war, and there was in existence a vocal therapy society, in which he was interested.

Dr. M. HAMBLIN SMITH said he had been exceedingly interested in Dr. McCutcheon's paper. He was specially struck by what he said about the influence of uncertainty and anxiety in epilepsy, as he, the speaker, had himself noticed it. There came to prisons a considerable number of epileptics, where they were specially located, and a careful record of their fits was kept. There was no doubt that the fits were more frequent during the time the man was kept in suspense awaiting trial: he was not sure whether he would be convicted, nor, if he were convicted, how long his sentence would be. When he knew the worst—or the best—the fits were definitely less frequent.

The work at Monyhull was, no doubt, very valuable in many ways, and it was very rare to get a mental defective on conviction from the City of Birmingham; they had, most of them, been segregated in Monyhull or elsewhere, and those who were not, but came into contact with the law, were remanded for examination and dealt with.

Dr. Potts would bear him out that their experience was that the cases which had to be certified under Section 9 of the Act were, nearly always, cases which came in, not from Birmingham, but from other committing courts. There were many people who were mentally unstable, but could not be brought within the definition given in the Mental Deficiency Act, and they had been a constant source of trouble for many years. Arrangements had now been made for the collection of those cases at certain selected prisons in the country, and Birmingham was one of the places. These people were placed in a particular part of the hospital, and were looked after by a special staff. It was hoped to improve that staff later on, and to get there men and women who had been trained in large mental institutions. The inmates there were subjected to a modified discipline, such as was necessary to ensure peace and quietness. And the effort was made to teach the prisoners simple handicrafts in the evenings, and employing them out of doors whenever the weather was suitable. This experiment, which had been running six months, had been a complete success; there had been practically no difficulty with the people, and it was obviously open to very great extension in the future.

Dr. W. A. Porrs said it had been a very great pleasure to him to listen to this very interesting paper. He could not say anything in criticism of it, as there seemed to be nothing to criticize. He congratulated Dr. McCutcheon on his paper, and took the opportunity of telling the meeting that he used to visit Monyhull before the reader of the paper went there, and he also visited it since Dr. McCutcheon was appointed, and the difference was extraordinary, especially in regard to the behaviour of the inmates. He was thinking particularly of one girl who was a cause of very great difficulty in respect of the Mental Deficiency Act. She was a most unsatisfactory character, a virago and a hooligan, but she had now been trained to be a different individual; she came and spoke spontaneously, and said what benefit she had received, and how she was enjoying her life in the laundry. On his last visit she was looking forward to the time when she would be considered to be well enough to come out.

With regard to the question of training, he did not think Dr. McCutcheon had sufficiently emphasized the great assistance he received from his nurses, owing to his stimulating them to develop the training, and to introduce ideas of their own. That was a most important point, and one which possibly was overlooked in some instances. A short time ago he was visiting another institution, where there was an excellent children's section. The work done by the children there was extraordinary. He asked the head teacher there about her work, and she said one thing was to think out fresh things for the children to do, and fresh methods of training. This seemed to produce beneficial results with the children, and it kept her interested in her work, so preventing her from deteriorating in the way that some attendants in some institutions did.

With regard to the singing, when he was at Barr Hall he heard the children sing a song with four long verses. They were all children of school age, and they sang all the verses from memory, and the tune and time they kept were very good. These were not even regarded as educable children; they were classified by the Board of Education as "uneducable," and they were not allowed to go to a special school because they had been adjudged incapable of benefiting from such. His view was that if these cases were taken in the right way, an enormous amount might be done by training them, and this made them much happier than they would otherwise have been.

Dr. G. A. AUDEN said he would like to congratulate Dr. McCutcheon on his paper. He thought it illustrated one or two points very materially. First, the fact that a large institution allowed of that classification which no small institution could offer, and a very necessary departure from monotony. He was acquainted with two charitable institutions, in which the women did little but laundry work; he thought, they found that after six months of that work, with no hope of any change of occupation, there were outbreaks of restlessness and bad behaviour. The problem seemed to be essentially one of classification, and he had been very interested to hear Dr. McCutcheon's method of classification, because two years ago he, the speaker, had the opportunity of studying the methods in vogue in Austria and in Germany. The tendency in those countries was to regard both feeble-mindedness and psychopathic states as different facets of a many-sided problem. They did not aggregate their defectives into industrial schools, reformatories, etc., but they attempted a classification on purely psychological grounds. He thought there was a danger in that, and that the German and Austrian schools, at present, tended to leave the ground and take flights in their psychological classification, and that this sometimes led to further and further elaborations of type and sub-type, which were not always satisfactory. At the great institution of Eggenburg, some fifty miles from Vienna, they received children and young adults for various conditions, including those who, in England, would be under the Poor Law institutions, industrial schools and institutions for the feeble-minded. They were then classified on psychological grounds and grouped in the various homes, each of which housed twenty-five children. The first group consists of children suffering from neglect and ill-treatment, but showing no character changes. The next group includes the children showing some neuropathic condition, very generally in the form of mental conflicts arising out of home circumstances (*Ellern konflikt*). The third group are cases of gross neglect with conflicts of a more pronounced type. These children form the gang-type familiar to us (*Plattenbrüder*). Fourthly, more severe neuropathic conditions, with true character defects; followed by the group of children of slightly psychopathic states, but not markedly unstable. The sixth group comprises the aggressive "Apache" type, frequently with reduced intellectual capacities. The two remaining groups are the more severe psychopathic conditions, epilepsy, etc., and the true feeble-minded children (*Debiles*). That this is no mere academic classification may be recognized at once when the different groups are examined *en masse*.

There were advantages of a classification on psychological grounds, but, as he had already intimated, there was a tendency to make arbitrary subdivisions and sub-classifications. He asked whether Dr. McCutcheon had found that he could classify on grounds of that kind, and, especially, whether he came across the types which the Vienna school described. Prof. Lazar, who was in charge of the psychological department of the Children's Court in Vienna, said he found a number of children who belonged to the kobold type, because they had the physical appearance of the mythical goblin. The professor stated that of five child murderers he had examined, every one belonged to this class. The characteristics of the type were that they were short and thick-set, with a powerful jaw and a thick head, and their tendencies were anti-social. Havelock Ellis's account of Wainright the murderer gave a typical description of this professor's type.

And there was another type, which corresponded to the male kobold in the female—the steatic, the virago young woman, who had coarse hair, coarse features, and showed a tendency towards sexual delinquencies. In these there was probably some endocrine disturbance in operation.

Arising out of the question of the discharge of these cases, he asked whether Dr. McCutcheon agreed with the views of Dr. Fernald, of the Waverley Colony, Massachusetts, that if these children could be brought under care early, one could, by inculcating social habits, get them to be sufficiently satisfactory to inhibit their anti-social outlook and become reasonable members of society, and so have the right to some liberty, under restrictions of supervision, etc.

Dr. W. REES THOMAS said he had an opportunity of visiting Monyhull last year, when Dr. McCutcheon escorted him round. He was able to endorse every remark which had been made concerning the efficiency of the organization, and especially as to the industry displayed. At Rampton State Institution they had

a different proposition, for there they dealt with the failures of other institutions; failures of special schools and of ordinary schools and failures from prisons.

There were one or two minor points that he would like to touch on. With regard to trades, he was often asked what was the use of teaching people boot-making, seeing that if the individual went out he would not be able to earn his living at boot-making, as the industry was dying out. To this his reply was that it was a question whether the person could work at all. If in such an individual's mind one could instil the idea that he must work continuously during working hours in order to derive real pleasure from life, one had thereby gone a long way towards making such individual less anti-social than he had been formerly.

He joined issue with Dr. McCutcheon on the question of output, as he thought a definite output was the most important question of all—he was not meaning sweated labour. In his institution books were kept in which the output of each inmate was recorded, and he could assure the meeting that the workers counted the amount of work they turned out, and it was entered in the book for their pleasure. In that way very much more work was got out of them than would otherwise have been the case, and not because they found it necessary to work harder, but they had the advantage of the pleasure of having accomplished something, and that all about them knew they had accomplished it. The other workers were very jealous, and when they knew a certain thing or a certain quantity had been done by one, they said they would do the same to-morrow. Thus the amount of work increased, to the advantage of the patient, and to the advantage of the institution.

With regard to the mixing of the sexes, fifteen years ago he visited Darenth, and there he was much impressed by the fact that the female and the male patients went to the dances together and they seemed to enjoy it; there was an atmosphere of social equality and goodwill, and usually when the music started the ladies got up first and went across to ask the gentlemen to dance with them. As long as he had anything to do with this kind of work he would continue this mixing of the sexes. He dealt with people who were amoral or unmoral. It was a disappointment if a patient's conduct forfeited attendance at the dance. If a patient on the female side got into trouble, soon the male side got to know of it, and the talk was, "So-and-so has misbehaved herself, and will not be at the dance on Thursday." These were very important matters to patients. The intercourse was purely social, and to some extent kept them in touch with an outside world, even though they could not mix to any great extent.

He quite agreed that it was very important to train the staff properly, and that was also very difficult. The institution had been going five years, and it had proved very difficult to keep the staff, especially the nurses. Fifty *per cent.* of the staff were trained.

At Rampton the patients were graded into four classes, the fourth received no privileges and no pay. The third grade received 2*d.* per week, the second grade 4*d.*, and the first grade 6*d.* per week per patient. That was found to be a very helpful thing. A very low-grade patient might reach the first class. They were classed according to conduct, and secondly according to work, *i.e.*, in relation to their capacity to work, and as to whether it was skilled or unskilled work.

They had not many epileptics at his institution, but they were doing some work on the subject. They found that their epileptic patients had a marked deficiency of calcium salts in their blood, the standard against which the blood was tested being the blood of the other patients. In a certain proportion of the epileptic patients, the administration of calcium lactate with parathyroid extract had a wonderful influence in reducing their irritability, and their capacity for work had thereafter considerably increased. For a small proportion of the cases this treatment had proved better than bromide of luminal and sodium.

As to singing by the patients, they had at his institution singing classes, and one evening a week was set apart for this, and it was very popular with the patients.

In answer to Dr. Auden's remarks, he, the speaker, had some murderers among his patients, and he did not find that they belonged to any particular physical type, nor could he say they had any very characteristic mentality.

Dr. G. H. MELSON said that the Monyhull institution was a neighbour of his, and that fact enabled him to answer one of the questions put by the President. He was able to say that the singing there was excellent, and he had listened to it with great pleasure. It had been a delight to him to see the young people working in their gardens.

He could, from personal experience, echo the praise which had been given to the work at Monyhull.

Dr. McCUTCHEON, in reply, said he felt very grateful to the meeting for the way in which his paper had been received. He wrote, and had read, his paper with a feeling of great diffidence, as he felt that it would fall far behind anything which would be contributed to that Annual Meeting.

They did attach great importance to the patients singing. If he wanted to know what was the pantomime music for the current season, he had only to listen to his junior patients singing. The singing was organized and supervised by the nurses, and the same applied to the adults, taking chorus work, etc. He thought the real reason why his patients were so fond of going to church was that they could sing the hymns, which they certainly enjoyed.

With regard to having graded places in the home, as a reward of good conduct, they had places in which good conduct cases were put, and recently a large house fairly near had been bought, in which lived 24 good-conduct women. One of the conditions was that if they misbehaved themselves there, they were sent back to the general building. There was a spirit of emulation in order to secure the rewards.

Dr. Potts raised a very important point, namely, that of the members of the staff bringing their own ideas into the work. That was tried as far as possible in the institution, but he confessed that many members of the staff, excellent as they were in their duties, had not many ideas as to artistic and other work. However, in connection with sewing and artistic work, new ideas were encouraged to produce variety and keenness of emulation.

He had been interested in Dr. Auden's account of the work on these lines done in Austria. In his institution he had none of the types to which Dr. Auden referred, but he had refractory homes, and if they were "combed," he might find some which came into the categories mentioned. The worst of the cases were sometimes allowed to "let off steam," so that the rest of the patients and staff could sooner get some peace.

With regard to Dr. Rees Thomas's remarks, he, the speaker, expressed himself badly when he said not much importance was attached to the output. He did appreciate the importance of the stimulus afforded by some doing better than their neighbours. What he meant was that he was not upset or disappointed if he went round the shop and found one person could do only one little bit of work, whereas others could turn out whole baskets. He did not worry any person to turn out any particular piece of work in a given time. Still, the more work they did turn out, the better he was pleased. And the patients did appreciate the praise they received, and they liked to "get one in" in contrast to their neighbours.

He did not find himself able to agree with the mixing of the sexes at dancing. Boys and girls had worked together at his institution, and the results were rather disastrous; it upset many of the children for months afterwards. Still, the sexes did mix a good deal in going about the grounds, and the gardeners, stokers and porters on the women's side wandered about practically unattended, and the girls were walking about the terraces, and they met and spoke. That, however, was a different matter from the physical contact in the dance-room. He knew this mixing was done in mental hospitals, but in his institution he was rather afraid of it.

The training of the staff was a difficulty, but it had been somewhat got over by the present practice of taking on their nurses and attendants on a three years' contract. The difficulty was that girls came to the institution in the summer-time, and when the long winter evenings came they went off to work somewhere else nearer the town, so that they could go to cinemas and other amusements. That did not help the working of the institution. If the agreement was broken, a forfeit had to be paid. Training could therefore now be done, and a better type of nurse was secured.

PAPER.

The Psychopathic Personality, by Dr. M. HAMBLIN SMITH (see p. 683).

The PRESIDENT said this was a very clear exposition of the psychogenic causation of mental disease, especially dementia præcox. He, Sir Frederick, had been trying for many years to prove the physiogenic side. Even taking this latter view, undoubtedly contemplative fear of any kind would permanently upset the endocrine system; that was seen during the war. Fear of being sent back to an intolerable situation was sufficient to bring about an outpouring of adrenalin into the general system, with all the signs of Graves' disease. One thing which Freudians failed to recognize was self-preservation as an instinct. That was emphatically exemplified in the war. He saw officers who came back and who had lost all the instincts of reproduction, and did not want to see their wives and sweethearts, because this fear came first. He thought it was quite right to discuss the subject from both sides, and he was afraid that one side seemed rather hopeless, as he had not yet heard of cures by psycho-analysis, though he had learned of rather striking tragedies from psycho-analysis carried out over considerable periods of time. There were many people practising this treatment who were not fit to do so.

Dr. M. J. NOLAN, who now had to leave, said he specially desired to be associated with the vote of thanks for the hospitality which had been enjoyed by the members at this meeting which would be brought forward at the conclusion. He did not think he was ever at a meeting where there had been such instruction and such hospitality.

Dr. J. G. SOUTAR said this paper had been exceedingly interesting to him, and a valuable—he would not say counterblast—but a very valuable addition to the papers which had been heard from the other point of view. As the President had said, he did not think a man could be cut up and separated into two parts. The mind and the body were inseparable; they constituted the personality of the individual. One could not omit, on one hand, pathological and physiological conditions, nor, on the other hand, could one omit the very definite psychogenic considerations. It was due to the harmonious interaction of the two that there existed the complete man.

What was of the greatest importance, when looking at the question from the point of view Dr. Hamblin Smith had submitted, was that one must begin very early in the training of mind; the mind was capable of training, just as was the body, and there had been too long a failure to recognize that there were definite rules of mind, and that action must be in accordance with these from the commencement if there were to be individuals capable of meeting the ever-increasing stresses of a more complicated civilization. It was of no use for us to throw our hands up and lament that terrible difficulties surrounded us; they were the inseparable concomitants of the progress that was desired. And, in order to successfully meet these difficulties, it must be recognized that, if understood properly, psychology could supply rules for the upbringing and for the education of the people. On that side there was much hope in the paper which Dr. Hamblin Smith had just presented.

He was not prepared, that morning, to enter upon a discussion on the various points raised, which were still controversial, because the profession was still groping after truth, and had only begun to see a small part of the subject. Much more must be known before a dogmatic attitude could be taken up as to the underlying processes. But undoubtedly at the present time a great deal could be done by enabling people to understand what their difficulties were, and to recognize facts as they existed, remembering that it was not so much the facts of life as the attitude towards life which was answerable for mental disturbances in the individual.

Dr. W. REES THOMAS said he had a large number of patients such as those described by Dr. Hamblin Smith—in fact 50 per cent. of them came into his various groups. The only comment he would make was that the position was an extremely difficult one. He had psycho-analysed many cases, most of them unsuccessfully because one could not get at them, and, great as those difficulties were, they were up against a greater, namely the question of the time occupied. One's time was so much taken up with the administrative functions of the day, that continuous time could not be given for this type of work. Therefore one rather

tended to veer towards the physiological side, not because one recognized that one was more important than the other, but, working in the laboratory, for instance, one could put in a couple of hours, then leave the remainder until next day. In order, however, to obtain continuity with patients, one must work at it every day for a certain time, and those who had experience of institutions knew how difficult and disappointing it was, even from their own point of view, because the results were so few and so small.

With regard to the incestuous stage, Dr. Hamblin Smith did not pay much attention to the development of the ego-ideal, which was very important. As a matter of practice he found that the faulty development of the ego-ideal as opposed to the ego appeared to be associated with some of these abnormalities. He would like to hear Dr. Hamblin Smith's views on this subject.

Dr. G. A. AUDEN said he found that a considerable number of the teachers he was called upon to examine exhibited an inferiority complex. Very many of the teachers who found that they had to ask for leave of absence for long periods owed their disability, generally with a physical manifestation, to an internal mental conflict. In teachers that inferiority complex might show itself in the attempt to combat the feeling of inferiority by the collection of diplomas of all sorts. The result was that they overlooked and got into a vicious circle with a psychological conflict, and there ensued a nervous breakdown.

Dr. HELEN BOYLE also expressed her appreciation of the paper, and said that at the Lady Chichester Hospital there were received a good many of these cases of psychopathic personality; also at her own house she saw some. There had been a great gain by considering the mental processes, as it was letting in air where there was none before. Mental hygiene, as it was being developed, was going on in much the same way and on similar lines to physical hygiene.

Apart from elaborate analysis, which she admitted required a great deal of time, something short of this often answered the purpose; it let in air, and enabled the person to understand that things which loomed big in the darkness of his personality had a more hopeful appearance when the light of day was on them. So that it was safe to chaff the patient about them. This gave him courage and enabled him to take care of himself. In the case of women more than in the case of men, a long analysis concentrated them upon themselves, and there was some risk in the process. It should not be so, one would think theoretically. Women were apt to think that their own mental processes were of such importance that there was not much necessity for them to attend to anything else. She had a certain number of cases who had been through analysis, and in whom it had failed, and these might have benefited by a partial analysis, not probing too deeply. She stressed the importance of attention to both mental and physical states. One girl came to her after 2½ years, during which she had had a complete analysis, and she came to know if the speaker could get her better. It turned out that she had a chronic appendix condition, and there was going on a very considerable septic absorption from the bowel. There was a danger in having psychopathic clinics without full facilities for physical examination and treatment too, because people were apt to go to these clinics with a certain amount of auto-diagnosis, and sometimes they were treated for some time before they had been thoroughly overhauled. She hoped that in future mental clinics would be largely developed in association with general hospitals.

Dr. R. G. M. LADELL spoke of the pleasure and profit he had derived from listening to this paper, which was up to the high standard one was led to expect from Dr. Hamblin Smith. Such investigations gave the opportunity of investigating root causes, because of course the aim of all medicine was, first, prevention. The apathy of the bulk of the profession to the most recent advances in psychology was difficult to understand. He asked his hearers to reflect on the great amount of misery and economic loss which took place in Birmingham, and any similar centre of population, through the minor neuroses, hysteria, etc. which remained untreated. If they went to a general hospital they might get their appendix removed, or they might get their bottle of bromide, but they drifted about from one place to another, and they did not get cured, and the older school did not seem to have any alternative to put forward. But every symptom had a meaning, and the patient should be treated on those lines, and those who did that succeeded in curing them.

He agreed with Dr. Helen Boyle that in many cases it was not necessary to

carry analysis to the rock bottom ; one could gain a clear conception if one saw the underlying principles working ; but it was not inevitably necessary to bring these to the full consciousness of the patient. If this latter fact were realized and appreciated, psycho-analysis would receive more support than it had done from the majority of the profession. A great deal of good could be done in general practice if one had a conception of the psychological principles at work, and if the doctor was on the look-out for hidden conflicts as well as obvious causes. He could then quickly see what was amiss, reassure the patient, and put him on the right lines after a short consultation. He considered that the crying need of the day was to have mental clinics associated with general hospitals, where proper skill would be used, and where future practitioners could be trained in the work. At present there was a great gap in these matters. Men passed through the curriculum and went out into practice without any idea of how to deal with cases of this kind, and yet they would see many such in their consulting-rooms.

The PRESIDENT said that every neurologist who was a psychologist recognized that these cases of psycho-neurosis and neurosis were curable. During the war he had perhaps the largest experience of anyone in this country in regard to such cases, as he was neurological expert at the War Office and had charge of their neurological clearing hospital at Denmark Hill. One patient had been paralysed two or three years, and had been to brine baths and to many hospitals. He cured that man in less than a week, simply by faith ; he believed he was going to be cured. People of similar type went to Lourdes and were cured by hundreds, because they went in the firm belief that they would be cured. He agreed that for the majority of these cases one did not require psycho-analysis ; auto-suggestion was needed for them—a sort of contra-suggestion. He agreed with the last speaker that this and similar subjects had been much neglected by the medical profession. It was a tragedy to see so many people who had been in hospital a long time suffering from functional conditions such as paralyses, and which were curable in a short time. The members would realize the importance of Dr. Helen Boyle's remark that these mental clinics should be associated with the general hospitals. It was realized fully that there were physical conditions which could not be cured by suggestion. He saw once a gentleman who believed entirely in the suggestion method of treatment, and he was talking to a patient, and he, Sir Frederick, said the man had got a cerebral tumour, with double optic neuritis, brachial monoplegia and headache, and that no good would be done by suggestion. The man went to the Pensions Department, and they wanted to stop his benefit because, they said, his case was a functional one. He, the speaker, knew he had had a fracture of the vertebra and some meningitis there, and the signs of an oncoming complete paraplegia. What was required was the combined examination of patients, not neglecting the physical side, because every now and again cases supposed to be functional were instances of oncoming physical disease, especially disseminated sclerosis of the spinal cord. He had been able to save many men, and some widows, from being refused pension by pointing out that the condition had not been recognized in the early stages.

Dr. G. H. MELSON said he had seen a good deal in his long life as a general practitioner, and he wished to re-echo what Dr. Helen Boyle had said. The profession, he considered, had been led away by the statement of Dr. Bernard Hart that the psychological aspect of the mind should be kept distinct from the physiological. He once heard a paper by a confirmed psycho-analyst who gave an interesting case of a man. After the reading of the paper the speaker asked him how long the treatment took, and the reply was that it was, roughly, five interviews a week for twelve months. After a paper he himself read, a doctor brought to him a personal friend who was in trouble. He had a talk with the patient, who was delighted with the amount of good which had been done him. Why could not the psycho-analysts dispense with much of their elaboration, and bring it down to a few suggestions and a few interviews ?

Dr. HAMBLIN SMITH, in reply, said he had not supposed that his paper would meet with universal approval ; he had a feeling somewhat like Daniel's when he came to the lions. He now wished to thank members for their kindness. He had no idea of making a counterblast to what the President or anyone taking the physical side had said, or to depreciate in the slightest degree the work which the President had done, and for which members entertained such respect. He had

merely wished to suggest that there was another side to the question. It might be that both were equally right—or wrong—and that mind and matter were each expressions of one reality. He regarded the self-preservation instinct as secondary to the instinct of reproduction, and he agreed with what Sir Michael Foster said forty years ago, that the carrying on of the race was, broadly—within limits—the reason for existence.

He agreed that those who practised psycho-analysis should be persons of education and character, but one saw tragedies also from the other side. It was not uncommon for him to meet people who had had their teeth and tonsils and other superfluous organs removed, and apparently without any good effect on their conduct.

In answer to Dr. Rees Thomas, he recognized the difficulties of carrying out psycho-analysis to its fullest extent, because of the time required for it. With regard to the ego estimate, he had spoken of that, remarking that it came after the incestuous stage, *i.e.*, the narcissistic stage, but he had not time to write a full account of the Freudian theory.

With regard to Dr. Helen Boyle's remarks, he agreed that in many cases there was no need for a very elaborate psycho-analysis, and that a shorter process might do much good. At any rate, it had the advantage that it enabled one to understand the patient, even though it might not result in the patient understanding himself. What it was necessary to show these people was, that what they regarded as uncommon experiences were quite common, and normal to everyone. To have accomplished that was to have done much.

He quite recognized the necessity for physical treatment. But with regard to general hospitals, he did not agree with Dr. Helen Boyle that establishing mental clinics in connection with general hospitals would do good, because he was certain that then, things being what they are, those clinics would get into the hands of people who knew nothing about psychology, and who, because of their own repressions, were bitterly prejudiced against those who practised all forms of psycho-analysis. And there were special difficulties in connection with dealing with dementia præcox cases, because of their "shut-in" personality.

Dr. Melson had said it was necessary to distinguish between the psychological and the physiological side of the mind, but in his, the speaker's, view, one could not speak of the physiological aspect of mind, and nothing but confusion resulted from the mixing up of physiological and psychological considerations.

He desired, in conclusion, to give a personal explanation. From a conversation he had had with one or two members, it seemed he had given a wrong impression to Dr. Graves in a telephone message he had with him two or three weeks ago. He had hoped, not that the Association would make an official visit to the prison, but that some members would come to see what was being done there. He pointed out to Dr. Graves that it would be necessary to apply officially to the Prison Commissioners for permission, and he regretted that this had been understood as being a difficult process, which was not the case.

The PRESIDENT said the Association felt very grateful for this very valuable paper, and he was glad there had been included in the programme for this Annual Meeting definite arrangements to have papers on mental deficiency and delinquency. He hoped this precedence would be adhered to in future. It had been a most successful meeting in that respect, thanks to Dr. Auden, Dr. Potts, Dr. McCutcheon and Dr. Hamblin Smith, and to Lt.-Col. Lord, who made the suggestion.

VOTES OF THANKS.

The PRESIDENT called upon Dr. Soutar to propose votes of thanks to the University, to the Mental Hospitals Committee of the Corporation, to Dr. T. C. Graves and the medical staffs of the Birmingham mental hospitals for the many kindnesses the members of the Association and their friends had received during their visit to Birmingham.

Dr. J. G. SOUTAR said that, in the absence of Dr. Nolan, who left a short time earlier to return to Ireland, he had the pleasure of moving a formal vote of thanks to the various bodies and individuals whom the President had named. The meeting had been a success. It had produced papers making important contributions to their knowledge, and summations of knowledge, and to the gentlemen who made those contributions the President had tendered thanks.

In addition to the valuable scientific information, the success of this Annual Meeting had been largely due to the contributions made to members' enjoyment and instruction by bodies outside the Association. Of these he was asked to mention the City of Birmingham, which had shown its interest in the Association by the presence of the Lord Mayor at the Dinner, and by the sympathetic remarks he made about the Association and its work. Thanks were also due to the University authorities for allowing the use of the excellent accommodation for the meeting, and for a delightful social evening. Likewise they wished to thank the Corporation Mental Hospitals Committee for the very important part they had played in contributing to their knowledge and pleasure, and the Joint Board of Research, of which the President of the Association was a leading spirit. He wished also to associate with these remarks Dr. T. C. Graves, who had contributed in so many ways to the Association's enjoyment and instruction. On the whole, this had been one of the most interesting meetings he remembered in quite a long course, and it gave him much pleasure to propose this resolution.

Lt.-Col. J. R. LORD, in seconding, said this was a resolution which would commend itself to members of the Association without much support from him. There were two matters, however, he would like to refer to. One was that a member of the Association who had not missed attending the Annual Meeting for 25 years broke his leg a few days ago—Dr. Nelis. He had been missed very much, and the regrets of the members would be suitably communicated to him.

Another matter was that there were a number of members of the Association who, away at the confines and outposts of the Empire, were moulding old native asylums into modern mental hospitals or founding new ones and otherwise doing splendid work for the insane, and one of these members was now present. He wished to say how pleased the Association and other personal friends were to see Dr. E. J. Samuels here from the Malay Free State. He had done a most wonderful work in that country, a record of which would shortly appear in the Journal. It was a human document of a life's endeavour, and he was proud to be able to include it in the records of the Association.

The votes were carried by acclamation.

IRISH DIVISION.

THE SUMMER MEETING of the Irish Division was held on Tuesday, July 14, 1925, at Cork District Mental Hospital, by the kind invitation of Dr. Owen Felix McCarthy. Dr. O. F. McCarthy in the Chair.

The minutes of the previous meeting were read and signed.

A letter from the Registrar of the Association was read, requesting the Irish Division to nominate a Nurse Examiner for Ireland in place of Miss Harkin, retired. It was decided to submit two names, Miss Hannah F. Barry, Matron, Cork District Mental Hospital, and Miss Helena Golding, Matron, St. Edmondsbury Lucan, as two ladies qualified to fill the post. The Educational Committee was authorized to select a Nurse Examiner from these two nominees of the Irish Division.

The following gentlemen were elected ordinary members of the Association:

BERNARD FRANCIS HONAN, L.R.C.P.&S.Irel., Assistant Medical Officer, Downpatrick Mental Hospital.

Proposed by Drs. M. J. Nolan, R. R. Leeper and J. O'Conor Donelan.
J. J. DELANY, L.R.C.P.&S.Irel., Assistant Medical Officer, Ballinasloe District Mental Hospital.

Proposed by Drs. J. Mills, R. Thompson and J. O'Conor Donelan.

Dr. JOHN G. FITZGERALD next read a communication: "Notes on Treatment by Hypnotic and Hypnoidal Methods of Extern Cases." The paper was fully discussed.

The CHAIRMAN and all present expressed their hearty thanks to him for his original and thoughtful paper, and praised his pioneer work in the treatment of incipient cases of insanity in the district with which he had been for long associated.

The CHAIRMAN put forward three suggestions as to the advocating and establishing of out-patient clinics for the treatment of early cases of mental trouble: