Prof. Shaw Bolton's researches were known throughout the whole medical world; he was mentioned in all recent books on Neurology and Psychiatry, and on the lamination of the cerebral cortex. Prof. Shaw Bolton's work in the Claybury laboratory was the basis of a well-known lecture, delivered some years ago, in commemoration of Bowman. It was a matter of regret that his old fellow-worker and Sir Robert's own colleague, Dr. Watson, of Rainhill, was not able to be present. Both worked in the laboratory at Claybury, when Sir Frederick Mott was the Pathologist, and he, the speaker, was Medical Superintendent.

Another word he would like to allow himself to add was a reference to the alliance of university work with that done at the mental hospitals. He maintained that in order to achieve thoroughly sound scientific work and remedial treatment there should be an alliance between our mental hospitals and research work and teaching in the universities.

He was sure all wished Prof. Shaw Bolton a very happy year of office as President of this Association. Successful it was bound to be.

Lastly, he was reminded of a statement by Mr. Joseph Chamberlain, that he was only happy with his own people. The same was true of their President, who had arranged that the whole of this Conference—meetings, discussions, clinical and scientific demonstrations, not excluding the hospitality which accompanied them—should take place in his own institution. (Applause.)

Dr. J. BRANDER, in seconding the vote of thanks, said he was sure many felt they had been privileged to see Wakefield under extremely favourable conditions. It had also been a privilege to hear from the lips of the President the history and traditions of the institution, and the spirit which had been responsible for it having arrived at its present position.

The resolution of thanks was put by Sir Robert Armstrong-Jones, and carried with acclamation.

[*Adjournment.*]

Acting on the suggestion made by Sir Robert Armstrong-Jones, the following telegrams were exchanged—

To Sir James Crichton-Browne :

Greetings from the Association in Annual Meeting now assembled at Wakefield, where your name and work will ever endure.

General Secretary.

[Reply.]

Deeply gratified by your message. It revives happy memories of strenuous days, half-a-century ago, and of the ever generous kindness of my brethren of the craft.

James Crichton-Browne.

To Dr. BEVAN-LEWIS :

Affectionate greeting from the Association in Annual Meeting now assembled at Wakefield.

General Secretary.

[Reply.]

Much appreciate affectionate greetings and warmly reciprocate.

Bevan-Lewis.

THE ANNUAL DINNER.

The Annual Dinner was held, by the courtesy of the Committee of Visitors and the Medical Director, in the Hall of the " New Acute " of Wakefield Mental Hospital, on Wednesday evening, July 11, 1928.

The hall and tables had been most tastefully decorated by the officers of the hospital under the direction of Mrs. Shaw, Bolton. The lighting was very effective, and the lamp-shades, bearing the Coat of Arms of the Association, were much admired.

The catering was by Mr. Ernest Matthewman, Assembly Rooms, Wakefield, and wines by Messrs. Alfred Moodie, Little Westgate, Wakefield, and the service was excellent.

The hospital orchestra, under the leadership of Mr. T. Robinson, rendered a suitable programme of music, and there was some fine singing by Messrs. Arthur

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Dickinson and Harry Clayton of the nursing staff. Both contributed materially to the evening's enjoyment and were much applauded.

Orders, decorations, emblems of office, and past-presidential badges were worn. These with the toilets of the ladies, the profusion of flowers and lighting effects, made up a scene of unusual brilliancy.

The Chair was occupied by the President, Prof. J. Shaw Bolton, D.Sc., M.D., F.R.C.P.

The company was received by the President and Mrs. Shaw Bolton at 7.15 for 7.30 p.m., and the official guests included the Vice-Chancellor of the University of Leeds (Dr. J. B. Baillie, *O.B.E.*), the Mayor and Mayoress of the County Borough of Wakefield (Councillor G. B. Hillman, *M.B.E.*, *J.P.*, and Mrs. Hillman), the Chairman of the West Riding Mental Hospitals Board (County Alderman H. Lockwood, *J.P.*), the Chairman of the West Riding Mental Hospital, Wakefield (County Alderman A. K. Blackburn, *J.P.*), the Chairman of the Finance Committee, West Riding Mental Hospitals Board (County Alderman D. Hardaker, *J.P.*), Dr. and Mrs. Brush (U.S.A.), Prof. and Mrs. Wimmer (Denmark), Dr. Hans Evensen (Norway), the Medical Officer of Health for Wakefield (Dr. Thomas Gibson), the Coroner (C. J. Haworth, Esq.).

In addition to the Vice-Chancellor, the University of Leeds was represented by Prof. W. H. Maxwell Telling (Head of the Department of Medicine), Dr. T. Wardrop Griffith, *C.M.G.* (late Head of the Department of Medicine of the University of Leeds), Prof. B. A. McSwiney (Physiology), Prof. J. F. Dobson (Surgery), Prof. Carlton Oldfield (Midwifery and Gynæcology), Prof. John Strong, *C.B.E.* (Education), and Dr. Ll. Wynn Jones (Lecturer in Psychology).

The following were officially invited, but unable to attend: The Bishop of Wakefield, the Vicar of Wakefield (Canon McLeod), Geoffrey Ellis, Esq., M.P. for Wakefield, the Dean of the School of Medicine, Leeds (Prof. J. Kay Jamieson), the Professor of Pathology (Dr. M. J. Stewart), the Professor of Bacteriology (Dr. J. W. McLeod), the Vice-Chairman of the West Riding Mental Hospital, Wakefield (County Alderman R. Gill, *J.P.*), the Chairman of the West Riding Mental Hospital, Storthes Hall (County Alderman A. Booth, *J.P.*), the Chairman of the West Riding Mental Hospital, Wadsley (County Councillor E. Rose, *J.P.*), the Chairman of the West Riding Mental Hospital, Menston (Councillor Alfred Corker, *J.P.*), Alderman John Thornton, *J.P.*, and the Deputy-Clerk to the County Council (J. C. McGrath, Esq.).

TOASTS.

The PRESIDENT proposed the toast of "His Majesty the King," and in submitting it, said it was one which needed neither speech nor commendation from him.

It was loyally pledged, to the accompaniment of the National Anthem.

"THE WEST RIDING MENTAL HOSPITALS BOARD."

Sir ROBERT ARMSTRONG-JONES, *C.B.E.*, in submitting this toast, said that in the *Times* of July 4 and 5 appeared two conspicuously able articles from the pen of Sir Frederick Willis, until recently the Chairman of the Board of Control. In those articles he dealt with the duties of mental hospitals' boards, of medical superintendents, and of nursing staffs. At the same time he also dealt with the duties of the public. Judging from the *Times* of that day (July 11) it seemed that the last word had not been spoken yet on these important subjects. The speaker had, however, been entrusted with a toast which he was sure would specially commend itself to the President and the Association. It was that of the West Riding Mental Hospitals Board. That Board, consisting of 54 members of county and county borough councils, managed four great institutions in this great county, one of which—Wakefield—had been entrusted to the safe keeping of the Association's President—(Applause)—and which, if he might borrow a phrase, could in truth be described as his spiritual home.

In the comprehensive toast which had been entrusted to him (Sir Robert), he might be pardoned if he concentrated somewhat upon the institution which, to-night, was in the minds of all present. There was something unique in the history of Wakefield, and, as the President said in his striking address that day, members were commemorating its past achievements in the hope of great things emerging from it in the future. (Hear, hear.) It was, therefore, opportune to say that there had evolved in its record an "atmosphere," a commonplace term,

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

but one which was quintessentially inspiring to all present workers in neurology, psychology and psychiatry. (Hear, hear.) Those who were familiar with the organ of the mind knew that it might be arrested in its development, it might be disordered in function, and its activities might be suspended; they also knew that this disorder of the brain had been studied and elucidated and relieved here, and sufferers so afflicted were treated in this hospital by physicians bearing very great names. But he wished to say that no one could think of Wakefield without remembering involuntarily the other great refuges and sanctuaries for the mentally ill which the West Riding Mental Hospitals Board had provided, at Wadsley, at Menston, and at Storthes Hall, one of which (Menston) was the basis of the administration in the first London County Council Asylum at Claybury. Menston and Storthes Hall he had visited on the previous day. At Wakefield Dr. Cleaton was once medical director, and he was succeeded by Sir James Crichton-Browne, an orator and scientist. Sir James was further associated with Sir David Ferrier, whose memorable researches into the localization of cerebral function commenced at Wakefield.

To-day they all appreciated the work of Wakefield's present medical director, with which work he (the speaker) was himself personally familiar. Famous as Prof. Shaw Bolton was as an audacious but just critic of the sex teachings of some psychologists, he was in addition not less distinguished in many other directions than his illustrious predecessors. (Applause.)

It was obviously quite natural that such a school as this should attract earnest and capable workers from different parts of the country, he might say the world; to name some of the most celebrated *alumni*, there were Bond, Goodall, McRae, Whitwell, the genial MacBryan, and many others, all of whom were students at Wakefield, and owed that institution a great debt of gratitude.

The mental hospitals of the Board had been designed to relieve the most-dreaded of all infirmities and to restore the most afflicted, crippled and disabled of our fellow-men. They had been splendidly equipped, through the wisdom of the Board, with the most modern apparatus for research and scientific treatment, and these were being applied by a devoted and highly-trained and competent medical and nursing staff. The members of the Board, faithful in works of mercy, kindness and charity, were much burdened with many other public engagements. He had had the privilege of sitting next to Mr. Alderman Blackburn, and it might interest his hearers to know that out of 1033 public attendances at functions at which that gentleman's presence was demanded, he attended every one. (Applause.) Though laden with these other public engagements, they gave much time, thought and care to the interests of their patients in these hospitals, and thus helped to alleviate the distress of their sorrowful families. In addition, the Board was mindful of the needs and requirements of the staff, who served them faithfully, and who as the Royal Commission stated rendered great and devoted services to suffering humanity, often under very exacting conditions. The company, he was sure, wished these great institutions every success. He trusted that the efforts of the Board might accomplish the fullest possible recovery or restoration for those committed to their care, and that the hospitals would continue to be a standing example to others of this country. He was grateful, also, for the wonderfully capable intervention of the President with the Clerk of the Weather, who had kept away what had been described in the *Times* as a "deep Icelandic depression" which was likely to further deteriorate our weather. In conclusion, he wished to add the grateful thanks of all present for the generous hospitality which was being received from the Board (Applause); also for the much appreciated facility to hold their annual gathering in this institution.

He submitted the toast of the West Riding Mental Hospitals Board, coupled with the names of Mr. Alderman Lockwood—who was Chairman of the Board—Mr. Alderman Hardaker, Chairman of the Finance Committee, and his friend on the left, Mr. Alderman Blackburn, who had served no less than thirty-one years as a public servant, and was now the Chairman of the Wakefield Hospital Committee. He hoped that the Board's mental hospitals would continue to be developed on lines of humanity and scientific knowledge. (Applause.)

The toast was heartily pledged.

County Alderman H. Lockwood, *J.P.*, in responding, said that he had received an intimation that he was required to cut his remarks short. He did not propose

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

to obey the injunction "Get up, shout up, shut up." But he would promise that his remarks would be brief. He wished, as Chairman of the Board, to give to the Association, at its 87th Annual Meeting, a hearty welcome to Wakefield. Thanks were due to those who, eighty-seven years ago, promulgated the idea of having an Association of this sort and making possible such a gathering as was here to-day. The Board would be delighted to know that the members visiting Wakefield had enjoyed themselves; he hoped that the means which had been provided by Prof. and Mrs. Shaw Bolton would prove to be such as met with their approval, and that they would benefit thereby both mentally and physically. (Applause.) Neither he nor any other members of the Board, save one, knew anything about psychology. He knew his wife frequently said, when she had met a woman, that she did not like her. Some called that psychology, but it seemed to be due to some peculiarity which the other woman seemed to have; it might not be what those present understood by psychology, but it was probably psychology in the raw state. (Laughter.) The Board would not be able to continue its work with that satisfaction referrred to by the proposer of the toast, and by others during the afternoon, had they not the whole-hearted support and learning of men like Prof. Shaw Bolton; they were all proud of their Medical Director. (Applause.) His, the speaker's, work extended to eighteen years on the Board. The Board had found it to their interest to have a satisfied staff, and a contented Medical Superintendent, whose attention was not to be concerned with wondering whether he would get a hundred pounds rise next year. He knew £100 a year did not worry some people he saw that evening—(Laughter)—but the Board had tried to avoid matters controlling their medical officers' activities, and, to a certain extent, they had succeeded. The Board made the boast—whether rightly or wrongly—that they had one of the most contented staffs which could be found in the United Kingdom. (Applause.) That arose, primarily, because it was recognized what value was when they encountered it; if the Committee got good servants, they retained them, and they paid them as well as they could afford to, and sometimes it was more than the public thought ought to be paid.

That brought him to another little point. The laymen and laywomen serving on this Board were elected, as a rule, for three years. They had not to go to the ratepayers and say "I will do this," "I will do that for you if you vote for me." But some went periodically to the ratepayers and said that in addition to education for the West Riding, and in addition to providing sanatoria for consumptives, they had another dread duty, to look after the best interests of seven thousand of the population who were, unfortunately, suffering from mental disorder, that they were the people who could make those lives happier. As a matter of fact he heard one candidate say—though not in so many words—that if the ratepayers would return him and those who believed with him, lunacy would soon be removed from the county altogether. (Laughter.)

He and his colleagues came on to the Board to do their duty, and fortunately they had the controlling force of the Medical Director, who kept them in their place. There were 54 on it, and one among so large a number did not seem much, but logic went a long way. For chopping logic, commend him to their Chairman that night, who chopped it so fine that one saw his point almost against one's will.

The proposer of the toast mentioned something about audacity; but it was the audacity of Shaw Bolton which had made Wakefield what it was at the present time. With regard to being content with what the Professor had done, the Committee had let him have his head, and he had not run them amuck in any respect. As a rule they had been able to recover, even if they had exceeded the exchequer. They could not do what a friend suggested they ought to be able to do; they could not go to Mr. Coppock and say "If you will put part of the expenditure on to the income side you will not have such a bad balance as you sometimes have." On the Board of 54 people were all sorts and conditions, and some were women. He had not much of an opinion of women in such circumstances, though he was wedded and had a big family, and nobody respected women more than he did; he was a suffragette almost before there were any.

The Board had achieved substantial progress during the time he had been associated with it, and he was always proud now to be able to say to them that there were men at the head of the hospitals who knew their work, who did it, and never spared themselves in the doing of it. As regards Wakefield the Committee

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

did not claim credit for doing the things which were the outcome of the efforts of the Medical Director.

In conclusion, he hoped those present, whom he regarded as pioneers in the work of curing diseases, both physical and mental, would take it from an old man like himself that their work was not unappreciated; that people with heads on them gave to the medical profession, particularly those associated with lunacy, credit for all the work they were doing, and he wished to give them all the encouragement of which he was capable to continue in that work, which was so essential, not only for the generation now living, but also for those who would follow. (Applause.)

Alderman HARDAKER, *J.P.*, also responded. He said that, like his colleague, the Chairman of the Mental Hospitals Board for the West Riding of Yorkshire, he wished to extend to the members of the Association on behalf of the Board a welcome to Wakefield. He hoped that their deliberations would be everything they desired, and that the weather conditions would continue as favourable as to-day. As those present had already been made aware, the Board consisted of 54 members, and he thought it would be difficult to find, in any part of the British Isles, a board which was discharging its onerous duties and responsibilities more successfully than this one. (Applause.) It was realized to the full by that Board what were the responsibilities which pressed upon them as local administrators, and it was true, as the proposer of the toast said, that most of the members of the Board found themselves having to fill quite a number of other positions in addition to those connected with the Board. And, as the Chairman of the Board suggested, they were only laymen at the best, and had to trust implicitly to the lead of the medical superintendents in directing the affairs of this great Board. He believed it was generally admitted, even among the medical fraternity, that the mental hospital at Wakefield was one of the best equipped of such institutions in England —(Applause)—and the members of the Board were extremely proud of the fact. It could be said with truth, he believed, that they encouraged their medical superintendents in every good work in which they were engaged in trying to alleviate the sufferings of the unfortunate people who were committed to their charge. He, the speaker, represented the financial side of the organization. He was not in the position of the Imperial Chancellor of the Exchequer; he could not levy taxes for the maintenance of the patients and for the upkeep of the buildings, but they did have to levy precepts of authority for the maintenance of the patients, and there was a population of 7,000 patients under the Board's charge. He believed it was true to say that, in addition to the medical staff of the mental hospitals, there were over 1,000 nurses of both sexes, and the total expenditure for a year, on maintenance alone, was well over £500,000, while the expenditure for the maintenance and upkeep of the buildings was over £100,000. It would therefore be realized that the Board had a fairly heavy task on their shoulders, but it had to face it, and it was proud of its staff, both medical and nursing. The Board appreciated what was being done by the staff in relief of the condition of the patients, and was confident that so long as the present happy relations existed, the Yorkshire Board would bear its share in relieving, so far as was humanly possible, the unfortunate circumstances which compelled people to come into its charge. (Applause.)

To the ladies and gentlemen in the profession he desired to say that, in his view, they had a glorious opportunity. They knew the ills from which the patients suffered, and how to relieve and so improve their condition that they could return to their families. He wished them God speed! The Board was aware of the fact that the Lunacy Acts left much to be desired. It was anxiously waiting—he knew he was speaking in the presence of a representative of the Board of Control —to press on the Ministry of Health the desirability of amending the Lunacy Acts as had been promised, which would help his Board and similar bodies to discharge the duties placed upon them. (Much applause.)

"THE COUNTY BOROUGH OF WAKEFIELD."

Dr. J. R. LORD, in submitting this toast, said he confessed he was somewhat anxious when he was informed by the President that this toast had been entrusted to him. He, the speaker, recognized that it was an important toast, one which was not to be lightly undertaken, and that he was almost a stranger to the County Borough of Wakefield. He therefore had to take stock of what he knew about

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Wakefield, and it was soon apparent that he was sadly deficient in this respect. He knew, of course, that it was an ancient town, with some remarkable ecclesiastical buildings, and that it was the capital of the West Riding of Yorkshire. He also knew, from his schooldays, that it was the scene of a battle during the tough fight between Lancaster and York as to which should wear the crown of England, in other words, the War of the Roses. He remembered rejoicing as a Lancashire boy that the Yorkshiremen were beaten. He had learned since that the War of the Roses was the first blow at the Divine Right of Kings, which met its Nemesis in Cromwell's time. He recollected, also, that there was at Wakefield a bridge-chapel, the only one remaining; there used to be one in the centre of old London Bridge. He knew indeed, he had been warned about it, that *The Vicar of Wakefield*, Oliver Goldsmith's classic, had not to do with the town of Wakefield, but that Lissoy, Co. Westmeath, was the scene of the idyll. The main thing he did know of Wakefield, however, a thing which was ingrained in him from the time he attended the classes of Sir Thomas Clouston at Morningside, was that it was the seat of a mental hospital more famous than any other in England for scientific work. At Morningside the greatest importance was attached to the researches of Prof. Bevan-Lewis, the late Medical Director of Wakefield Mental Hospital. Wakefield, too, was associated with the names of some of the greatest psychiatrists, and its pupils were spread all over the world—many occupying high positions—translating into deeds the inspiration of Wakefield Mental Hospital. But as for the town of Wakefield, he thought it well to seek to repair the deficiencies in his knowledge in the best way he could. He felt he would like to visualize it as it was 100 years or so ago, and compare then with now, therefore he turned to some old books of about that time which he had been collecting for many years.

The first he turned to was *The Modern Gazetteer*, Edinburgh, 1808, which told him that Wakefield was an ancient, large and handsome town, and traded among other things in white cloths and tammies.

He then turned to *The Traveller's Guide* (W. C. Oulton), 1805, which described Wakefield as consisting of nine streets, three of which were large and commodious, meeting in a centre near the church, where might be found a very spacious market-place. The House of Correction had been rebuilt about 1770 in an airy situation upon a plan which exceeded most county gaols in England. It gave a description of the two inns, which he believed were still existing, the "Strafford Arms," and the "White Hart." He learned that the town catered for the lighter side of life by having a very elegant theatre and a racecourse, where was an elegant stand for the accommodation of noblemen, and a good number of booths for the company. It also mentioned the great Grammar School, founded in 1591, with scholarships for Oxford and Cambridge. The trade was in cattle, wool and stuff-making, with particular mention of "tammies," "wild bores," and "camblets."

Its namesake in Massachusetts made rattan boots and shoes. These were understandable, but further progress in his historical investigations was inhibited by "tammies," "wild bores" and "camblets." What did these terms stand for? Every dictionary was silent on the matter. He tried a word-association test with these words as keys. The response to "tammies" was "Scotchmen," that to "wild bores," "snouts," and that to "camblets," "handkerchiefs," which, taken together, seemed to indicate "snuff"—(Laughter)—that broke the spell, and he was able to get on. He relied upon his Worship the Mayor for further enlightenment.

The last book consulted was Paterson's *Roads*, 1822, which declared that Wakefield was one of the most handsome and opulent towns in the West Riding of Yorkshire, the streets being in general regular and spacious, and many of the houses large, lofty and elegant.

All that gave him inspiration to proceed further and to go into the subsequent history. He found that the West Riding of Yorkshire had a most interesting history indeed. It showed that the men of the West Riding had ever been sturdy and thrifty, sportsmen to the bone, tough fighters, but peace-lovers, and they had stood by Parliament in their fight against the tyranny of kings. He said "thrifty" because Wakefield Mental Hospital, the first one, was opened in 1818 for 120 patients, increased to 420 patients by 1844, and cost £46,620, or about £111 per bed, which was the cheapest in England at that time.

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Nevertheless, Lord Shaftesbury, in 1844, speaking in Parliament, specially referred to the admirable way the hospital was managed and treated its patients.

As a body, the Association got on very well with the local authorities. One reason was that it did not interfere with them, except to invite them to dinner. (Laughter.) It relied upon members individually to bring its ideals and policy before them. That, however, was not always so, for in his historical researches he discovered that at a general meeting on July 19, 1855, it was proposed, seconded and solemnly passed that asylum reports for the future were to be of the same size, namely, medium-sized octavo. (Laughter.) But it accepted, with pleasure, their abundant hospitality on many occasions throughout the year. He thought that there was one thing above all others the Association had done for the local authorities, and that was the creation of the modern-trained and certificated mental nurse. Until 1888, when the Association took her in hand she was a weak infant looking for a place in the sun. The famous Conolly, of Hanwell, wrote of her in 1847. Tuke's "companions" at the Retreat provided ideals, but the first serious attempt to educate the mental nurse occurred at the Crichton Royal in 1854, when Dr. W. A. F. Browne, father of that Sir James Crichton-Browne who helped to make Wakefield hospital famous, gave a course of thirty lectures to the nursing staff.

Sir Thomas Clouston helped matters on in 1876, Campbell Clark in 1884. Local certificates of training were being issued by this time in Scotland and London, but it could not be said that, until the Association stepped in, there existed anywhere in the world a definite and permanently established national educational authority for mental nurses. It was not, however, until 1891 that the mental nurse received the hall-mark of the Association, but both before and since she has been the Association's constant care. The local authorities encouraged her development and finally adopted her.

The Association fought for her to have a place on the State Register of Nurses with all nurses. But he regretted to say that since 1925, only a shadow of the body of trained mental nurses had arrived there. Still the Association would continue to fight on, and the certificated mental nurse would ultimately come into her rightful heritage without let or hindrance.

The Association had also been a shining light in regard to the psychiatric education of medical officers of mental hospitals, and its M.P.C. dated from 1885. It was the University of Leeds, however, that had led the way to a larger conception by being the first to establish a professional diploma in psychiatry, a movement which the Association took up with vigour and great success.

The Association was grateful to mental hospital authorities for the encouragement they had given to the holding of divisional clinical meetings, and of meetings of the Research and Clinical Sub-Committees. The former enabled psychiatrists and general practitioners to meet, thereby giving the latter opportunities, so regrettably inadequate, of studying mental diseases before graduation. His toast was symbolic of the cordial regard the Association had for all local authorities in their endeavour to do all within their power to improve the care and treatment of the mentally afflicted. It was in this spirit that he asked the company to drink to the County Borough of Wakefield; he was coupling with it the name of its Mayor, who, he was delighted to know, was a medical man. (Applause.) He had been told since he came, by more than one person, that Dr. Hillman was one of the best of men, and a help and encouragement to the Medical Director of this Hospital. They would also drink to the health of the Mayoress, whom they were delighted to see present.

The MAYOR OF WAKEFIELD (Councillor G. B. HILLMAN, *M.B.E.*, *J.P.*), in responding to the toast, said it was a very great pleasure to him to rise and respond to this toast, which had been so cordially proposed by Dr. Lord, and so kindly received by the gathering. Dr. Lord appeared to have been dipping rather deeply into the history of the town in a direction the speaker did not propose to follow him. As Mayor of Wakefield, and as representing its Corporation and citizens, he desired to offer to the Association a very hearty and warm welcome to the city. (Applause.) They were not unaccustomed in Wakefield to the arrival of visitors, though, unfortunately they did not always come of their own volition!—(Laughter)—in fact it had been known on the part of some of its visitors that even before they arrived in the town they were calculating the period which would elapse before they would be leaving it. In the west of the City was the Wakefield Gaol, which, in accordance with modern nomenclature, was called

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

a "training centre." (Laughter.) In the east of the city was the asylum, which also, bowing down to modern views, was now called the "mental hospital." Therefore they did get a certain number of visitors from "abroad." But, after all, one was inclined to say with a philosopher—he did not at the moment remember whether it was Shakespeare or Shaw Bolton—"What's in a name? A rose by any other name would smell as sweet." And one could congratulate the Association that at all events the mental hospital to-day smelt a good deal sweeter than in the days gone by, and that this improvement was very largely due to the Association's efforts, and to its members individually. They, in Wakefield, were not a particularly scientific people, but they appreciated anything good when they saw it, and they were very proud of their mental hospital and its scientific Director. He had always felt it must be very nice to be possessed of a scientific mind, especially when confronted with the little things of life. Take the unfortunate occasion when one had an egg, and on tapping it found it was addled. The ordinary person said it was addled—he also said other things—and declared he would not touch another egg for at least a week. Not so with Prof. Shaw Bolton. His thoughts ran to the Zona Pellucida, the Membrana Granulosa, and structures of that nature, and to have a mind like that was an enormous compensation. (Laughter.) He and other scientists had a great advantage over the common order.

He wished the present company had the opportunity of seeing a few of the things which Wakefield could show them. If time allowed, the visitors could be shown the 14th century bridge with the Chantry chapel arising from it, referred to by Col. Lord; that was something worth seeing. Another sight was the old Office of Records, which had been in existence almost from time immemorial. Further, visitors would be interested in the old Elizabethan Grammar School and the office of the County Hall, and much in the way of interesting buildings. Also, had there been time, members of the Association could have been shown a good deal of the modern development of the Corporation in the ordinary social service of the day, which, it was maintained, in Wakefield was as good as, if not superior to, that of any other city of its size in the country.

He had been looking at the agenda of the discussions, and he found there was a paper on "Variation in the Agglutinin Formation in Mental Hospital Patients and its Probable Relation to Focal Sepsis," another on "The Relation of *Spirochæta pallida* to the Histological Changes in Dementia Paralytica." These were absorbing topics, but he found no word in that agenda which told him, as a general practitioner, how he was to avoid being mulcted in £20,000 damages if he signed a certificate for a lunatic! He commended that to the serious attention of the Association. No doubt members were too much in the clouds to dream of such a small thing as a question of £20,000 damages. Perhaps, however, in their spare moments, they could think of some means of circumventing a rapacious law. As he drove down to this beautiful place he said to himself, "What inducement is there to remain sane?" And when he found himself sitting between the Lord Chancellor's Visitor on his left, and a Commissioner in Lunacy on his right, he felt that he would have to be careful lest he "gave himself away." But even then he was considerably comforted, for, after all, one had only to be declared insane and then all personal troubles vanished, and one had the benefit of better grounds than one could get at one's own house. Moreover, there was neither worry nor anxiety, and one was looked after and made the most of. So he said, "Don't you think we are rather absurd in keeping out of these places?"

However, he would content himself with saying, once more, on behalf of his colleagues and himself, how very much he appreciated the toast which had just been pledged. He hoped the members would have an extremely good time, and that afterwards they would be able to look back to Wakefield with many happy memories. (Applause.)

"The University of Leeds."

Dr. C. Hubert Bond, *C.B.E.*, proposed the toast: "The University of Leeds." He said that to be entrusted with this toast was both an honour and a responsibility, and, in looking for pegs on which to hang the guy-ropes of his thoughts so as to bring them into some sort of order, his eye caught, not without admiration, the Arms of the University. Curiosity—might he say—conatively followed by scrutiny, filled him, however, with no little alarm, and that alarm had by no means

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

subsided. With her motto "*Et Augebitur Scientia*" who would quarrel? But he confessed that the crest produced an unpleasant shiver, and was nearly the means of his hastening respectfully to be allowed to pass his responsibility in regard to this toast on to other shoulders. It was a Greek Sphinx, scarcely one degree less alarming than was its Egyptian ancestor. No, it was not the look of the monster that scared, for to that one was inured, indeed, as often as not, one cherished it as an ornament. It was its habits that he strenuously objected to. He derived some comfort from abiding recollections of Yorkshire hospitality, and he fain would hope that ere this stage in the proceedings some delicacy in the repast which had been enjoyed had satisfied, at least until the morrow, this monster's cannibalistic appetite. Nevertheless, thus forewarned, and in case some unsatiated Don should put to him as the proposer of this toast one of his unsolvable posers—and taught, as he was in Scotland, that another question was the safest reply to a difficult query—he forearmed himself with a question, a question akin to the riddle of existence. There existed a London debating club which had, as one of its rules, that a new member, on his first appearance and in his maiden speech, must reply to the question: "How do you justify your existence?" This was, truly, a trite question to put to the University of Leeds; but believing that, by reason of their modesty, it might put to silence those of her champions who were here as guests, the speaker was going to attempt to answer it for them.

Though not assembled at Leeds, the company was but a few miles away, and in that it was at a hospital connected by more than one tie with the University—not the least of which was the fact that the Association's President was one of the University's professors and a senior member of her Senate—and that, besides the fact that their medical menu was enriched by more than one address by members of the University professorial staff, there were several distinguished representatives of the University present that evening, none could deny the appropriateness of the toast. Indeed, its mere proposal demanded immediate assent. And as, in common with all the members, his desire was to pay the University the greatest compliment in his power, his right course, he believed, would have been to add no words to his mention of the toast, other than to request the company to be up-standing and drink it. Fear that he might be misunderstood or might have it attributed to ignorance—both of which, expressed psychologically, were elements of vanity—impelled him, however briefly, to say something more.

What was this University of Leeds, and for what did she stand? So far as the facts were known to him, the University was the lineal descendant of the Yorkshire College, Leeds, which, after seventeen years incorporation in the Victoria University (whose seat was at Manchester), in 1904, upon the separation of the latter into four independent universities, was re-born and emerged as the University of Leeds. Thus her University status had existed almost a quarter of a century; a brief span, it was true, compared with the centuries which clustered round many other similar seats of learning. But behind her were the high traditions of the many years' old college out of which she grew. And the leaven of lofty tradition—if dynamic and not stagnant—was potent. Still more to the point was the fact that she could claim, with justifiable pride, to be judged not by her age, but by what, in that quarter-century, she had achieved.

And what had she done? He asked those present to reflect on where her seat was pitched; in a huge hive of commercial industry, whose mighty business concerns not only made Leeds the sixth largest of our cities and towns outside the Metropolis, but were of vital interest to the Empire. With personal recollections of the pleasures and advantages of quietude and freedom from bustle one might well imagine that in advising a generous Crœsus, mindful to found a University in the largest of our counties, Academus would have selected a centre like York, for instance, with colleges equipped for special branches of study and research in the other chief centres of the county. However commendable such a scheme might appear, the University of Leeds had demonstrated that, nevertheless, this was not the only road to success. She had met her destiny with the psychology of a true "extrovert." With outstretched hands and arms, with comprehensive purpose, and taking the "long view," she had made to the leaders and captains of industry by whom she was surrounded and to the thousands of young men and young women working under them, a gesture of significant and far-reaching magnitude. A university training, by its standards and methods, taught how to think and to study correctly, and by a successful pursuit of one of its carefully planned

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

honour schools there resulted a chiselled mind whose sharp edge could cut through the toughest difficulty, providing its possessor with mental stilts which at least trebled the ordinary three-foot step. It was only the comparatively few who could afford to provide themselves with this weapon before commencing to train in the work which was to be their means of livelihood. Accordingly, the University of Leeds envisaged, and—with the aid of the response made by those leaders of industry—had eloquently shown, that the scientific study of the principles underlying the facts which had to be learned in the various branches of commerce, could be so arranged as to form a truly liberal education, one thoroughly worthy of university status and of the imprimatur of her degrees. Hence, her Faculty of Technology—which, so far as the speaker was aware, was the only such faculty in any British University. The Professor, who so ably presided over this Faculty, would not object to his, Dr. Bond's, recalling the scholarships founded in 1868 by Sir Joseph Whitworth to promote scientific study by the workers themselves of the principles on which the practice of their trades and handicrafts were founded. But the Faculty's immediate parent was the already mentioned Yorkshire College of Science, which, from a commencement with mathematics and the physical sciences in 1871, had been gradually added to, and included a long series of technological departments, one of the largest and most important of which was now agriculture. He was sure a smile would greet the statement.

Despite the fame of her Festival and Choir, and despite her proximity to the See of an Archbishop, Leeds, apparently, offered no degree in Music or Divinity; but, besides granting degrees in Laws, the University recognized, as well as Technology, three other Faculties: Arts, Science and Medicine. Time did not permit him to do justice to their work, though each was closely connected with the Association's particular branch. Thus, Arts embraced education—that door to heightened happiness—which department, under Prof. John Strong, whose work in Scotland as well as in Leeds was so well known, included psychology, taught by Dr. Wynn Jones, and he trusted both those gentlemen knew by now how greatly their presence was appreciated that evening. Science—the antidote to superstition, but none true without religion—could be claimed to be represented to-night by Prof. McSwiney, whose subject, physiology, was a firm anchorage from which one would not willingly shift one's moorings.

And, lastly, came Medicine, the faculty to which, at their respective medical schools, members owed the passport to their profession, and which here began in 1831 as the Leeds School of Medicine, since merged in the University. Perchance three years hence, it, too, would celebrate its centenary as the School of Medicine of the sister University at Sheffield was doing that very evening, at certain of whose functions some had been present to-day and had tendered the Association's congratulations. At the entrance of Temples of Medicine were, invariably, two great pillars, representing the Chairs of Medicine and Surgery. Of the strength and lustre of those pillars here none could doubt when the names of Prof. Maxwell Telling and Prof. J. F. Dobson were mentioned.

There were two noteworthy innovations in connection with the Faculty of Medicine which he (Dr. Bond) would not omit. One was the University's creation, in 1911—for the first time in this country—of a Diploma in Psychological Medicine. The success that had attained was largely due to the efforts of Prof. Shaw Bolton. As to the severity of its standard, and of the University's examinations in general, the speaker knew something as one of her extramural examiners. The other innovation was the University's Diploma in Nursing, which was created in 1920, again the first of its kind. It was his knowledge of it which led him to venture to suggest to the University of London the establishment of the one now in operation there, among the special subjects of which was that of mental nursing.

Over those four component Faculties the University exercised a *potestas* that *intra muros et extra* was as strong as it was benevolent and wise, and instilled an academic spirit which quickened no less than it constrained. The active and visible head of this great partnership, to which the public had so liberally and wisely been admitted a partner, was the Vice-Chancellor, Dr. J. B. Baillie, whose eminence and renown as a teacher and exponent of Philosophy were as well known as was his patriotic work as an arbitrator, conciliator and guide in industrial and commercial spheres. In him and in the high position he held Philosophy most truly had come into its own. Nor would it be forgotten that under

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

his ægis nearly the whole of £500,000, including a single princely donation of one-fifth of that sum, had been raised wherewith to provide the University with a setting and other needs worthy of her aims. It was with especial delight that one could say "Hic est!", and the company wished him to know that his presence was regarded here both as an honour and as a mark of real encouragement and stimulus to the work of the Association.

He asked the company to drink to the health and prosperity of the University of Leeds, and her 4,700 graduates, also her undergraduates, and with the toast he coupled the name of Vice-Chancellor Baillie. (Applause.)

The toast was pledged with enthusiasm.

THE VICE-CHANCELLOR OF THE UNIVERSITY OF LEEDS (Dr. J. B. BAILLIE, *O.B.E.*), in responding to the toast, said he wished to thank the proposer of it for the extremely generous terms in which he placed before the company the merits of the University of Leeds. If on some future occasion during his wanderings up and down the country Dr. Bond was able to pay a visit to the University, he, the speaker, thought he could improve the accuracy of his knowledge. On behalf of his colleagues he wished to say they particularly appreciated the generous way in which the toast was received. He would refer specially to his colleague, Dr. Reill, who had gone through such an arduous and strenuous time in the last few months. It was delightful to find the University appreciated by those who understood it. In the University they had their troubles, as in other universities, troubles which, now and again, would develop into anxieties if allowed to. But they never allowed themselves to fall back upon the resources of the American business man who, when he was in difficulties, proposed the following remedy. Someone asked about his business, and he said it was in a very bad way, so low, indeed, that he would require a step-ladder to look a snail in the face. "But," he said, "I am not going to worry; I have a device which will secure me from worry. I am going to appoint an officer in my department whose business it will be to take over all the worry." "Oh," said the man, "What do you propose to pay him?" "Five thousand dollars a year." "But I thought you said you were in very low water; where are you going to raise the money to pay him?" "Oh, that will be his first worry!" (Laughter.) The University did not go into methods of that kind, but tackled their difficulties as they encountered them. Very little assistance was derived from critics from the outside. He was going to refer to one critic, but he gathered from a letter in the *Yorkshire Post* that the writer did not mean what he wrote. He, the speaker, did not know what particular universities the writer of that letter had in mind; he was acquainted with two, without any direct knowledge of the inner management or organization of universities at all. But, as far as Leeds University was concerned, there were only two statements of his which could approach accuracy; one was, that the University was very badly in need of funds, and the other was what he was sure the staff would agree with, namely, that the staff was much underpaid. Not one of the other statements truthfully applied to Leeds University. That was all he intended to say on that matter. The University was, by its developments, making extraordinarily rapid progress. The proposer of the toast spoke of the Faculty of Technology being a most distinctive faculty; there were four, and not least among them was that of Medicine, and they were very proud of its history and its work, and all possible was being done to encourage it. A building was in process of construction, which was the second in the last three years. One was for the School of Dentistry, and the other would house, for the first time, departments which for years had been without any accommodation whatsoever. After that, the University authorities had in view, if they could get the money—and he did not doubt that they would—the raising of a third building, for pathology alone.

Within the short time that he had been connected with the University there had been four or five new Chairs instituted, and the spirit of research was now humming within the University in a most remarkable manner, encouraged by the younger men and by additions to the staff and resources and equipment of the University.

They were very proud of the distinguished President of this Association, one of the most remarkable men on the staff, greatly honoured by the staff, not only because of the work he had done for the University, but particularly that in his own sphere which he adorned. Leeds was the first University to institute the

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Diploma in Psychological Medicine in this country, but they felt that this particular department required most substantial assistance, and when funds were available he could assure Prof. Bolton that that assistance would be forthcoming. He looked forward to the time when there would be a Chair in Leeds University corresponding to physiology in relation to pathology. There was a Chair in Mental Diseases, and he looked forward to a time when students would pass through a course in general psychology. It was extraordinary that students should be required to take a course in mental pathology and mental disease without studying the physiology of the normal mind. The Association's subject was increasingly important, but was still largely under the prejudices and pre-suppositions of the uncritical attitude of earlier years in this enormous branch of medicine. Those who had watched the development of the public mind recognized that psychological medicine was playing an increasing part in determining legal questions. Legal questions were especially associated with the problem of responsibility, therefore he trusted that in time to come medical students would take not merely a course in psychology, but questions of moral and legal responsibility in relation to physiology and disease. He was very grateful for all that had been said concerning the University.

"The Guests."

Dr. Nathan Raw, *C.M.G.*, in submitting this toast, said he thought that the most important toast of the evening had been entrusted to him. On behalf of the Royal Medico-Psychological Association he had to offer a very hearty welcome to all those guests who had honoured the Association with their presence, and as they included many ladies, they were proud to have them in the gathering. He would add his felicitations to the distinguished President for the excellent address he gave that afternoon, describing this wonderful institution during the last hundred years. And he was sure all the company would like to add to their thanks gratitude to Mrs. Shaw Bolton—(Applause)—for the wonderful amount of trouble she had taken in making all so comfortable. This was a very historic, indeed an unique meeting. He had himself been attending these meetings for forty years, and he had never attended one in which there had been such a friendly attitude as was evident at this Wakefield meeting.

It was very difficult for him, at this late hour, to say all the nice things he would like to say about the guests, and he would therefore content himself by remarking that the Association offered them a most cordial welcome, and thanked them all for so kindly honouring it with their presence.

He could not very well conclude, in this great mental institution, without referring to one great man, among the many great men who had presided over this hospital, and that was his dear friend Sir James Crichton-Browne. It was almost impossible for the speaker to believe that Sir James was appointed Director of this great hospital before he, Dr. Raw, was born, and yet the fact remained, and he was still hale and hearty, and as alert as ever. He regarded Sir James as one of the most wonderful men he had ever met in his life. It was a happiness to feel that Sir James at one time controlled this important hospital, and he would like this assembly to send him their best regards and kind thoughts, also expressing regret that he could not be present to-night. He gave the toast of "The Guests," coupled with the name of the hospital Chaplain, the Rev. H. A. K. Schwabe. (Applause.)

The toast was duly honoured.

The Rev. H. K. A. Schwabe, in response, said he confessed that he stood up to respond to such a toast as had been so kindly spoken to with feelings somewhat akin to those of a little child about whom he had heard a story. The child was crying outside one of the large municipal schools, and a kind and compassionate lady who was passing took the child by the hand and, saying "You are going to school I suppose?" led the child to the portal inscribed "Boys." But the child cried louder and said "I'm not a boy." So the lady took the child to the entrance marked "Girls," and heard the child protest "I'm not a girl." "Well, what are you then?" queried the lady. "Please, I'm a mixed infant," was the reply. With similar mixed feelings the speaker was undertaking to reply to this toast to-night; he was not a member of this learned society, he was not, for present purposes, speaking as a member of the Church and the Priesthood to which he belonged. He was speaking for the mixed mass of people congregated under

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

the term " guests," ladies and gentlemen who were fighting each along his and her lines of thought with practically the same object and the same goal as this glorious Association was aiming at.

He did not want to talk history, as the company had been treated to some history, but he must think back to what one read of affairs in the eighteenth and nineteenth centuries, when men and women who were striving, in their own way, towards the goal of truth and uplift of mankind did not travel along a road which was parallel with that now pursued; it was a time when the scientist was persecuted and the prophet was discredited, and they often failed to see each other's viewpoint, and their lines of progress diverged instead of, as at present, travelling along parallel lines to the ultimate goal; the alleviation of suffering and the betterment of mankind. He would not permit himself the Irishism of saying he hoped that one day these parallel lines would meet, but he thought the youngest of the present gathering would live to see that happy day when the efforts for the progress of mankind would not diverge, nor even run parallel, but would converge, and when those put forth would result in the world's being a better place for the fact of our having lived in it.

He expressed, on behalf of the guests, thanks for the proposer's kindly expressed wishes, and to the Association for having so kindly invited the guests to be present on this auspicious occasion.

The Royal Medico-Psychological Association."

Prof. John Strong, *C.B.E.*, submitted the toast of the Association. He said that at this late hour he had no intention of inflicting a speech upon the assembled company, but he would like to say that he felt it a very great honour when he was invited and given this very important toast to propose. If time had permitted, he would have liked to say lot of nice things about them.

He entertained a very great admiration for the Association and for the work it had done. He would mention, without any attempts at amplification, three reasons for this. From the year 1841, when it was founded, the Association had consistently stood for the noblest ideals in the treatment of mental diseases. Secondly it had persistently advocated the view that insanity was a mental disease, and therefore must be treated as a disease. That recognition in itself brought about a revolution in methods of the treatment of the insane. The third reason he would have liked to have entered upon at length, namely, the way the Association had insisted, especially during the last forty years, on the training and the certification of the mental nurse. That he considered was a very great thing. Those three reasons were enough to justify his admiration of the Association, and they sufficed to explain why it was that the Association held an unique position in the country, and why the medical profession looked upon the Association as the really representative body connected with psychiatry in this country. And there was another reason, which he would also have liked to give at length, but he would be content with a simple reference to it. He admired the Association for the good sense it had shown in electing as its President such a brilliant scholar, such an able administrator as Prof. Shaw Bolton. (Applause.) He associated himself with all the speakers who had referred to Prof. Bolton, especially with the remarks of the Vice-Chancellor of the University. Those in the University thought a great deal of the important work which Prof. Shaw Bolton was doing at Wakefield, and for the part he had taken in the establishment of the Diploma of Psychological Medicine. Therefore he and those with him were very proud to be associated in this way with the President, and he asked an enthusiastic pledging of the toast, coupled with the name of Prof. Shaw Bolton. (Applause.)

The toast was heartily given.

The President, in responding, said the company had listened to some extremely kind remarks about the Association and about himself from Prof. Strong, and both the Association and himself were quite prepared to accept them as true, and offered their thanks for them. He could dilate on a different aspect. All did not think of psychiatrists as Prof. Strong did. One reply to an invitation to be present to-night, was " How positively thrilling! Do you really mean to say that we are being invited to meet and to dine with all the psycho-lunies? " (Loud laughter.)

The dinner then came to a conclusion with the usual ceremonies.

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

MORNING SESSION.—THURSDAY, JULY 12.

In the Lecture Hall of the Hospital.

The PRESIDENT in the Chair.

17. PAPER.—"**A Description of the Steps taken in a Mental Hospital to Prevent the Spread of Dysentery and Allied Infectious Diseases,**" by M. J. MCGRATH, M.B., B.Ch., D.P.M. (*vide* p. 720).

(*Preceding the reading of this paper, the President read to the meeting that portion of his Presidential Address dealing with this subject which was omitted on the previous day.*

18. PAPER AND DEMONSTRATION.—"**The Bacteriological Examination of Fæces for the Isolation and Identification of the Dysentery and Typhoid Group of Organisms,**" by Mr. A. L. HOWDEN (*vide* p. 727).

Dr. J. R. LORD said he did not propose to waste the time of the meeting by talking of something about which he knew little. It had not been within his province, for many years, to engage in this most interesting side of psychiatry. He would like, however, to offer a hearty welcome to a member of a profession which was growing in importance and becoming absolutely essential in mental hospitals. He alluded to that of the trained lay laboratory assistant. He believed this to be the first time one such had read a paper and given a demonstration before the Association. Mr. Howden had acquitted himself ably and had put at their disposal most useful information, and a word of thanks and congratulation was due to him. The Association ought to encourage in every way the Society, which was now providing courses of training, examinations and certificates of proficiency in the various branches of pathological laboratory work, entitling the holders to a professional status.

The only other point he wished to stress was the wonderful illustration, given in Prof. Shaw Bolton's address, of the importance of the historical approach to all research work. This enabled one to know exactly what had been done before and to derive benefit from it, and to avoid useless repetition. It indicated the most profitable direction along which to proceed, and, *inter alia*, enabled credit to be given for work which had not received that recognition due to it at the time it was done. It was for that reason the Research and Clinical Committee was anxious to establish a really good index of past and current literature, for the information and guidance of all research workers. He hoped this would materialize very soon, but there were many difficulties in the way, chiefly financial.

Dr. F. A. PICKWORTH agreed that these papers were excellent. Similar procedures to those described had been adopted at Birmingham in connection with a small typhoid epidemic which occurred there. Its possible seriousness was shown by the occurrence of a fatal case in the female nursing staff. In addition to isolating those who had had any contact with a typhoid patient, all patients were isolated who showed a positive Widal reaction, or who had abnormal organisms in the fæces. This was based on the assumption that organisms in vaccinated subjects might be atypical as Meyer and Neilson had shown from a cultural standpoint. The measures adopted restricted the epidemic.

With regard to the serological agglutination, he thought that if the titre of the pathological organism did not vary there was no indication for the permanent isolation of the case.

Dr. F. R. P. TAYLOR said he had listened with great pleasure to the papers read that morning. The methods used at Wakefield seemed to be similar to those adopted at Hellingly. The President, who was formerly at Hellingly, would remember that there were many cases of dysentery there in his time, the source of infection being traced to cases transferred from other mental hospitals. It went on for a long time, and there were then a large number of cases under treatment. Isolation was practised without material effect until based upon bacteriological examinations. Serum was used for the acute cases, as recommended by the Board of Control. For a considerable time now the hospital had been free from dysentery. At Hellingly the patients and not the staff are tested for dysentery.

Prof. J. W. MCLEOD (Leeds University) said this was a line of work with which he had had an intimate acquaintance, not over a long period, but intensively. He had

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

been pleased, even surprised, at the thoroughness with which the work had been done at Wakefield. He would like to have information on a point or two, and to make some suggestions.

It was curious that no Shiga infection appeared. Small Shiga epidemics had been reported in this country, and he had wondered why they never broke out in mental hospitals.

He noticed that Mr. Howden said he picked off his colonies and transferred them to sugars at once. The speaker did not know what number of cases Mr. Howden had to deal with each day, but granted he could pick up sufficient colonies, it might be a most thorough method. But if one was dealing with anything from 30 to 100 cases a day, the amount of work could be diminished without decreasing its efficiency by making a rough agglutination of a large number of likely colonies on plates, and picking out for further investigation only such as gave this preliminary agglutination. That was the method he had always adopted. When there were many to do, it enabled him to cut down the time occupied considerably without interfering with the accuracy of the results.

He also wished to ask a question as to the correspondence of the different serological and fermentative types in the Flexner group. He had not himself investigated the sugar reactions extensively, but he derived an impression from a paper of Martin's during the war that sugar reactions were not sufficiently constant in members of the Flexner group of bacilli to justify going far beyond the cardinal differentiation between Flexner on the one hand and Shiga on the other.

Dr. E. N. Brush remarked that he could not forbear saying a word or two on the point made by Col. Lord, namely, the compilation of an index of psychiatric literature. He had had occasion, during the last thirty years, to suggest to workers that perhaps the discoveries they thought they had themselves made were really made years ago, and that if they searched the literature in certain indicated directions they would find that they had been anticipated. But if there was for England and America a common index of the work which had been done previously, it would prevent in many instances work being repeated. Americans and Britons spoke a common language—at least they read a common language. (Laughter.) He had sometimes doubted whether both countries did speak the same language since he saw a sign in Paris, " English and American spoken here " ! (Laughter.) In America there was available a magnificent index, that of the Surgeon-General's Library, which was of great value to workers in his own country. It now covered some forty or fifty volumes and was cross-referenced. It would be a tremendous task to carry out Dr. Lord's suggestion, but he hoped it would be done.

Dr. C. Hubert Bond said he feared he could not contribute much either by way of criticism or addition, but he would like to say a word before the discussion was closed, and for more than one reason.

Looking back to thirty-four years ago, he had a somewhat similar, though smaller, personal experience to that discovered by the President from the history of Wakefield Hospital. It was in a hospital which was said to be entirely free from dysentery. In those days the position he occupied was that known as pathologist—a euphemism, as he did not deserve the name. In the course of those duties he discovered lesions which he had not seen in his undergraduate days, and assumed that the disease was dysentery.

To come to the President's address and the brilliant papers which followed, surely, even to one who had no technical knowledge on these matters, it must bring home the absolute necessity to mental hospitals of possessing a laboratory. He said that because there were still hospitals which did not possess one. He knew the work going on in Wakefield, and the Board received the results regularly. When faced with the returns made, how could one remain without a laboratory ? Assuming all mental hospitals had a laboratory, had they all got one or more laboratory assistants, and if so, were they of the outstanding competence of Mr. Howden ? Could one say what would be the end of the task here set out upon ? The task of the mental hospital laboratory was to see that people did not come into the midst of infection, hence much of the time must be taken up in cleansing and keeping them clean. Could anyone prophesy how much of the time of the laboratory staff would be taken up with all this ? The thing of real importance was the investigation of matters psychiatrical and neurological.

His next point was, had members anything to suggest to a mental hospital as fully equipped as was Wakefield ? What should they do ? Going round to

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

the different institutions, he was faced with figures relating to dysentery and diarrhœa, and he had dared to make the suggestion, "Why not get a laboratory assistant?" Better still, could not medical officers be allowed leave to come for study to the West Riding Hospital, feeling that the cold shoulder would not be turned to them; indeed he felt that they would be welcomed there. Then men would know, first-hand, the right thing to do.

Lastly, he wished to associate himself with Dr. Lord in the remarks concerning Mr. Howden. He, Dr. Bond, knew Mr. Howden's work well, and some of those in the room had known Mr. Howden's father very well; it was from that father that the speaker learnt how to cut frozen sections. He felt sure all had learnt much by this demonstration to-day.

Dr. T. WISHART DAVIDSON asked what was Dr. McGrath's attitude in regard to patients who periodically showed the presence of organisms of the non-agglutinating group; and whether Sonne's bacillus had been found at any time.

A MEMBER asked whether it was the custom of the laboratory to give an aperient before searching for organisms in the stools.

Dr. C. W. FORSYTH said that the two papers just read were most valuable from the point of view of hospital administration. At his hospital the blood of every new patient is tested for the Wassermann reaction and for the typhoid-dysentery-food-poisoning group (Widal reaction). Blood was taken direct from one of the veins at the bend of the elbow by means of a large hypodermic needle. This procedure was easy and gave little if any pain to the patient.

The PRESIDENT said that at Wakefield they took the required blood from the arm of fifty or sixty patients in half an hour. Ordinarily only a small jab sufficed, and it was done while the people were walking out. Elaborate preparations made the subjects afraid, because they did not know what was going to be done to them.

Dr. J. IVISON RUSSELL said he felt the present was an appropriate occasion for him to give expression to his appreciation of the instruction he received when a medical officer at this hospital. He had seen being done much of the work which Dr. McGrath and Mr. Howden had described in their papers, and at the hospital to which he went he followed as closely as possible the methods he learned at Wakefield. But he was still seeking further information in regard to the isolation of the patient. To him that question bristled with difficulty. There were five different types of dysentery, and there were cases of typhoid and para-typhoid A and B. Tubercular patients also might have typhoid or dysentery infection. There was the risk that any cases might be infected. Therefore he was segregating all these cases, but in order to do it properly he felt that another county hospital was required. He had seriously thought—though he did not put it forward as a proposition now—that it might be feasible to have a mental hospital to which infected patients might go. There would then be much better segregation, with due classification.

The PRESIDENT said he would like to reply to one or two points.

At Wakefield there had been only one case of Shiga infection.

Dr. Bond had asked two questions, more or less personal to the speaker—he did not wish to reply for the readers of the papers. Dr. Bond asked what would happen after a long period of time, and if there was a prospect of increase in laboratory work. That brought out another point, on which he would like to question Dr. Bond. It was not sufficiently appreciated by people in this country that a large proportion of the dements and also 80% to 90% of the sufferers from chronic mental disease in mental hospitals were permanent residents for the rest of their lives. If this type of patient could be segregated into certain hospitals, as they were segregated in blocks at Wakefield, and if the public would appreciate that these hospitals were different from those which were treating recent cases of mental disease, an important advance would have been made. Careful laboratory work was essential in order that cases of chronic mental disease might be kept reasonably free from infection. The only way in which that could be done would be to get rid of infection in recent cases and keep them apart. In small hospitals patients could not be sent to separate isolation blocks. If Dr. Russell had an isolation hospital for recent cases found to be infected, which could be burned down in twenty years' time, he could do as he liked with the ordinary chronic lunatics—try to keep them free from infection by getting helpers to spend the necessary time over them.

Dr. Bond had asked what could be done at Wakefield to train medical officers and laboratory assistants in laboratory work. They had always been willing to do

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

anything for either medical officers or laboratory assistants if they came there for reasonable periods. Those at the hospital could not be expected to teach them the whole of bacteriology, *e.g.*, in a few days, though some people seemed to think it could be done. A man could not learn the elements of bacteriology without a fairly long training; he should come when he already knew something about the subject. For half a century the committee of Wakefield Hospital had allowed clinical clerks in reasonable numbers, who received board and lodging for services rendered; no fee was charged for instruction.

Dr. McGRATH, in reply, said that he and his colleague thanked those who had spoken for their kind words.

Dr. Pickworth had asked about certain cases which did not give the typical reactions, and seemed to think they were cases which possibly had had enteric or some such infection. After the strain became attenuated they did not give the typical results. There had not been much experience of that type at Wakefield, but the speaker agreed it would be advisable to segregate such cases as potential sources of danger.

He had also been asked what should be done with non-agglutinating atypical cases. If they were non-agglutinating they should be segregated.

With regard to the cases from which the Sonne micro-organism was discovered, there had been two or three examples of this in the institution, but they had not been regarded as of any serious import.

He had also been asked whether aperients were given to patients before procuring stools for examination. Motions naturally passed were preferred.

Dr. Forsyth referred to the collection of blood for examination. In this there had seldom been difficulty or trouble, and it was rare for patients to offer any objection; the jab of the needle in the thumb was all that was needed. With an excited patient it was not so easy, nor in the case of children. In those cases it was better to collect the blood from the lobe of the ear. The amount of blood required was very small.

Dr. Russell made a suggestion as to what should be done with infected cases when there was overcrowding of isolation wards; that was a matter which would require very careful organization. The ideal was to segregate them all. Cases of simple diarrhœa, after careful examination of blood and fæces with negative results, were removed from the isolation ward.

The PRESIDENT said there was another point which might be made clear, and which appeared to have been forgotten. Prof. McLeod mentioned the question of the sugar reactions in dysentery. In this hospital great difficulty was experienced in securing trustworthy standard sugars. If they were bought from half-a-dozen chemists, there was a risk of securing abnormal results. During the war standard sugars were rare, and worth more than their weight in gold. A large proportion came from Government institutions. It was not pretended that the sugar reactions were specific, but they were a valuable guide if one kept to the same specimen of sugar.

[*Interval.*]

AFTERNOON SESSION.—THURSDAY, JULY 12.

19. PAPER.—"**An Investigation into the Significance of Perseveration**," by LL. WYNN JONES, M.A., Ph.D., Lecturer in Psychology, Leeds University (*vide* p. 653).

The PRESIDENT said this was a most interesting paper. He was surprised that Dr. Wynn Jones had found his results negative from the sensory point of view—negative meaning anything less than affirmative. But when one was dealing with subjects from several points of view, all equally true, slightly positive results were important in the balance of evidence. If one had to express an opinion in regard to cases of manic-depressive insanity, one would say that the excited case responded rapidly to a sensation. The paper showed clearly that in the cases of melancholia the difficulty was not sensory, but psychic. To anyone who thought about the matter this might appear to be true, but others would say an excited case responded rapidly to sensory stimuli.

This was a valuable contribution, and he hoped the author would continue his work on the subject.

Dr. J. R. LORD said he was interested when he heard the word "perseveration,"

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

because a short time ago he had to get out some points for a lecture on epilepsy, and he found that a great authority claimed perseveration to be one of the symptoms of the peculiar mental state of epileptics between epileptic attacks. He had consulted various dictionaries to get the exact meaning of the word, and in consequence had become confused on the matter. Psychological works were contradictory on the point, so he was hoping to obtain on the present occasion a clear idea of what should be understood by the term. Some used it in the associational sense, others regarded it as signifying an obsession or psychic impulse in which a word constantly obtruded itself in consciousness, and could not be got rid of. One writer gave as an example of the latter a person who could not sleep because an idea or a word was constantly rising in consciousness and so preventing sleep. He was therefore asking for guidance on this matter of definition, as so many words were used in different senses in psychological medicine. If more exact definition could be given to such words it would certainly help psychiatric students enormously.

With regard to the remarks of the President, it was reasonable to expect that the maniacal or excited person would show a quick reaction to a sensory stimulus.

20. PAPER.—"**Physiology in Relation to Psychological Medicine,**" by B. A. McSWINEY, B.A., Sc.D., M.B., Ch.B., Professor of Physiology, Leeds University (*vide* p. 647).

Dr. H. DOVE CORMAC desired to thank Prof. McSwiney for his interesting paper, and, in doing so, to mention that a few years ago he was a student under Prof. McSwiney at Manchester, and that what he learned from that gentleman entirely changed his outlook on mental disorders and their pathology. Dr. Lord had just said that in psychology there were so many words to which different meanings were attached, and to that could be added the remark that in psychology there were so many views that it was very difficult to follow mental pathology. In physiology, however, one had something sound to go upon, and the speaker thought that in a few years it might become possible to correlate in a greater degree psychology and physiology. At the dinner the previous night a speaker said he did not think much was to be gained by studying the pathology of the mind until more was known about its physiology. He, the speaker, thought it would be extremely beneficial to the younger members if the physiology of the nervous system were very much more stressed in the course of their studies.

21. PAPER.—"**Neurotic Superstructures in Psychoses,**" by IAN D. SUTTIE, M.B., Ch.B., F.R.F.P.S.G. (*vide* p. 660).

The PRESIDENT said that all who had heard this paper by Dr. Suttie must have been impressed by his careful investigations of these two cases. It was clear that though others might not agree with Dr. Suttie's methods, all would agree with him that it was essential, whatever the method, to acquire the confidence of the patient. If that could be done, and the patient was not suffering from serious brain disease, there was the possibility that one might succeed in curing the mental disorder.

Dr. J. NOEL SERGEANT said he admired the enthusiasm and honesty of purpose of Dr. Suttie. He also admired the apparently inexhaustible patience he displayed in listening to a paranoiac. But he believed the author made one or two dangerous proposals. For instance, he said the paranoiac might be made a useful member of society. From that he, Dr. Sergeant, begged to differ. Also, Dr. Suttie elaborated the fact that whereas a psychotic was a serious menace to society, as contrasted to a nuisance, the neurotic was nothing worse than a nuisance. So that, apparently, if the nuisance could be obliterated and society could tolerate him, the idea of a menace could be discounted. An able business man might manage his business well, and amass great wealth, but owing to delusions he misused his wealth and caused enormous distress. To spend all this time and trouble in curing a neurosis and then turn the patient loose on the world as an uncured paranoiac was a very dangerous procedure.

Dr. R. D. HOTCHKIS proposed a vote of thanks to those gentleman who had read papers that afternoon. All would agree that this Annual Meeting had so far been a distinct success, and one of the reasons was that there had been such remarkably good papers from distinguished visitors who were engaged in teaching.

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Dr. LORD seconded the motion. Seldom had three methods of approach to psychiatry been so well exemplified as at this meeting. And seldom had the psychological approach been so well presented as by Dr. Suttie. The Association should be especially grateful to Dr. Suttie because he had come such a long distance for the sole purpose of reading this paper. He fully agreed with the remarks of Dr. Dove Cormac.

The thanks were accorded by acclamation.

22. LANTERN DEMONSTRATION.—"**On the Development of the Chick,**" by the PRESIDENT.

The PRESIDENT said it was not his intention to give members an address on embryology, but he would demonstrate by means of a number of slides the changes which could be observed in the egg which was undergoing development towards the formation of the chick. The prevalent idea of hatching seemed to be that the chick pecked a hole in the shell so that it could emerge into the open and breathe. That, however, was not true. During the first week the air-space rapidly increased, and that air-space remained until the twentieth day. During the first week an extraordinary change took place inside the egg; the yolk gradually increased, and became more fluid, apparently by absorbing the white, and the egg, if shaken, became what was known as a "rotten egg." He dissected 300 eggs before he obtained a perfect sequence of specimens without breaking the yolk. From the third day, blood-vessels could be seen. By the sixth day the embryo could be seen quite obviously lying in a membrane, as does a fœtus *in utero*, and right up to the time of hatching the resemblance between the chick and the mammalian embryo continued. By the twentieth day the chicken was completely developed and ready for hatching. At hatching time the chicken began to shuffle and extend itself in the shell with the result that the beak indented it, and as the shuffling continued, the chicken gradually passed round inside the shell, the beak thus making a complete circle of indentations. The top of the egg was then pushed off almost as we lift off the top of an egg before we eat it, and the chicken, by intermittent extensions of its trunk and limbs, managed to push itself through the opening, the head and neck first uncurling and escaping. Anything which caused the chicken anywhere to adhere to the membrane lying inside the shell, and which thereby checked rotation, resulted in the chick dying in shell. One of the common causes of this was outside interference, and another was any accidental position of the egg which resulted in an adhesion of the newly made opening to a neighbouring body.

[*Adjournment.*]

MORNING SESSION.—FRIDAY, JULY 13.

In the Lecture Hall of the Hospital.

The PRESIDENT in the Chair.

23. PAPER AND LANTERN DEMONSTRATION.—"**A Review of Blood-pressures in the Insane,**" by KENNETH C. L. PADDLE, *M.C.*, M.R.C.S., L.R.C.P., D.P.M. (*vide* p. 733).

Dr. DOVE CORMAC expressed his thanks for the paper. He said that Dr. Parkin, his deputy, had carried out an investigation on lines similar to Dr. Paddle's, and in the main the results agreed with those now set forth. But Dr. Parkin found that in the early stages of an attack of mania or melancholia there was a variation in blood-pressure—it was not constant. After a few weeks the blood-pressure became normal. Dr. Menzies had called attention to the blood-pressure found in the insane, and took a view opposite to that of Dr. Payne that in mania the blood-pressure was high while in melancholia it was low. Dr. Menzies said he had improved melancholia by injecting adrenalin and so raising the blood-pressure. The result, however, was only temporary, for as soon as the adrenalin was stopped there was a reversion on the part of the patient to the former melancholic state.

Dr. JOHN MILLS tendered a word of thanks and admiration to Dr. Paddle for the great amount of work he had put into his paper, which contained information of real value.

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Dr. J. R. LORD said that whenever the word "epilepsy" was mentioned it tempted him to speak. He was much interested in what had been said about blood-pressure in cases of epilepsy. In view of the psychogenic school's contention that idiopathic epilepsy was psychic in origin, it was interesting to find recorded a fall in blood-pressures in those cases. It could be reasoned that the effect of the psychic stress was to flood the abdominal vessels with blood, so producing the extraordinary blanching of the skin. He, the speaker, thought there was a hereditary factor in regard to blood-pressure. High blood-pressure seemed to run in families. He was sure that an estimation of blood-pressure should be undertaken in every mental case, especially before therapeutic measures, whether drugs or ultra-violet light. The effects of treatment on blood-pressure ought always to be carefully observed.

24. PAPER AND LANTERN PLATE DEMONSTRATION.—"**Variation in Agglutinin Formation in Mental Hospital Patients, and its Probable Relation to Focal Sepsis**," by F. A. PICKWORTH, B.Sc., M.B., B.S. (*vide* p. 709).

The PRESIDENT said this was an interesting but complicated paper. He would only ask one question about it, because it was a matter which could be discussed all day. Did Dr. Pickworth wish necessarily to associate these various types of septic infection in mental disease with the causation of mental disease, or did he regard them as possible aggravating factors, but also factors which might occur in anyone?

Dr. J. R. LORD said he was much interested in this subject, on which the *Journal* would shortly publish a monograph by several authors, including the reader of this paper. His task as editor was not difficult because the authors were unanimous in the views they held on the matter. Personally he thought there was a psychosis, in its milder form a psycho-neurosis, associated with septic poisoning. He did not doubt either that involutional breakdowns were for the most part associated with chronic intestinal toxæmia and auto-intoxication. These, however, were late expressions of septic invasion, and involved many other factors, endocrine, etc. There must, however, in all cases, be some instability of the physical basis of mind, for these toxæmias were widespread in sane people. Probably most psychoses were complicated by a toxic factor, but there was need for more definite knowledge in this respect than had hitherto been suspected.

There were many cases of mental breakdown which presented an ill-defined clinical picture not falling in even approximately with any of the syndromes with which they were all familiar. At the end of a clinical year one was often in despair as to what category many of the cases admitted during the year should be in. Among these unclassified cases there was a group presenting a similar symptomatology, the differences being due to different mental make-ups, and all associated with septic absorption. Recurrent excitement, confusion and hallucinosis were common symptoms.

However, his difficulties in regard to clinical classification were not new. He remembered reading that at a meeting of the Association's Statistical Forms Committee, a highly respected and experienced medical superintendent said that there was no justification for any classification except that into manias, melancholias and dementias, and these were admitted to be useless except for administrative purposes!

He had no doubt that researches such as they had heard about this day on the presence of infection in mental cases were of great value, and deserving of every encouragement. One result, he thought, would be the separating out from the mass of ill-defined cases which confronted them daily of another syndrome sufficiently definite to stand by itself and to indicate a special line of treatment. This was his hope and that of the authors of the coming monograph. It was not a psychological work, for it was rare to find a pathologist capable of understanding a psychic fact of any kind, and many neurologists, even of great eminence, were no better in this respect.

Dr. MARGARET GAMBLE spoke of cases which did not give a positive reaction to agglutination tests after they had had a course of T.A.B. This referred to cases of G.P.I., and to certain primary elements in a stuporose phase. Had the speaker any explanation or any similar experience of such negative findings?

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

The PRESIDENT said he was particularly interested in what Dr. Lord had said, as he, the speaker, had been prepared to acknowledge that many forms of mental disorder were due, definitely and absolutely, to sepsis—fori nstance, the obscure mental states due to different kinds of sepsis of the uterus. There were, likewise, cases due to aural and nasal sepsis. In all those cases he had found one symptomatology, whatever the predominant feature might be, *i.e.*, a large element of mental confusion. Indeed, he estimated the amount of the sepsis by the degree of mental confusion. In alcoholic and hyoscine conditions there was confusion, but of a quite different nature. The reason he asked his question immediately after the paper was read was that he wished to know whether the author had associated a particular symptomatology with the toxæmias he had observed. If a case had toxæmia from the septic nasal sinuses, it might or might not—according to the severity of the toxæmia—show acute mental confusion. Whether this was so or not, obviously it was equally desirable to get rid of the focus or source of infection. If Dr. Pickworth agreed with that, the cause might be on the pathological side alone.

He much admired the mass of work which Dr. Pickworth had done.

Dr. PICKWORTH, in reply, agreed with the President that the cases which were actively septic generally showed confusion. In the sphenoidal sinus case the symptomatology was that of confusion. The relation of gastro-intestinal and focal sepsis to mental disorder was a matter of speculation, but it was conceivable that a bacteriæmia as postulated would result in damage to the organ of the mind, namely, the brain-tissue. From a pathological view-point confusion would result if there was reversible damage to the higher neurones, and dementia, if the damage were permanent. Other psychiatrical types might result if the above processes acted upon a more or less localized area of the brain-tissue, and if such processes occurred at a critical period of brain development, one would theoretically have all the conditions necessary to explain congenital mental deficiency and idiocy.

In answer to the point of there being no agglutinin formation in general paralysis after T.A.B. injection, the findings supported the theory put forward in the paper. Many people believed that there was another factor in addition to syphilis in general paralysis, and he thought that intestinal and focal sepsis also had a causal relation to general paralysis.

Dr. Lord had stressed the psychical factor. It appeared that psychical or emotional disturbances acted just as mental and bodily fatigue in a manner similar to that which occurred with high temperature, namely, a central inhibition of gastric secretion, from which high intestinal sepsis and the other conditions put forward in the paper, such as mental confusion, would result.

25. PAPER AND CLINICAL DEMONSTRATION.—**"On the Relation of the Spirochæta Pallida to the Pathological Changes in Dementia Paralytica,"** by J. F. SMYTH, M.D., N.U.I., D.P.M. (*vide* p. 787).

Following the reading of the paper a number of male and female cases of general paralysis were demonstrated.

Dr. H. DOVE CORMAC said that at his hospital malarial treatment of the disease had been beneficial. It had been carried out in 29 cases, and had enabled 7 to be discharged and returned to their occupations. It had been remarked to him by medical superintendents that remissions in the disease occurred without treatment, but in his own twenty years of experience he knew of only one case in which remission occurred in the absence of treatment. The results following tryparsamide seemed to be promising, but were they justified in not treating cases by malarial infection?

The PRESIDENT said tryparsamide was not used to cure general paralysis, and the malarial treatment of that condition was not in order in this discussion.

Dr. J. R. LORD said that in the *Journal of Nervous and Mental Diseases*, March, 1928, there had appeared a very good account, by a competent pathologist, of the *post-mortem* appearances presented in cases of a good remission due to malarial treatment. An interesting point was that the vascular infiltration of the cortex had cleared up in all areas except the temporal region. That was interesting in the following respect. Bianchi, by experimenting on the brains of dogs, arrived at the conclusion that the frontal lobes were the seat of the higher psychic functions —inhibition, social sense, etc. One would think that the remission which occurred

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

in general paralysis was due to the frontal lobes being cleared of infection and the sensory areas coming under control. Bianchi taught that in cases of cerebral toxæmia the brunt of the attack might fall on the sensory areas of the brain and overcome and confuse the controlling machinery of the frontal lobes. But there could be minor disturbances in the sensory regions without presenting grave symptoms, so long as the controlling frontal lobes were not put out of action. The relative amount of invasion by the *Spirochæta pallida* of the frontal and central areas of the brain would account for the various types of general paralysis and the varied results of eliminative treatment.

The PRESIDENT pointed out that a different interpretation was possible, namely, that these vascular changes had never occurred except in the temporal region. He did not think that vascular changes, once they had developed, with proliferation of the plasma-cells, could clear up; that seemed to him an impossibility. His view was that they had not been there, and that this explained the patient's recovery.

26. PAPER.—**"The Diagnosis of General Paralysis of the Insane as a Clinical and Pathological Entity,"** by JOHN BRANDER, M.D., M.R.C.P., D.P.M. (*vide* p. 673).

The PRESIDENT said that this paper by Dr. Brander had given the reason why the malaria treatment of general paralysis was not used in the Wakefield institution. In the second place, when the work of Head and Fearnsides and McIntosh was published in *Brain*, the speaker went carefully through all the cases they referred to, and found that they exhibited certain physical signs which general paralytics did not manifest, such, for instance, as a squint. Cases of that kind were largely due to basal meningitis, and were curable by ordinary anti-syphilitic measures. Cases of classical general paralysis, as generally understood, exhibited no such neurological signs; they were not curable, and they died. The first time a patient suffering from the typical classical general paralysis was acknowledged by authorities to be cured by malarial treatment would be the signal for the commencement of such treatment in his hospital.

He had a suggestion to make. It was that this paper, which, like the preceding one, was very important, should be discussed, in a way which time did not permit now, at the next quarterly meeting of the Association. Both these papers should be included.

This was agreed to.

Prof. AUGUST WIMMER desired to express his thanks for having been allowed to be present at the meeting, and he also wished to thank the authors for these excellent papers. Dr. Brander's paper interested him personally, because he had been working on the questions it raised for ten years. In 1918 he published an article on non-syphilitic mental troubles in syphilitic persons. In that article he gave an account of the clinical material which he encountered in Copenhagen. There was a record of cases which were classified by skilled observers as general paralysis, but were not that disease, who recovered, but nevertheless gave a positive syphilitic reaction in both blood and cerebro-spinal fluid. In his clinic at Copenhagen he had had experience of cases which might for some time resemble general paralysis, but were not typical. Indeed he did not think mental diseases did present pathognomonic symptoms. He still thought one should be careful about accepting the laboratory tests and the laboratory findings on which some laid stress, though those findings were of great value in diagnosis, perhaps in 98%. There were a few, however, in which the diagnosis was open to question, and he had seen some puzzling cases. Some cases were of such a nature that the laboratory findings told one no more than that there was a meningeal reaction. There might be mental troubles which were due to meningo-vasculitis. Why should it be assumed that a patient who was insane should not be able to acquire syphilis? The place of the psychiatrist was mainly that of the physician at the bedside, and in that position and function one was grateful for all the help which the laboratory could give. It must always be remembered that a diagnosis should only be attempted from a close clinical observation of the patient.

[*Interval.*]

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

AFTERNOON SESSION.—FRIDAY, JULY 13.

27. PAPER.—"**The Value of Psychical Research to the Physician,**" by W. H. MAXWELL TELLING, M.D., F.R.C.P., Professor of Medicine and Head of the Department of Medicine, University of Leeds (*vide* p. 634).

The PRESIDENT said that Prof. Telling had expressed to him a doubt as to whether a paper on this subject would be acceptable at that meeting, and he had told him it would be welcome as a change if nothing else. The paper raised many interesting points he did not feel competent to discuss, but he would like to hear the views of members on the subject.

Dr. YELLOWLEES thanked Prof. Telling for a most courageous and interesting paper. He had only one point to make. It was necessary to distinguish between psychological research and psychic research. Psychology dealt with observed phenomena in conformity with natural laws. Psychic research dealt with the occult, which transcended natural laws. This could not demand scientific conditions because it was unscientific. He would be the first to confess belief in these phenomena, but for the difficulty that the occult began where science ended. Once a man entered the service of science and took her as his mistress, he had got to follow where she led.

Psychic experience must be divorced from science, but it was not less interesting because of this, and he hoped it might prove to be something greater than anything science had yet led to.

Prof. TELLING said he could not understand Dr. Yellowlees' position. He, Prof. Telling, maintained that if a phenomenon occurred its study came within the province of science.

An interesting discussion followed on the point raised by Dr. Yellowlees, in which the PRESIDENT, Dr. NOEL SERGEANT, Dr. YELLOWLEES and the author of the paper took part.

Dr. C. L. PADDLE asked whether there were any records in the proceedings of the Society for Psychical Research of genuine spirit photographs.

Prof. TELLING said he did not think so, but these records were published and open to anybody's study.

Dr. LORD said that whatever difference of opinion there might be in regard to the correct relationship between psychic phenomena and science, they were all agreed that Prof. Telling had approached his subject scientifically and with an open mind, and had read a paper of very great interest, and one which would give them food for reflection. Prof. Telling could rest content that his paper had proved no disappointment to the meeting, indeed members had enjoyed it, and would always remember it as a feature of the Wakefield Annual Meeting.

The PRESIDENT concurred in what Dr. Lord had said and again thanked Prof. Telling for his very able paper.

28. PAPER.—"**Some Observations on the Certification of Mental Defectives,**" by J. E. MIDDLEMISS, F.R.F P.S.

This paper was received and ordered to be read and discussed at a subsequent meeting.

29. CLINICAL DEMONSTRATION.—"**On Cases of Sense Deprivation,**" by Prof. SHAW BOLTON (President).

The remainder of the afternoon was occupied in the demonstration by the President of a number of congenitally deaf and dumb cases and the effects such sense deprivations had on mental development. It was one of the most interesting items of the meeting.

The great mass of essentially human knowledge was normally acquired by means of the sense of hearing, through language heard and spoken. The mechanism of reading and writing was of later development and was not essential to the evolution of average human intelligence. A series of cases of congenital and acquired deafness was shown in illustration of this thesis. The series graded from individuals of anthropoidal habits and actions through individuals, possessing a considerable capability of imitation, but not necessarily any understanding of what was imitated,

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

up to cases possessing really remarkable powers of visual perception and descriptive mimicry. All these cases, however, on careful examination, exhibited a grave defect in mental development. Among these cases were three brothers, the eldest being of anthropoidal type, the intermediate having considerable powers of unintelligent imitation even with a pencil, and the youngest exhibiting remarkable powers both of visual perception and of descriptive mimicry, and showing relatively little mental retardation and disability. Finally an adult man, kindly brought over from the North Riding Mental Hospital at Clifton by Dr. J. Iveson Russell, together with another patient whose chief duty was to attend to his wants, gave with the help of this interpreter a most interesting and remarkable exhibition of his knowledge of current events based on the study of the illustrated papers, this including amongst other instances the recent fall from an aeroplane of a well-known millionaire. Cases were then shown to illustrate the gradual loss of the power of articulate speech by persons long deaf. A number of cases of long-standing or congenital blindness were then shown in order to illustrate the relatively slight disability of blindness compared with congenital deafness. The ability to hear and speak, the remarkable evolution of the sense of touch and position in the blind, and finally the ability to read and write by means of Braille, place the blind in a position little inferior to the normal human being in comparison with the serious and irremediable mental disability which is due to congenital deafness. Among the cases a good example of an intelligent and educated blind man was included, and his demonstration of the employment of Braille was of extraordinary interest.

A vote of thanks to the President for his demonstration concluded the meeting.

30. Votes of Thanks for Hospitality, etc.

This item on the Agenda was taken at the luncheon before leaving the table on Thursday, July 12, as it was felt that many members might not be present for the final session.

Dr. R. Percy Smith, the senior Past-President present, called the members to order and proposed—

"That the thanks of the Association be accorded to the President and Mrs. Shaw Bolton and to the Committee of Visitors for the generous hospitality extended to members and their friends during the meeting."

He said that in moving this cordial vote of thanks he would like also to express the Association's appreciation of the delightful way in which Prof. Shaw Bolton had presided over the meetings. He, the speaker, regretted he would not be able to stay to hear the remainder of the papers, but he had had the privilege, that morning, of hearing papers on one of the most important questions connected with the health of mental hospitals. He almost felt that his breath was taken away when he realized what an amount of work was now being done in the way of blood examinations and other investigations, in comparison with the time when he was a young man at Bethlem Hospital, from 1885 onwards, the work at that date being mainly clinical. Here, at Wakefield, there were many opportunities for original work. He well remembered Prof. Bevan Lewis, who was Medical Superintendent here, being President of the Association in 1909, and the great pleasure the visit to Wakefield gave on the occasion when the Annual Meeting was held there. Some years ago he was associated with the President as one of the Examiners for the Diploma in Psychological Medicine of the University of Leeds, and since he had been down here this time it had pleased him to have men come up to him and say, "You examined me for the Diploma in Psychological Medicine"—men whom he had forgotten. Since that time, thanks to the kind hospitality of Prof. and Mrs. Shaw Bolton, he was able to look back on many delightful visits He was sure all present would agree that the special thanks of members with ladies were due to Mrs. Shaw Bolton, who, he understood, had organized excursions for lady visitors to Leeds, Menston and York.

On the previous day telegrams of affectionate remembrance to Sir James Crichton-Browne and Prof. Bevan-Lewis were sent. Sir James Crichton-Browne was now a retired Lord Chancellor's Visitor in Lunacy, and had reached the ripe age of 88. Those who met him in London would be aware how extraordinarily active he still was; he was able to run up and down stairs like a young person, and, altogether, he was in the pink of condition. Sir James's reply was read to the morning meeting. The following reply had since been received from

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Dr. Bevan-Lewis. [Reads, *vide* p. 861.] He feared that Dr. Bevan-Lewis, unlike Sir James Crichton-Browne, was in poor health, but they were both outstanding ornaments of this institution, and it was a very great pleasure to hear from them. (Applause.)

The resolution needed no seconder, and it only remained for him to put it by asking the company to drink to the health of the President and Mrs. Bolton.

The toast was drunk with enthusiasm, and three cheers were given, followed by the singing of " For he's a jolly good fellow."

Dr. E. N. BRUSH said that, speaking for himself, and he was sure he was also speaking for other foreign delegates, he wished to join most heartily in these thanks to Prof. and Mrs. Bolton for their kindness. His recollection of this Hospital extended back forty years; he was here during Prof. Bevan-Lewis's superintendency, and he remembered the old Hospital, and a striking thing in relation to his experience here was still in his mind. He thought he slept in the largest, widest and highest bed that he had ever rested in during his life; it was as wide as it was long. And the hospitality he enjoyed then had been repeated on the present occasion. All appreciated the instruction which the proceedings had afforded. He had watched the growth of bacteriology from its infancy. A hospital which did its work properly could not do without a bacteriological laboratory.

He and the other foreign guests extended their thanks and hoped to come again, and further hoped that Mrs. and Prof. Bolton would enjoy long life and prosperity. Of the Hospital he could only say, *Gloriat visat vivat!* (Loud applause.)

The PRESIDENT, in his reply, referred to the presence of the Lord Bishop of Wakefield, saying how pleased all were to see him. He was a very old friend of the Hospital staff, in fact he did not know how they could have got along in the church at the Hospital if it had not been for him; he had taken the services when there was no Chaplain, and probably he had preached at the Hospital more frequently than in any of the churches of the diocese. Altogether, he had gained the affections of the whole institution.

He could say, on behalf of his wife and himself, that they much appreciated those expressions of thanks, though really they did not deserve them.

THE SOCIAL PROGRAMME.

By the kindness of the Committee of Visitors and Prof. J. Shaw Bolton, members and their ladies were invited to lunch at the Hospital on each day of the meeting.

Many members were comfortably accommodated at the Hospital for the whole period of the meeting, and very hospitably treated in every way by Prof. Shaw Bolton and his officers.

Members and their ladies were conducted in parties round various sections of the Hospital each morning before the hour of meetings and again before lunch.

There were excellent facilities for tennis.

The following excursions for ladies were arranged by Mrs. Shaw Bolton and much enjoyed.

Wednesday, July 11: Visit to Wakefield Cathedral and Chantry, and to the Mental Hospital Church.

Thursday, July 12: Excursion to Templenewsom and lunch by kind invitation of Dr. and Mrs. Edgerley, of Menston.

Friday, July 13: Excursion to York and lunch by kind invitation of Dr. J. Ivison Russell, of Clifton.

The President and Mrs. Shaw Bolton were " At Home " to members and their ladies at Field Held on Wednesday, July 11, at 5 p.m.

On Thursday, July 12, at 4.30 p.m., members and their ladies enjoyed the hospitality of the Wakefield Mental Hospital Athletic Club at tea. At this function, in response to many requests, Dr. J. R. Lord addressed the members of the Club on Wakefield and all that it stood for in the estimation of the Association.

He told them how much the Association valued the privilege of holding its 87th Annual Meeting at the Hospital, and how greatly members were enjoying it and appreciating to the full the good work done there. Dr. Lord concluded by moving a vote of thanks to the Club for its hospitality that day and for the kindly welcome members had received at all hands. Dr. R. F. P. TAYLOR seconded. Dr. E. N. BRUSH spoke on behalf of the foreign delegates and other visitors.

The Chairman of the Club Committee, Mr. G. F. Wilson, replied for the Club.

On Thursday, July 12, at 6 p.m., a cinema entertainment was given in the

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press

Recreation Hall of the main building; members and their friends were invited and keenly enjoyed "Chang."

On Friday, July 13, at the conclusion of the meeting, members, before they separated, visited Hatfeild Hall and had tea. The handicraft work of the boys was much admired, and the beautiful old gardens, wood and ancient buildings were visited with considerable interest.

It was amid such pleasant surroundings that members made their final adieux to their kind host and hostess and took away with them unforgettable memories of a notable meeting.

IRISH DIVISION.

THE SUMMER MEETING of the Irish Division was held, by the kind invitation of Dr. Gavin, at Mullingar District Mental Hospital on Thursday, July 5, 1928.

Present, eleven members. Dr. Lawrence Gavin presided.

The minutes of the previous meeting were read, approved and signed by the Chairman.

Letters of apology for unavoidable absence were read from Dr. M. J. Nolan and others.

The reply of the Minister for Local Government, Irish Free State, to the Division's memorandum on the Report of the Commission on the Relief of the Destitute Sick and Poor, including the Insane Poor, was read. It was to the effect that the recommendations of the Division would receive consideration when the new legislation was introduced.

The following candidates were balloted for and declared unanimously elected ordinary members:

TERENCE GRACE, L.R.C.P.&S.I., Resident Medical Superintendent, District Mental Hospital, Maryborough ("Portlaoighise").

Proposed by Drs. J. O'Conor Donelan, R. R. Leeper and R. Taylor.

MICHAEL A. WALSH, L.R.C.P.&S.I., D.P.M., Assistant Medical Officer, District Mental Hospital, Maryborough ("Portlaoighise").

Proposed by Drs. R. R. Leeper, J. O'Conor Donelan and George Keene.

The meeting next approved of the Report of the Clinical Committee of the Division as follows:

"That, in view of the establishment of these meetings by the Division, four Quarterly Meetings of the Irish Division be held each year for the future. Such meetings to be called Divisional and Clinical Meetings, and held in mental hospitals, at the invitation of their respective Medical Superintendents."

The Spring Meeting, it was decided, should be devoted to the election of officers and other business matters, the first Clinical Meeting to be held in November, 1928, and the second in January, 1929.

It was resolved that a letter be sent to the General Nursing Council of the Free State conveying thanks and appreciation of its action in recognizing the Certificate of the Association as qualifying nurses for State registration.

The meeting next considered a letter from the General Secretary, Dr. Worth, notifying the Council's sanction to the proposal that, in future, the election of the Divisional Hon. Secretary and of the two Representative Members of Council be carried out by show of hands. The names of the candidates nominated by the Business Committee of the Division are to be on the Agenda, and other candidates may be proposed at the meeting itself.

A cordial vote of thanks to Dr. Gavin for his hospitality and for presiding ended the proceedings.

The Business Committee and the Clinical Committee met conjointly on June 12, 1928, at the Royal College of Physicians, Dublin. Dr. M. J. Nolan presided, and the matters dealt with are recorded above.

DIVISIONAL CLINICAL MEETINGS.

Cheddleton Mental Hospital, Leek.

A Divisional Clinical Meeting was held at the above hospital on June 21, 1928.

Present: Nine members. Dr. W. F. Menzies presided.

Dr. F. H. STEWART demonstrated twenty-six male cases of general paralysis treated by the "apyrexial" method, by which the malaria is stopped as soon as

https://doi.org/10.1192/bjp.74.307.861 Published online by Cambridge University Press