Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The ordinary Quarterly Meeting of the Association was held on Wednesday, February 24, 1932, at 11, Chandos Street, London, at 2.30 p.m., the President, Dr. R. R. Leeper, in the Chair.

The President welcomed to the meeting two distinguished visitors—Dr. Vernon Briggs, of Boston, Mass., and Dr. English, of Hamilton, Ontario, President of the American Psychiatric Association for 1931.

The minutes of the last meeting, having been published in the *Journal of Mental Science*, were taken as read.

Obituary.

The President said that unfortunately at practically all the meetings of the Association the sad duty of alluding to the passing of some members of the Association devolved upon the President. To-day he had to deplore that death had taken the distinguished pathologist, Dr. G. A. Watson. He had not himself the pleasure of knowing him, and would be glad if Dr. Nathan Raw would say a few words about him.

Dr. Nathan Raw said it was with very great regret that members heard of the death of their distinguished member, Dr. Watson. It had been the speaker's pleasure to be acquainted with him for a long time. He was a recognized authority on the pathology of mental diseases. He had devoted an enormous amount of time to original investigation, and had accomplished magnificent work. In addition to being a great pathologist he was a very kindly gentleman, and all in the Association would regret his untimely end.

Members showed their sympathy by rising in their places.

Matters Arising from the Council Meeting.

The President said that an important matter which had come before the Council was one which had been frequently discussed there, and on which unanimous agreement had now been reached. It was proposed that the present quarters of the Association at the British Medical Association House be given up, and that in future the headquarters of the Association be at the House of the Medical Society of London, 11, Chandos Street, Cavendish Square, where the meeting was now taking place. The rent was £220 per annum, and £250 was required for the transfer and refurnishing of the Association's Library. This matter had been referred to a small committee consisting of the following: the Hon. Treasurer, the Hon. Librarian, and the Hon. Secretary. It was also recommended that the Association appoint a whole-time Secretary and Assistant Librarian, the terms of such appointment to be submitted at the next Ordinary Meeting.

He would like a vote from the meeting on the question of transferring the Association's headquarters, as it was a very important matter. His own view was that it was a wise step, and he hoped it would meet with the approval of the members.

The meeting approved of the transfer and the consequent expenditure, one member dissenting.

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The PRESIDENT said he had to announce that the Government of the Union of South Africa had instituted a State Examination for Mental Nurses, and that in consequence the examinations for the Association's Nursing Certificate would be discontinued in South Africa. The Union Government would, however, continue to recognize the Association's certificate for purposes of registration. That was a highly satisfactory decision. He reminded members that the Association's Nursing Certificate was also recognized in the Irish Free State.

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated Dr. Ogilvy and Dr. Kimber to act as scrutineers for the ballot.

The following were unanimously elected:

CARROLL, DENIS CHARLES, M.A.Camb., M.R.C.S., L.R.C.P., Assistant Medical Officer, The Maudsley Hospital; 9, Tavistock Place, W.C. 1.
Proposed by Drs. M. E. Franklin, G. Warwick Smith and R. Worth.

CANNON, ALEXANDER, M.A., M.D., Ch.B., Ph.D., D.P.M., F.R.G.S., Assistant Medical Officer, Colney Hatch Mental Hospital, N. 11.
Proposed by Drs. E. D. Hayes, F. J. Stuart and D. R. Alexander.

PAPER.—"**The Alienist Department in India,**" by W. S. J. SHAW, M.D., Lt.-Col. I.M.S. (ret.) (*vide* p. 331).

The PRESIDENT, in introducing the paper, said that it was of great interest to members practising in this country to know what was being done in the specialty in the Orient. He had a great friend who for many years was Superintendent of the Cairo Asylum. They met after the Soudan War, in London, at a dinner of this Association. He asked his friend, "Do you meet with many cases of depression with suicidal tendencies?" "No," he said, "I have no suicidal cases in Cairo Asylum—they are all homicidal." (Laughter.) They were the Fuzzy-wuzzies from the Soudan.

Dr. SHAW then read his paper.

The PRESIDENT said he felt that all were under a debt of gratitude to Dr. Shaw for enlightening them concerning the methods of treating the insane in India. He had no idea that things out there were so bad, or that Dr. Shaw was such a pioneer in his efforts to bring about a greatly improved state of things.

Dr. DONALD ROSS said that Dr. Shaw had rendered good service in letting members of the Association know how great were the difficulties which obtained in India at the present time. He remembered once dipping into a book which stated how the Eastern races two or three thousand years ago had a fairly good insight into insanity, and how patients were treated by purging and feeding with clarified "ghee," by bathing and by anointing.

While serving with the Indian troops during the war, he had met some very interesting mental and neurological cases. He might also cite a case from a Native Labour contingent, a man from one of the primitive hill tribes. No one there could talk his language, so an interpreter was asked for and supplied, but he also could not talk any known language, and the only service he was to the patient was to sneak out after dusk and catch for him and supply clandestinely such delicacies as lizards, snails and mice, which did not figure in the official dietary.

Dr. H. YELLOWLEES said he was particularly interested in Col. Shaw's paper, as he once endured for a week, on a small scale, the kind of thing in which the reader of the paper had been playing a lone hand for many years. The experience he referred to was when he had to do what he could to put down an outbreak of mutiny and violence among West Indian troops who were supposed to be insane, at one stage of the Great War. He there encountered the two difficult factors which members had just heard related, namely, Army methods of administration, and dealing with patients of another race. He did not enjoy the experience at all,

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and that anybody could keep up his enthusiasm and energy, and peg away in the effort to get his ideas adopted as Col. Shaw had done, aroused his intense admiration.

Two things in the communication had struck him as particularly interesting. One was the question of nurses of the nationality of the patient. In the experience of which he had spoken he had found it impossible to make any progress as long as the attendants were of the patients' own race. The latter were British West Indians, mostly from Barbados. The attendants were hopelessly untrustworthy. They spent a good deal of their time in passing in to the patients stones, knives, and so on, and encouraging their comrades to attack those in authority.

The second difficulty which interested him was that concerning language. In the war, in his unusual post, he had to deal with insane people who spoke, in all, seventeen different languages—eighteen with American—and it was astonishing how one's style was cramped when striving to make oneself understood in any language but one's own. Even when dealing with a familiar language he found it difficult to secure a sensing of the patient's condition.

He had learned a great deal from the paper.

Sir HUBERT BOND said it had never been his good luck to be out in the East, and he therefore knew nothing at first hand of the obviously very difficult problems which had confronted our fellow countrymen out there. It was good to hear of the brave face which had been put on those difficulties, and of what had been accomplished in spite of them. Both in conversation with Col. Shaw and in other ways it had been impressed on him that it was a great pity that, somehow or other, the information available was not pooled a little more. Structural provision for the treatment of mental disorder admittedly was a very specialized and highly technical matter. Having regard to the history of this provision and to the existence in this country over so long a period—namely a century—of a Board of Commissioners in Lunacy, now the Board of Control, it was probably true to say that there must repose in that Board's offices an accumulation of information and experience in these matters far exceeding that which could be found in this relation anywhere else in the world. Outside England and Wales, request for this information was made comparatively seldom. It seemed to him (Sir Hubert) a pity that, when in India or any other part of the Empire an important step of construction for the treatment of mental cases was about to be taken, necessarily involving the expenditure of a very large sum of money, an effort was not made, as a regular practice and at an early stage in the project, to tap this well of information available in the "mother country." Even if it involved a visit of an official or of a couple of officials from the part of the Empire concerned, or *vice versa* from this country, he had not the slightest doubt that, besides valuable assistance in planning and other important advantages, the knowledge and information gained from this accumulated experience would result in a great saving of expenditure, in comparison with which the cost of such visits would be altogether negligible. He was well aware how widely diverse were the problems —climatic, racial and so forth—which different parts of the Empire presented, and he was not so foolish as to imagine that what was the most suitable here would necessarily meet the problems presented, for example, in India, or that what represented progressive development here was necessarily applicable elsewhere. He did feel, however, that a good many opportunities for pooling information were lost, that this was a pity, and that by making use of them, many mutual advantages might be obtained.

He wished to say that he had listened to the paper with very much pleasure, and he should like to congratulate Col. Shaw, both on what he had accomplished and on his efforts to accomplish still more before his retirement.

Dr. W. F. MENZIES said that he wondered whether Col. Shaw would enlighten the meeting on the lighter sides of his experiences. He supposed that we looked upon Hinduism as a regression. That immediately awakened in one's mind an inquiry as to what was the basis of normal conduct. Was the normal conduct of the Hindu the same as the normal conduct of the Englishman? Or were the Indians what we should call schizophrenics? Col. Shaw mentioned that there were many cases of dementia præcox in the asylums in India; he took it that only the worst cases, especially of the paranoid form, were so considered. Col. Shaw must have experienced many incidents that we should call humorous—

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though they must have seemed serious to him—in dealing with what passed for insanity in India.

The PRESIDENT again thanked Col. Shaw for his paper. He had had a single experience—he was glad to say it was only once—of treating Hindus, and he appreciated the enormous difficulties a person must have who did not know their language. He had a gentleman patient bearing a long name to see him in Dublin. He had been going about Dublin presenting girls with chocolates to the value of many pounds, saying, " You will never get presents like these again ; this is from God himself." The man had a religious delusion, to the effect that he was the god Ram, and was married to the goddess Parveta. Then he began to starve himself. Meals were served to him, but he invariably reserved half of each meal for his wife. He, Dr. Leeper, had to combat that by serving two meals each time. Then he was visited by a very prominent Indian official —probably a judge—and the speaker thought he would get a better insight into the psychology of the patient by hearing what the judge got out of him. But, to his surprise, he sang a song to him ; and then announced that he was surrounded by bastards, who had earthly fathers, while he himself had a Heavenly Father. The patient's family came and took him back to India ; they were very tolerant, and very anxious to look after him. This was an example of the condition Dr. Shaw mentioned, in which the relatives tolerated patients in a way that would not happen anywhere else. That might account for there being no very great demand for mental hospitals in India. They took this man away and were delighted with him, and thought he was very well, though they admitted his conduct was curious. Some time afterwards the speaker received a letter from India asking if he could take the patient back.

Col. SHAW, in reply, said that what Dr. Ross related sounded like an extract from the Press of India, which was sensational. He had never heard of any ancient form of treatment of mental disorder in India, as in that country they looked upon insanity as a sort of visitation from the gods. Yet, in spite of that being their view, they tried to treat it by beating the patient. Once, for instance, he was called out in Rangoon to see a rich merchant, whom he expected to see under fairly good circumstances, with attendants provided. He was found chained to the floor in a top room of his house, where he had been kept for three years. He had paid for people to look after him, and he had been watched as if he were a wild beast. After some difficulty Col. Shaw got him into the hospital, but by then his condition was, of course, hopeless.

He had never heard of any special means of treatment of insanity in India. Besides, it was not an insult there to call a man insane; it might even be considered a compliment. In the East the word " saint " was applied to all ascetics, sadhus and fakirs, a large proportion of whom were obviously insane ; in India the words were practically synonymous.

Dr. Yellowlees had mentioned the difficulty he had in managing the lower-class West Indian, and that could easily be understood. Their ideas were rather brutal. In his hospital on the male side he had European overseers, assisted by retired " Indian Officers " of the Indian Army, to supervise the other attendants. It was often far from easy to manage the patients, and to get at the truth about them was even more difficult.

With regard to the pooling of information, referred to by Sir Hubert Bond, he, the speaker, regarded that as of the utmost importance. A long time ago he wrote to the Board of Control, and in reply a good deal of information was sent. It was for the same reason that he suggested that tropical members might be consulted in some way as to their ideas on hospital construction, and on the varieties of insanity which they came across. Among Parsis practically all the cases were examples of dementia præcox. He had written a note on it, thinking it was due to constant in-breeding, as they had married only cousins during the past twelve centuries. His staff had remarked how few Parsis recovered. In his hospital 7% of Parsis recovered, as against over 50% of the general population. The latter figure was largely explained by the large proportion of Indian hemp cases admitted, almost all of which recovered. With them, it was generally the " saint " type that was affected.

Dr. Menzies had referred to the question of the standard of insanity among Indians generally. There was no standard, and amongst the ignorant people the insane were often regarded as people to be reverenced. It was extraordinary

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how little was known in England of India. There were people in India who had been educated to a certain pitch, and if they failed to secure a Government job they tended to become political agitators. They were the only Indians the world heard of. Probably 243 millions of the 247 million inhabitants would rather have the British in charge of them than these agitators, but they did not possess the means of expressing themselves.

IRISH DIVISION.

THE AUTUMN QUARTERLY and Clinical Meeting of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, November 12, 1931.

The following members were present: Dr. J. O'Conor Donelan, in the Chair, Drs. S. Blake, K. Carey, P. J. Cassin, W. Eustace, John FitzGerald, Nora M. FitzGerald, T. A. Greene, P. Grace, G. J. Harrison, G. H. Keene, D. L. Kelly, J. Kearney, R. R. Leeper (President), B. Lyons, Elizabeth Mahony, P. Moran, J. C. Martin, R. Taylor and R. Thompson (Hon. Sec.).

Apologies for non-attendance were received from Drs. M. J. Nolan and Hamblin Smith.

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

Correspondence was read from the Secretary of the Educational Committee regarding the new regulations providing for the appointment of Inspectors of Nursing Examinations.

The SECRETARY reported that he regretted he was unable to undertake the duties of Inspector, as suggested by the Educational Committee.

Following a discussion on this question, Dr. BLAKE proposed that Dr. D. L. Kelly be recommended for nomination by the Educational Committee as Inspector of Nursing Examinations for the Examination Area of Ireland. This proposal was seconded by Dr. GREENE and carried unanimously.

The meeting then accepted with pleasure Dr. Greene's invitation to hold the Spring Meeting at Carlow Mental Hospital. The date fixed was Thursday, April 7, 1932.

Dr. HARRISON reported a case of **Pernicious Anæmia Associated with Mental Symptoms** of a submaniacal nature. The physical condition responded steadily to treatment with liver and liver extracts, combined with hydrochloric acid and tonics. There was a coincident mental improvement, and the patient was discharged recovered after a short illness.

Dr. Harrison's paper was fully discussed by the members present.

Dr. JOHN FITZGERALD drew attention to the observation that the mental symptoms usually associated with pernicious anæmia took the form of persecutory delusions, and he described a case recently under his notice and which confirmed this observation.

Dr. MORAN mentioned the case of an attendant diagnosed as of pernicious anæmia, and who, almost at the same time, developed delusions of persecution.

Dr. KEENE reported a case of pernicious anæmia occurring in the course of delusional insanity, where unexpected recovery from the anæmia had no effect on the mental state.

Dr. EUSTACE mentioned a case where the provisional diagnosis of pernicious anæmia had subsequently to be altered to one of chronic silver poisoning from a throat gargle.

Dr. GREENE drew attention to the marked history of sepsis in Dr. Harrison's case, and suggested that this might, in part, have been responsible for the mental symptoms.

Dr. O'CONOR DONELAN stated that the paper emphasized the need for a painstaking physical examination in every mental patient, and showed how valuable was the appropriate treatment of the physical condition in bringing about mental recovery.

Dr. HARRISON, in his reply, pointed out that the physical signs of pernicious

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