The general meeting followed, which was presided over by Dr. Percy Smith.

The minutes of the last meeting, having appeared in the Journal, were taken as read and confirmed.

The date and place of the next meeting were left to be arranged by the Secretary.

Dr. MACAULAY then gave an interesting and amusing account of the many trials and vicissitudes attending his search for "fresh fields and pastures new" necessitated by the falling-in of the lease of the old Chiswick House.

Dr. PERCY SMITH voiced the thanks and appreciation of the meeting for this paper, and members were then taken over to the sister establishment, Grove House, where tea concluded the meeting.

IRISH DIVISION.

THE SUMMER QUARTERLY AND CLINICAL MEETING of the Irish Division was held at the Stewart Institution, Palmerstown, Chapelizod, co. Dublin, on Thursday, July 10, 1930, by the kind invitation of Dr. G. H. Keene, Medical Superintendent.

The following members were present: Dr. R. R. Leeper, in the Chair, Drs. D. E. Allman, P. J. Cassin, F. J. Deane, J. O'Conor Donelan, J. Dunne, W. N. Eustace, John FitzGerald, N. M. FitzGerald, T. Greene, B. F. Honan, J. Kearney, G. H. Keene, E. M. Mahony, J. C. Martin, J. Mills, P. Moran, R. Taylor, and R. Thompson, *Hon. Sec.*

Apologies for unavoidable absence were received from Drs. L. Gavin, D. L. O'Kelly, H. R. C. Rutherford, and J. R. Lord.

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

At the opening of the meeting, the Chairman referred to Dr. M. J. Nolan, and to the great sorrow which he had recently sustained. He recounted the debt the Association owed to Dr. Nolan, and he asked the meeting to record their sympathy with him in his great loss.

The following nominated candidates were then unanimously elected ordinary members of the Division:

EVELEEN J. O'BRIEN, M.B., B.Ch., N.U.I., D.P.M., R.C.S.Eng., Assistant Medical Officer, Grangegorman Mental Hospital, Dublin.
Proposed by Drs. P. Dwyer, Dr. J. O'Conor Donelan and Stanley Blake.

BERNARD LYONS, M.B., B.Ch., N.U.I., Assistant Medical Officer, District Mental Hospital, Enniscorthy, co. Wexford.
Proposed by Drs. P. Moran, Dr. Hugh T. J. Kennedy and C. B. Molony.

The CHAIRMAN then introduced a discussion on the revised Regulations for the Training and Examination of Candidates for the Certificate of Proficiency in Mental Nursing, and, on the proposal of Dr. MARTIN, seconded by Dr. MILLS, Dr. Laurence Gavin, Medical Superintendent, Mullingar Mental Hospital, was unanimously elected Area Examination Secretary for the whole of Ireland.

The next meeting was fixed for the first Thursday in November, and Dr. J O'Conor Donelan's invitation to hold it at Grangegorman Mental Hospital was accepted with pleasure.

Clinical Meeting.

Dr. KEENE read a paper on "Mongolism," and demonstrated the classical signs and symptoms in a number of very interesting cases, contrasting these with other varieties of amentia.

He said: The true mongol, as I have found him, is an interesting little person as a rule, and owing to his happy and affectionate disposition invariably makes many friends amongst an institution staff. There are several features about the mongol type which tend to invoke one's sympathy. His resistive powers are very low. His life is short. His helplessness is obvious, while his trustfulness resembles closely the blind devotion of a canine friend.

Possibly of all the aments the mongol is the most readily picked out and classified. His physical peculiarities, though sufficiently distinctive in the majority of cases

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to make up a clinical picture which renders diagnosis easy, are not constant. At times one finds some typical sign absent, such as the obliquity of palpebral fissures, a characteristic from which he takes his name.

Mongolism varies much in degree, and, as with other diseases, there appears to be an inverse ratio between the severity of symptoms and the duration of life. Death supervenes at an early date in those of the idiot type. Imbeciles rarely attain to middle life, but the merely weak-minded, I understand, may survive to advanced years.

One of the cases which you will see this afternoon is in her forty-third year, and though an imbecile of low grade enjoys remarkably good health. In my limited experience she represents an exceptional survival.

Taking the imbecile as the more usual type admitted to this Institution, I have in every case found them to be of exceedingly gentle disposition, friendly to a degree, and apparently quite devoid of self-consciousness and shyness. Good-tempered, they are amenable and clean in habits. Observant and highly imitative, one often has hopes that their activities might be directed into some useful channel, but here one meets with disappointment. Those of the imbecile type can often perform a few tricks, such accomplishments being largely due to their gift of imitation. Hopping a ball adroitly, or even skipping may be readily acquired, but when it comes to setting them to any form of useful occupation the result is negligible.

The mongol, as already stated, presents many distinctive characteristics, one or two perhaps being absent in some patient otherwise true to type, and I am led to believe from the case of one little boy, whom I shall show you, that it is possible to find occasionally a mixed type where cretinism apparently co-exists.

The true mongol, however, is unmistakable, and frequently has all, or many of the following characteristics:

(1) A typical brachycephalic head, with high cephalic index, owing to depression of glabella, and flat occiput.

(2) Short, stockily built body, not necessarily deformed. Probably an incomplete umbilical hernia. Erect of carriage, and having active body movements.

(3) Hands and feet relatively broad and clumsy. Abnormally short thumbs and little fingers, the latter much incurved. The cleft between great and second toes is often wide and deep, and this is often more noticeable by reason of the abnormal length of second toe.

(4) The face is flat, with short wide nose, and nostrils looking forward; skin rough, harsh, and often of a reddish tint.

(5) Palpebral fissures set obliquely. Some tendency to epicanthus, and not infrequently a condition of partial ptosis. Almost invariably blepharitis is present in varying degree, with scarcity of lashes, and a speckled condition of the irides is not uncommon.

(6) The ears are usually small and quite well formed, if perhaps a little round.

(7) The tongue is particularly characteristic, being large and deeply fissured in the transverse line, with very much enlarged papillæ.

(8) The teeth and palate I have not found calling for special note.

The mongol is a martyr to chilblains, but, in my experience, I have never known epilepsy to be added to his imperfections.

Dr. Keene's paper gave rise to a lengthy discussion on the ætiology of mongolism, in which the CHAIRMAN, Drs. EUSTACE, O'CONOR DONELAN, GREEN and CASSIN took part. Several of the speakers recorded cases where a mongol child had been born—after other children who were healthy—in close association with a period of stress or marked addiction to alcohol in one or other parent. Dr. KEENE, in replying, reviewed many theories now more or less rejected, and stated that his own opinion was that a peculiar glandular deficiency was the main element in the genesis of this condition. In one of the cases exhibited there was almost certainly an associated degree of cretinism, as the little boy at once became lethargic and stuporose if his daily grain of thyroid was omitted. He recorded the observation that the medulla, pons and cerebellum of these cases were nearly always abnormally small.

Dr. JOHN FITZGERALD read a paper on "The Treatment of Epilepsy," and, following this, Dr. Honan read a critical review of this paper written by Dr. Nolan. Dr. FitzGerald's paper stressed the importance of the patient investigation of each individual case of epilepsy from the point of view of all the possible ætiological

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factors—toxic, reflex and psychic—and the equally patient trial which should be given to the various remedies at our disposal, before assuming that the optimum benefit had been obtained.

Dr. KEENE recalled his association with Dr. John Turner, when the latter was conducting his famous researches into the ætiology of epilepsy and formulating his theory of cortical emboli. It was the consensus of opinion that progress in the treatment of this affection could only be hoped for by such careful work as had been revealed in Dr. FitzGerald's paper.

Dr. HONAN then gave the meeting an account of the recent tour of the Scottish Mental Hospitals. Following Dr. Honan's paper, a lengthy discussion took place on the different modes of treatment at present adopted by the various institutions of these islands. Dr. Moran stressed the importance of open-air treatment on verandahs, which seems to be rapidly extending.

A vote of thanks to Dr. Keene for his kind hospitality was proposed by Dr. Eustace and seconded by the Chairman.

This terminated the proceedings.

UNVEILING OF A BUST OF PINEL AT THE ROYAL HOSPITAL, MORNINGSIDE, EDINBURGH, BY THE FRENCH AMBASSADOR.

As Fate adds grief to grief and pain to pain,
She keeps one bitter potion for the last,
When the mind's self, obscured and overcast,
Combats wild phantoms of the maddened brain.
Yet, through all time, a long and wretched train
Of miserable victims hopeless passed;
While man, the merciless, upon his brother cast
Rude blows and obloquy and galling chain.

Surely the other planets shuddering see
Man's devilry that finds a food for mirth
In minds deranged, or dooms to hideous plight.
All hail, Pinel! whose word rang round the earth
Till Scotia heard, and led in ministry
As the dawn broke upon the dolorous night.

I. B. S. H.

On September 26, His Excellency the French Ambassador, M. A. de Fleuriau unveiled a bust of Philippe Pinel at the Royal Hospital at Morningside to commemorate the centenary of his death.

Prior to the unveiling of the bust, which is placed in a niche in an ornamental gable near the entrance to the West House, a representative gathering numbering 250 met in the splendid lecture theatre of the Jordanburn Hospital. The Earl of Stair presided, and among those present were the Earl and Countess of Cassilis, Sir John Lorne MacLeod, Principal Sir Thomas and Lady Holland, the President of the Royal College of Surgeons and Mrs. Haig Ferguson, Major and Lady Margaret Macrae of Feorlinn, Sir Samuel Chapman, M.P., Prof. Sir Thomas Oliver, Dr. and Mrs. Hamilton Marr, Bailie Given, Prof. and Mrs. Patrick Geddes, Mr. T. M. Gardiner, the Chairman and the Managers of the Hospital, representatives of the Royal College of Physicians and Surgeons, the University of Edinburgh, the General Board of Control and the Royal Infirmary, Superintendents and Matrons of mental hospitals and 100 nurses from the Royal Edinburgh Hospital.

Mr. Gardiner, Chairman of the Board of Managers, welcomed M. de Fleuriau, and said they were gathered to do honour to a very great man, famous in the history of the struggle for the better treatment of mental disease. Few had done so much for suffering humanity as he had when he introduced the humane treatment of the mentally ill.

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