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THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

A QUARTERLY MEETING of the Association took place at 11, Chandos Street, Cavendish Square, London, on February 22, 1936, the President, Dr. Reginald Worth, *O.B.E.*, M.B., occupying the Chair.

The minutes of the last meeting were taken as read and approved.

OBITUARY.

The PRESIDENT referred to the deaths of four members of the Association which had occurred since the last meeting. The first was Dr. Ernest White, *C.B.E.* Dr. White was an ordinary member in 1884; he was President of the Association in 1903–4. In 1933 he was elected an Honorary Member, and became Emeritus Professor of Psychological Medicine at King's College, London. As probably all members knew, Dr. White started his career at Chartham in 1875, and in due course became Superintendent of the City of London Mental Hospital at Dartford. Dr. White went into private practice and became Lecturer on Psychological Medicine at King's College Hospital, London. He did a good deal of work during the war for the Ministry of Pensions.

The loss of Dr. William Buchanan, who was probably very well known to most members, was a very sad one for the Association. He had proved himself to be a very able Secretary of the Scottish Division, which position he served from 1920 to 1934, when, to the regret of all, he was forced to retire because of ill-health. The Annual Meetings which were held in Scotland—in Edinburgh in 1922, and in Stirling in 1932, as well as the Edinburgh meeting in 1927—owed much of their success to his untiring labours and his organizing ability. All who were at the last meeting in Scotland would remember the magnificent arrangements which were made for the entertainment of members there. Everyone seemed to enjoy himself thoroughly. Dr. Buchanan was a regular attender at the Quarterly Meetings and the Annual Meetings of the Association, and took a very active interest in all its affairs, in which he was particularly well versed. He held the post of Medical Superintendent of the Kirklands Mental Hospital, and devoted his spare time to growing Alpine plants, on which subject he was a recognized authority. As an indication of the degree of esteem in which Dr. Buchanan was held, his funeral was attended by nearly every member of the Association engaged in the Scottish mental hospitals.

Another death to be lamented was that of Dr. George Francis May, who had been a member of the Association since 1926. He was a medical officer of the Durham County Mental Hospital for many years. He was a very pleasant man, and was popular with the staff.

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The remaining member who had passed over was Dr. Herbert William Dudgeon, who was Director of the Lunacy Department of Public Health in Egypt, and of the Abbasiyeh Mental Hospital in that country.

He asked all present to rise in their places as a mark of sad respect to the deceased members.

This gesture was duly observed.

Matters Arising at the Council Meeting.

The President reminded members that at the last meeting the question of voluntary sterilization was discussed, and it was decided then to send out an inquiry or questionnaire to all members to ascertain their views on the subject. The two questions submitted were: (1) Would you support, or oppose, a Parliamentary Bill favouring voluntary sterilization? (2) Do you regard research as even more effective and important than sterilization? On the first question 175 favourable replies were received, and in favour of the second, 190 favourable replies. That morning the matter was further discussed in Council, and it was remarked that although 897 members were circularized, only 284 cards were returned. That, it was felt, was not a sufficient proportion to justify sending forth the result as representing the views of the Association as a whole to the Government. It was also felt by the Council that on a matter such as this any decision required a greater degree of unanimity. Therefore, at that morning's meeting it was decided to send out a further questionnaire, and the following resolution was passed: "That a franked postcard be sent to all members of the Association asking, 'Are you in favour of legislation permitting voluntary sterilization?'". It was hoped that a large proportion of the cards would be returned bearing the definite answer, "Yes" or "No". He emphasized the franking of the card; the Council could not decide whether it was likely that the penny stamp was a factor in the small number of replies. It ought to be possible to obtain a general consensus of opinion on the subject, so that those legislating on these matters might have the benefit of the Association's views. He was sure that members appreciated, as he did, that this was a difficult question to answer "Yes" or "No", and to be unanimous on, but it was necessary to take the answers of the majority on the point. This last decision he hoped would be arrived at as a result of this next post-card inquiry.

As members were aware, a sub-committee of the Research and Clinical Committee was arranging the programme for the Annual Meeting, and to-day it had been decided that the subject for discussion should be "Manic-depressive Psychosis".

With regard to the Mental Health Services Committee, a special Sub-Committee had been appointed to confer with the British Medical Association, and next week Dr. Petrie, Dr. Douglas Turner and himself would be meeting representatives of the British Medical Association to discuss the subject.

Dr. Campbell and Dr. McRae would represent this Association at the Annual Congress of the Royal Institute of Public Health, to be held in Edinburgh from May 26 to 30.

With regard to the Health Congress of the Royal Sanitary Institute at Southport, from July 6 to 11, difficulty was experienced in finding a delegate to attend this; and it was therefore proposed to write to members of the Association in Lancashire mental hospitals, asking one of them to attend.

It was proposed to hold the Association's next Quarterly Meeting on Thursday, May 14, in Glasgow.

The final item to report was, that the Council had decided to send a loyal address to H.M. King Edward VIII. A similar course was taken on the accession of the late King George V.

He asked members present to approve of those matters and decisions emanating from that day's Council meeting.

The meeting signified approval accordingly.

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Dr. J. H. MACDONALD wished to raise a question in regard to the proposed further questionnaire to members. He suggested that the further question should be asked whether the member had read the Brock Report. He had been surprised to find, when talking the matter over with his colleagues, that many of them had not read the Brock Report. Yet there had been no presentation of this subject that was so unbiased as that in the Brock Report. He did not think any man ought to rest his opinions on convictions which had been formed without the help of the Brock Report. It was the one subject on which all members of the Association should be expected to give a reply, and it was a matter of surprise to him that so few replies to the questionnaire had been received. He would go so far as to say that a man who replied without having read the Report must expect to have his opinion regarded as of little value.

A MEMBER said a point which might have a bearing on the number of replies was that more might reply if it was not required that the card should be signed.

The PRESIDENT said he could not agree with that suggestion ; if a man had not the courage of his convictions, it was best to say nothing.

Dr. RUBY STERN said she could well understand that some members might feel chary about putting their names to a post card of this nature, and therefore she suggested that instead of a reply postcard, folders should be used, as they would allow of some degree of privacy.

Dr. M. ABDY COLLINS, replying to Dr. Macdonald, said he thought it would be regrettable to include on the post card anything except the simple question which had been mentioned by the President. He had known people confused by having more than one issue to reply to. Whatever it might be decided to do afterwards, he thought the reply asked should be on one question only. He agreed with what had been said as to the publicity of a postcard, but that could easily be overcome.

Dr. MCCOWAN wished to remind the meeting that a definite opinion on the subject had been expressed by fully one-third of the members, and that while a large number favoured voluntary sterilization, the majority considered that research into the subject was more important. He would regard that as a sufficient answer to go upon.

The PRESIDENT said that several red herrings had been drawn across the path that day, but he thought it was very important that the Council should be furnished with the mass views of the members on this question, " Yes " or " No ". He considered that the circularizing of the one question would be sufficient.

Referring to Dr. Macdonald's question as to whether members had read the Brock Report, he certainly thought they ought to have read it ; it cost only a few pence, and surely any who took an interest in the question would read it.

He agreed with Dr. Stern that a folder would be more private than a post card, and arrangements would be made to use that form.

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated Dr. McRae and Dr. Skottowe to act as scrutineers for the ballot of candidates for membership.

The following were unanimously elected :

ORCHARD, ETHEL ADELAIDE, L.R.C.P.&S.Edin., c/o British Medical Association, Tavistock Square, London, W.C. 1.
Proposed by Drs. C. J. Thomas, M. J. McGrath and H. A. Wilson.

HAZELL, KENNETH, M.R.C.S., L.R.C.P., D.P.M., Assistant Medical Officer, Graylingwell Mental Hospital, Chichester, Sussex.
Proposed by Drs. C. G. Ainsworth, A. Walk and S. Nix.

WEIR, HUGH, B.Sc., M.B., Ch.B., Assistant Physician, Royal Mental Hospital, Aberdeen.
Proposed by Drs. R. Dods Brown, W. R. Logan and J. S. Annandale.

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PAPER.—**"Experimental Psychoses Induced by Mescaline,"** by Dr. E. GUTTMANN (see p. 203).

DISCUSSION.

Dr. P. K. MCCOWAN said he would not waste time by congratulating Dr. Guttmann on the extremely interesting paper which he had just given. It had proved, from the point of view of experiment, not only valuable for investigating psycho-pathological aspects of the psychoses, but also the bio-chemical. Being known as a substance which caused psychotic symptoms, and because chemically it was closely related to various substances produced in the body, it was a very valuable means of finding out what action followed its use on the brain. Mescaline could readily be used, whereas the parallel substances produced in the body were very difficult to get hold of, and it was found that mescaline had a strong inhibitory effect, on oxidative processes in the brain, similar to that of various narcotics. He and his colleagues tried to find out something about toxic psychoses, because from the description just given of mescaline members would see that it was closely related to the toxic exhaustive psychoses, with which members were familiar. As in the narcotic reactions, so with mescaline, it was found that it was a reversible reaction, explaining why the majority of the cases of toxic psychoses recovered. The reaction was one which could easily be recovered from, but if it persisted for long the effect became irreversible, and that accounted for the proportion of the cases which did not recover.

With regard to the cases which Dr. Guttmann described, and the information they afforded, one assumed that the amines were produced in the body in excessive amounts, but that might not be so ; the body might be producing normal amounts of them, and it might be that the liver was at fault, and so these amines were not detoxicated. They had also found that the brain itself had some power of detoxicating these amines ; that was another possibility in seeking an explanation of how the toxic psychoses might arise.

Again, as probably accounting for these substances producing different forms of psychosis, or at least different symptoms, it might be not only that it was different personalities they were acting on, but these toxins might, owing to their chemical constitutions, affect different parts of the brain. A barbiturate drug, such as luminal, had a specific action on the motor system, so these amines might give different pictures because different amines might be acting on different parts of the central nervous system.

He again congratulated Dr. Guttmann on his paper.

Dr. J. S. SKOTTOWE said he wished to associate himself with Dr. McCowan's remarks of congratulation on this valuable piece of experimental work.

There were two points on which he would like to comment. The first concerned the question of insight. He did not gather, from Dr. Guttmann's description, to what extent the patients concerned in these observations had an insight into what happened. They accepted their subjective experiences, but did they know they were unreal ? That he regarded as an important point.

One could not fail to be struck by the resemblance of these mescaline intoxications to two familiar clinical types, in addition to the toxic psychoses. The first group to which he detected similarity was the nihilistic type of melancholia, that in which the patient said the body was dead or had no bowels. One knew that these patients had no insight whatever. It would be interesting to hear to what extent the gentleman who was talking to his own thigh realized that he was not talking to his own thigh, but only that he felt he was talking to his own thigh.

Another group to which there was obvious resemblance was the acute variety of schizophrenia. It had been his own experience that at a certain phase of the illness there existed a superficial insight. The patient realized there was something unreal which was happening, and some time elapsed before he finally surrendered himself to the psychotic lack of insight which characterized the truly insane person.

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That led to the other point he wanted to mention, so as to get further enlightenment. Dr. Guttmann said that in prolonging the experiments very little had been done because so little was known as to the possible chronic toxic effects which might arise. That was interesting, as he emphasized the extent to which the sensorium was disturbed, and that had been lost sight of in the more recent psychological studies which had been made. Bianchi referred to sensory insanity, which, so far as one could judge from his earlier editions, was more or less the same thing as certain forms of schizophrenia. It would be interesting to know whether Dr. Guttmann was of opinion, having regard to what he, the speaker, had said about insight, that if these experiences induced by mescaline were continued, a disintegration of personality might occur, such as was characteristic of a fully-developed psychosis; and if so, whether that would be likely to occur in all individuals; in other words, whether there was any specificity about it or not. If there was not, he could not see that mescaline was in a different position from that of any other toxic substance which might produce a continued state of hallucination, the persistence of which eventually wrecked a personality, which must be an unsound one.

Dr. J. H. MACDONALD said he agreed that experiments such as those described in this paper were interesting, but he did not think they took one much further forward unless, as had already been said, the biochemistry was also studied at the same time. The experiments which Dr. Guttmann had described in his paper might be new to members in detail, but they were familiar with such conditions as this in any of the toxic insanities. There appeared to be a resemblance between cocaine poisoning and mescaline poisoning. In the case of cocaine there was a good deal of motor reaction; there was a good deal of reaction in the cases just described, but it was mostly sensory disturbance. He thought mescaline had a particular action on the pre-frontal area, as there was a lack of the discrimination of co-ordination. The personality was changed because the drug might have a selective action on the pre-frontal lobes, and if that was so, there would be disturbance of will-power, motive power, sensation, and response to environment, the patient not only being sensorially disturbed or demented. In such studies as these it was necessary, he suggested, to pay attention to the chemistry of the body, and to find out the relation of the oxygenation of the nerve-cells at the same time. This paper helped to confirm the views of those who, like himself, held that in the majority of cases there existed a distinct physical basis or disturbance. A wide range of causes might bring about a physical disturbance of the brain, and it was possible to build a theory of toxæmia which could be made to account for the majority of the symptoms of psychosis.

Dr. ELIZABETH CASSON said she did not know whether Dr. Guttmann had compared his work with that done in 1929 on tyramine poisoning, as the results seemed very much like those which Dr. Guttmann had described to-day.

Dr. GUTTMANN, in reply, said that investigations had already been started from the biochemical and physiological standpoints, as suggested by one speaker. He had not himself been able to continue along those lines; his own work was on the clinical side.

He also had been struck with the similarity of the disturbances of consciousness with those of schizophrenics. There were some slight differences. He was unable to say anything as to the probability of producing destructive psychoses by means of chronic intoxication with mescaline; he had not dared try it.

As to the question of the differential diagnosis from other drugs, he agreed that cocaine had a different effect on the motor behaviour. All these intoxications produced somewhat similar features, but the total pictures were different. A more promising standpoint was to note the general effect. With regard to the primary curative effect, it might happen that there were by-products of the drug. He agreed that such work stressed the importance of the biological factors, which

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supplied the general lines for further investigation. He was sorry he had not been able to give results, only plans and ideas.

The PRESIDENT expressed the thanks of the meeting to Dr. Guttmann for his paper.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division was held at St. Audrey's Hospital, Melton, Suffolk, on Friday, April 24, 1936.

In the forenoon members and their guests inspected the hospital and grounds, and were entertained to lunch.

The meeting took place at 2.30 p.m.

The minutes of the autumn meeting were read and confirmed. The following candidates for membership of the Association were unanimously elected :

DE VINE, MICHAEL GEORGE, M.B., B.Ch.N.U.I., 126, Harley Street, W. 1.
Proposed by Drs. Henry Devine, R. M. Macfarlane and Noel Harris.

RATCLIFFE, TOM ARUNDEL, B.A., M.B., B.Chir.Cantab., M.R.C.S., L.R.C.P., Assistant Medical Officer, St. Andrew's Hospital, Thorpe, Norwich.
Proposed by Drs. Henry Yellowlees, R. Worth and H. Beccle.

MCCOWAN, ALEXANDER KNIGHT, M.B., Ch.B., D.P.M., Assistant Medical Officer and Pathologist, Chartham Mental Hospital, Kent.
Proposed by Drs. M. A. Collins, F. C. M. Taylor and P. K. McCowan.

STARR, DONALD, M.B., Ch.B., Assistant Medical Officer, Chartham Mental Hospital, Kent.
Proposed by Drs. M. A. Collins, F. C. M. Taylor and P. K. McCowan.

PRICE, ANNIE BAPTY, B.Sc., M.B., Ch.B., D.T.M.&H., Assistant Medical Officer, Chiswick House, Pinner.
Proposed by Drs. D. I. O. Macaulay, F. H. Hunnard and Margaret French.

The following letter from the National Council of Mental Hygiene was read :

" At the Meeting of the No. 2 Sub-Committee of the National Council for Mental Hygiene on Thursday, January 24, 1935, it was resolved ' that, as a principle, a patient should have direct right of entry to a rate-aided mental hospital provided the patient's own doctor recommended his admission and provided the mental hospital physician was of the opinion that the case was suitable for inclusion in the voluntary category. Thus, if a mentally ill person presents himself voluntarily at a mental hospital, recommended by his own doctor and accompanied by a near relative, and he is examined by the hospital physician and found to be a suitable patient, he should be admitted forthwith as a voluntary patient. Right of refusal is, of course, vested in the mental hospital physicians. It was the opinion of the Sub-Committee that the principle of admission of a voluntary patient to a rate-aided mental hospital should approximate to the practice which is usual in the case of a physically sick person to a general hospital, or of a mentally sick person to a registered or private mental hospital '."

Dr. BROOKS KEITH informed the meeting that in Suffolk a voluntary patient was admitted without question as to social position or means. The Public Assistance Committee was not consulted in the first instance, but was informed after the patient had been admitted.

Dr. MCCALLUM said that at the Ipswich Borough Mental Hospital there was no difficulty in admitting a voluntary patient provided he was regarded as suitable for admission in that category.

Dr. BOWER said that in Bedfordshire a voluntary patient was admitted without first referring the question of his admission to the Public Assistance Committee.

The following were elected members of the Divisional Committee of Management : Drs. Haynes, McDowall, Brooks Keith, Stewart, Lindsay, Sergeant and Sinclair.

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