"It must also be remembered that most of the cases attributed to cardio-vascular degeneration may be attributed to either alcohol or syphilis.

"I again differentiate, when making up the ætiological table between Chinese and Tamils whose illness was due to alcohol, and find that the Chinese appeared two and a half times as often as Tamils.

"This for a race that used to be known for its sobriety is distinctly disquieting, and I am firmly convinced that the giving up of opium is leading the Chinese to alcohol, and that being so all one can say is that the last state of these men is worse than the first."

The death-rate for the year was 6·6% of the average number resident, and deaths from phthisis head the list, followed closely by dysentery and general paralysis of the insane. This is the lowest death-rate ever recorded in this institution, and is attributed to some extent to the practice of isolating all cases of dysentery and phthisis, and of having the stools of every chronic patient examined when he comes up for his periodical examination.

Sixty cases absconded during the year, and Dr. Samuels' remarks on these are interesting:

"I suppose some people throw up their hands at the appalling state of affairs which must exist when 60 patients can get away in one year. But I think those will probably be people who know nothing of my methods. Those who do will know that my practice is to give as much freedom as possible, and to give as many patients as possible the advantage of healthy employment. I would prefer to have escapes rather than have patients cooped up in the wards and cells all day, the latter method being the surest way to push patients into dementia."

The public even now rarely realize that the surest way to prevent escapes and the surest way to prevent recovery is to build walls high enough and in sufficient number, and rarely give credit to the medical superintendent, who is prepared to take any amount of risk purely in the interest of the patient rather than do this. An escape usually means that the medical superintendent has the interest and the welfare of his patient at heart, whatever else it may mean.

Dr. Samuels is to be congratulated on his year's work; his difficulties and anxieties are known now to all of us.

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

The usual Quarterly meeting of the Association was held on Tuesday, February 16, 1926, at 19B, Tavistock Square, London, W.C. 1, the chair being occupied by the President, Sir Frederick Mott, *K.B.E.*, F.R.S.

The Council and Committees met earlier on the same day.

MINUTES.

The minutes of the previous meeting, having already appeared in the Journal, were taken as read. They were approved and signed by the Chairman.

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Obituary.

The Death of Dr. Henry Rayner.

The President said he regretted to announce the death of Dr. Rayner, who had been a very important and active member of the Association. He had filled the posts of General Secretary, Editor of the Journal and President, and in many directions the Association owed much to him.

Dr. Percy Smith said he had been closely associated with the deceased member for the past twenty years on the Council of the Mental After-Care Association, and it was only early last month that he wrote to say he was obliged to resign the Chairmanship because he found that his health was failing. In fact he had not been able to attend its meetings during the winter months. It was only as recently as February 3 that he wrote a letter to Miss Vickers, the Secretary, sending a donation of £500 to the funds of the After-Care Association. As he died five days later, on February 8, it was evident that he retained the full vigour of his faculties to the last. He had reached the age of 84. He would also remind his hearers that Dr. Rayner, Dr. Hack Tuke and Mr. Hawkins (who was Chaplain of Colney Hatch Asylum) were the founders of the After-Care Association for helping recovered patients on their discharge from asylums. The amount of work done by their deceased friend for that body between 1878 and the present time had been enormous, and he maintained the fullest sympathy with it right up to the end. Dr. Rayner entered as a student at St. Thomas's Hospital in 1861. He took several prizes in the school, and qualified for the Cheselden Medal. In 1870 he began his connection with mental diseases as assistant medical officer to Bethlem Hospital, where he was under Dr. Rhys Williams, the Superintendent, also a St. Thomas's man. In 1872 he went to Hanwell Asylum, and was Superintendent there for many years. Dr. Rayner joined the Medico-Psychological Association in 1870; he was General Secretary of it from 1877 to 1889, and was its President in 1884 and 1885, the year the speaker joined. He was Editor of the Journal from 1895 to 1911. In 1878 he commenced his lectureship in Mental Diseases at St. Thomas's Hospital; and it was important to mention that Dr. Rayner started the first out-patient department for mental diseases in connection with any general hospital in London, *i.e.*, at St. Thomas's. It was still in being, now under Dr. Stoddart.

He had said enough to make it clear that Dr. Rayner did an enormous amount of work for this Association, as well as a very great work of a charitable nature for the After-Care Association. At the last meeting of the Council of that body a vote of condolence was requested to be sent to the relatives expressing appreciation of what he had done. He was buried on February 12. He did not know whether any member of this Association was able to be present at the funeral, but the Mental After-Care Association was represented at it. It would be right for this meeting to decide that the General Secretary send a letter of condolence to his relatives, expressing appreciation of the work he had done for the Association. Dr. Rayner was survived by Mrs. Rayner and a married daughter, and by two sons who were in the medical profession.

This was agreed to by members rising in silence.

The late Dr. W. D. Moore.

Dr. Percy Smith said another member of the Association died quite recently, namely, Dr. Moore, of the Holloway Sanatorium, Virginia Water. A fortnight before this his predecessor in the institution, Dr. Rhys Phillips, also died.

A resolution of sympathy and condolence with his family was carried in silence.

Matters Arising out of the Council Meeting.

Dr. Worth (General Secretary) said that at the meeting of the Council that day the Treasurer asked permission to invest £800 of the Association's funds and also £150 of the Gaskell Fund. Owing to several of the Gaskell Fund Trustees having died it was necessary to fill the vacancies so caused. They had been filled by Dr. M. J. Nolan and Dr. W. F. Menzies, Past Presidents. The late Dr. H. Rayner was also a Trustee, and the present President, Sir Frederick Mott, had consented to take his place.

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In the Foundation Scholarship at Epsom College, the Association had ten votes, and it was suggested at the Council meeting that these could beneficially be given to a candidate proposed by Dr. Rambaut.

The Association had been invited by the General Nursing Council to send representatives to a conference to amend the syllabus for the nursing of mental defectives. It was decided to ask Dr. E. S. Littlejohn, Dr. Langdon Down, Dr. F. D. Turner and Miss Turner, Matron at the Royal Eastern Counties Institution, Colchester, to represent the Association.

Members will have noticed that since the last gathering the meeting-place of the Association had been changed. He announced the terms of the agreement with the British Medical Association.

The winner of the Gaskell Prize was Dr. W. S. Dawson, of the Maudsley Hospital. The Council decided to recommend the granting of two extra prizes of £20, namely, to Dr. William Moody, of Horton Mental Hospital, Epsom, and Dr. John Bostock, of the Mental Hospital, Sydney.

As members were probably aware, an attempt was being made to bring all civil servants, including the officers and staffs of mental hospitals, under the Local Government and other Officers' Superannuation Act, 1922. But the provisions of that Act were not so good as were those under the Asylums Officers' Superannuation Act, 1909. Therefore a subcommittee had been formed to draw up a *précis* of evidence to be presented to the Departmental Committee. It was felt that inclusion under the 1922 Act should be opposed strenuously. To-day the Council proposed that a letter be written from the Association to the Chairman of the Departmental Committee, requesting that the mental hospital employees be treated as an excepted service, like school teachers and the police. It was hoped that this general meeting would agree to that course. He, the speaker, formally proposed that the letter be authorized.

Lt.-Col. J. R. LORD seconded, and it was carried.

The SECRETARY announced that the Annual Meeting this year would be held in London, commencing on Monday, July 12.

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated Dr. D. McRae and Dr. T. C. Mackenzie as scrutineers for the ballot.

The following were unanimously elected ordinary members ot the Association:

RAMSAY, JOHNSTON CAMPBELL, M.B., B.Ch.Belf., Assistant Medical Officer, Claybury Mental Hospital, Woodford Bridge, Essex.
Proposed by Drs. G. F. Barham, F. Paine and H. W. Parnis.

BOYD, WILLIAM, M.B., Ch.B.Edin., D.P.H., Assistant Medical Officer, Fife and Kinross District Asylum, Cupar, Fife.
Proposed by Drs. Jas. W. Skeen, C. J. Shaw and F. E. Reynolds.

HOPWOOD, JOSEPH STANLEY, M.B., B.S., M.R.C.S., L.R.C.P.Lond., Medical Officer, State Criminal Lunatic Asylum, Broadmoor.
Proposed by Drs. R. Fitzroy Jarrett, R. Worth and G. Warwick Smith.

WALK, ALEXANDER, M.D.Lond., D.P.M., Assistant Medical Officer, Cane Hill Mental Hospital, Coulsdon, Surrey.
Proposed by Drs. S. Elgee, O. P. Napier Pearn and P. McLuskie.

DISCUSSIONS ON PSYCHIATRIC SUBJECTS OF PUBLIC INTEREST.

The PRESIDENT said he had been approached by several important members of the Association with regard to the desirability of holding discussions on psychiatric subjects of public interest. It had been suggested that these would be psychoanalysis, and the question of sterilization of mental defectives. These were both occupying a good deal of attention in the public Press at the moment, and he thought some opinion by the Association on them would be valuable, especially if the Medico-Legal Society or members of the legal profession could be induced to take part in their proceedings.

A long discussion followed, in which Prof. G. M. ROBERTSON, Col. J. R. LORD, and Drs. J. G. SOUTAR, BEDFORD PIERCE, L. J. W. TIGHE, D. MCRAE, J. CARSWELL, PERCY SMITH, R. EAGER and T. C. MACKENZIE took part. The acoustics of the hall were very bad, causing much confusion and misunderstanding as to the point at issue. This was to some extent remedied later. To test the feeling of the meeting

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Col. LORD proposed that the May meeting be extended to two days: the first would be devoted to hearing the Maudsley Lecture, and the second to a discussion of a subject to be selected by the President and General Secretary. On being put to the meeting the motion was declared lost.

PAPER.

"Blood and Vascular Conditions in Psychoses," by Dr. ISABEL MCDOUGALL ROBERTSON.

The PRESIDENT said he felt that members would wish to thank Dr. Robertson for her paper, which was a very valuable one.

Dr. F. L. GOLLA said he thought Dr. Robertson was correct in saying that this reaction was one which could be obtained with unfailing accuracy if proper precautions were taken; it was the precautions which were of value. Given certain precautions, after the ingestion of milk it could be obtained in all cases. But if anybody carried out the reactions in the hope of discovering some form of mental or nervous disease he would be disappointed. These tests were an index of a reaction of the involuntary nervous system to this stimulus. One of the most interesting results was obtained in the case of normal people on a change of posture—lying down and standing up. Dr. Robertson found that in one posture she got leucocytosis, in the other leucopenia; in cases giving the hæmoclastic crisis the reaction was recovered. Therefore it was a simple phenomenon, which was uncomplicated by the question of the ingestion or absorption of foreign proteins. In the hæmocratic crisis, after breakfast there could be a leucocytosis, and later there might be a change—in fact any alteration of the state of stability of the person would cause the reaction. In 1912 there was found to be the same reaction in the bronchi and the musculature of the lungs; that if the bronchioles were contracted, as in asthma, there was one reaction, if dilated there was reversibility—the same reversibility as in the sympathetic system elsewhere. A minute dose of adrenalin would cause relaxation, a larger dose would cause constriction. These reactions depended on the state of the receptive organs.

These results seemed to him to be of interest, not because they furnished any diagnosis of the disease—they did not do that—but because they showed that there was an organism permanently in a certain state of equilibrium, or dysequilibrium, in which stimulation of that system might be caused by alteration in position, or it might be by ingestion of milk, or it might be by simply pricking the skin and injecting a drop of distilled water. Whatever might be chosen for the stimulus there was an abnormal response; and if there was a reversal of that response it did not mean it was anything of enormous importance. It might mean that a person during anger or grief might get a vegetative system response different from the normal. The trouble was that it was because it was a response of a very delicate nature on the part of the vegetative nervous system, and the action on the arterioles and capillaries was so delicate that it required great clinical acumen to obtain the reaction. It had to be remembered that it was not a matter of indifference if the skin were pricked twice within two or three minutes; if one obtained the blood by pricking on two occasions within two or three minutes of each other, the leucocytes and the reds would be different on those separate occasions; and that was only an expression of the alteration of the calibre of the blood-vessels in response to the skin stimulus. If one allowed over five minutes to elapse between the two prickings the difference was not so marked, and within an hour the normal equability had been restored. And care must always be taken to have the patient's arm held in the same way. He had watched Miss Robertson at work and had seen the precautions she took, and she invariably got constant results. After the diagnosis the cases were referred to the hospital. In cases of dementia præcox there was a particular form of stimulus for reactions of the vegetative nervous system; and by thyroid or adrenalin administration some means of treatment were available.

A further point was the prognosis. On writing to the doctors of patients after their discharge, it was found that the vast majority of those patients who gave one reaction were worse after three months, while those who gave the other reaction were better. It seemed, therefore, that this reaction was of some use in prognosis; it pointed to a certain disposition in the nervous system, but the less it was dogmatized about at present the better. He did not regard it as an

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anaphylactic reaction; it was one which could be induced by multiple stimuli—stimuli which could not be co-ordinated with the ingestion of any foreign protein. Dr. Robertson had not given in this paper all the later results she had arrived at, such as the hydrogen ion content of the blood, but some of these data were being compiled.

The results she had given showed clearly that there was an abnormality of reaction of the blood to various stimuli in cases which also showed the hæmoclasic reaction, and that was of great importance. Reactions might be reversed if there occurred alterations in the ion distribution.

The great point about the reaction seemed to be that at the bottom of these nervous conditions there was a maldisposition of the vegetative nervous system. If the whole body reacted in an abnormal fashion to such a simple stimulus as lying down, it was not difficult to understand how, in organic reactions, the emotion would be disturbed profoundly in the types of cases under consideration. Perhaps the less one said about mechanism the better. Much had been said about the relationship of the splanchnic and vaso-motor mechanisms, but the skin was the great centre for reactions. The response might show itself in a local splanchnic area, especially the liver, because the liver could absorb such a large proportion of the blood of the body. Owing to the adjustments which took place between basic and central mechanisms, puzzling alterations of response occurred. This research he regarded as of fundamental importance because, for the first time, they were getting physiologically what the President had shown histologically—a generalized alteration of tissues throughout the body in what were called the psychoses. When investigating function, one had not to think about whether a patient's functions were statically abnormal—whether, for instance, one could find an abnormal urine—but how did he respond to some stimulus? It might be a violent stimulus, or it might be only a very mild one. Those were the lines on which the work was going forward in the laboratory, trying to ascertain how patients were reacting to stimuli.

Dr. A. A. W. PETRIE said he had gone over these figures with Miss Robertson and he had tried to arrive at a diagnosis, but he, like others, had found it hard to do so in very early psychoses or even neuroses, especially as the people did not always remain in the same state. A large mass of figures was gone through, and one or two facts stood out. One was, that the anxiety cases presented a very considerable proportion of positives, and that was what made the figures, in regard to prognosis, difficult, becausc the anxiety type of case, whether it improved or recovered, could be treated at home, and only came back to the hospital when they had had an exacerbation. A high proportion of anxiety cases gave a positive reaction. He would like to know what state they were in when they did not give a positive reaction; they had not close enough notes when the test was taken. Possibly a person in an exaggerated condition, with tremors, would always give the reaction. In the other cases, which did not give real tremors, there may have been a mistake in the diagnosis. About 80% or anxiety cases gave the positive reaction. Another result which came out was that a very high proportion of cases of dementia præcox gave it. They were labelled as of three degrees—dementia præcox plus, dementia præcox, and dementia præcox minus. It was very difficult to label early adolescent cases as to whether they were præcox or manic-depressive. In some cases in which there was grave doubt the test conformed to the after-effects, *i.e.*, they became afterwards cases of stiff dementia præcox. In such cases, no doubt, the test would help greatly in prognosis. As to the melancholias, he was left in doubt. He tried to think of the type of melancholia which started with the anxiety type of symptoms, but of those there were very few to choose from, and he was disappointed that that type did not always prove positive. It might be helpful in the hysterics, because of these a number proved negative. The impression he was left with was that those were all outstanding states of dementia præcox and that of anxiety, and that in both of them there was a very distinct disturbance of the vegetative nervous system. It was, however, difficult to give a prognostic value to the test, *i.e.*, as to which persons were likely to end up by being certifiable.

The PRESIDENT remarked that he was glad to hear Dr. Golla say this test was not so useful as a means of diagnosis as it was a fundamental principle with regard to the influence of the vegetative nervous system. But it was a very important piece of work as showing the disequilibrium of the vegetative nervous system

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which was common to all these forms of psychosis. He thought that possibly owing to the alteration in the hydrogen-ion content of the blood, the surface tension of the fluid might be altered, so that the leucocytes adhered more to the side of the vessel. When the capillaries were injured, the same number of leucocytes did not come out into the blood; he understood that the effect on the red cells was less than on the whites. Members would fully appreciate the value of this long and careful piece of work, and, on behalf of those present, he begged to thank Dr. Robertson for her paper.

The thanks were accorded by acclamation.

Congratulations.

The President said he felt that members of the Association would wish to offer to Prof. Robertson their cordial congratulations on his being elected President of the Royal College of Physicians of Edinburgh. A very distinguished former member of this Association had occupied that post in the past, Dr. Clouston, afterwards Sir Thomas Clouston. Dr. Robertson succeeded Clouston at Morningside Asylum, and now he had followed him to that other very distinguished honour. (Applause.)

Prof. Robertson, in reply, said it was very kind of the President to make that speech in the name of the members, and assured the gathering that what gave him as much pride in the new post to which he had been elected as anything was that the new President of the College should be a member of this specialty.

SCOTTISH DIVISION.

The Autumn Meeting of the Scottish Division was held at Craig House, The Royal Hospital at Morningside, Edinburgh, on Friday, November 27, 1925.

Prof. G. M. Robertson occupied the Chair, and thirty-five members registered themselves as being present.

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

The Secretary submitted letters of acknowledgment from Mrs. Parker and Dr. J. S. Fraser, thanking the Division for its letters of sympathy.

Apologies for absence were intimated from Sir Arthur Rose and others.

The Business Committee was appointed, consisting of the Nominated Members of Council, the two Representative Members of Council, the Chairman of the Division *ex officio*, along with Dr. Douglas McRae, Dr. Aidan Thomson and the Divisional Secretary.

Dr. R. B. Campbell and Dr. Neil T. Kerr were nominated for the position of Representative Members of Council, and Dr. Wm. M. Buchanan was nominated for the position of Divisional Secretary.

The following candidates, after ballot, were admitted as ordinary members of the Association:

John King Grant, M.B., Ch.B.Aberd., Assistant Physician, Aberdeen Royal Mental Hospital, Aberdeen.

Proposed by Drs. Dods Brown, Annandale and Craig.

Agnes Mildred Macgowan, M.B., Ch.B.Edin., Assistant Medical Officer and Pathologist, Bangour Mental Hospital, Bangour, West Lothian.

Proposed by Drs. Keay, Crichlow and Buchanan.

Donald Ewan Cameron, M.B., Ch.B.Glasg., Assistant Medical Officer, Glasgow Royal Mental Hospital, Gartnavel, Glasgow.

Proposed by Drs. D. K. Henderson, Aidan Thomson and Skottowe.

The Secretary reported that the Registrar of the General Nursing Council for Scotland had intimated his Council's agreement to the Division's wishes as to the teaching of anatomy and physiology of the nervous system. The Advisory Committee of the Division, since the date of last meeting, had also (1) fixed the time allowed for the G.N.C. Final Written Paper at 3 hours; (2) agreed upon a list of equipment for the G.N.C. Final Oral and Practical Examination; (3) nominated Medical and Nurse Examiners for the written and oral and practical parts of the said examination; (4) adjusted the form of the certificate of instruction for candidates.

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