VISIT TO THE MORRIS MOTOR WORKS.

In the afternoon members and their guests visited the Morris Motor Works by the courtesy of Sir William Morris, Bart.

There they saw in operation a fine example of British mass-production. They were keenly interested in the psychological reaction displayed by the workers, who, with no exception seemed a cheerful band, alert and interested in their work. It was ascertained that those doing what might be called monotonous tasks received extra remuneration, and that they remained at the job permanently. For the most part they were Oxford countrymen previously employed on the land.

GARDEN PARTY.

From 4–6 p.m. members and their guests attended a Garden Party given in the grounds of the Warneford Hospital by the Chairman and Committee of Management and Dr. and Mrs. Neill.

Over 200 were present and were greatly interested in the exhibition of beautiful work done by patients instructed by occupational therapists. A most enjoyable and restful afternoon was spent.

THE ANNUAL DINNER.

By kind permission of the Dean, Canons and students, the Annual Dinner took place in Christ Church Hall, Oxford. The President, Dr. T. Saxty Good, *O.B.E.*, presided.

The official guests included: The Rt. Hon. A. Greenwood (Minister of Health), Viscountess Harcourt, Capt. G. T. Button and Mrs. Button (Mayor and Mayoress of Oxford), the Rt. Rev. E. D. Shaw (Assistant Bishop and Archdeacon of Oxford, and Canon of Christ Church), Sir Arthur Robinson, *G.C.B.* (Permanent Secretary, Ministry of Health), Dr. Nathan Raw (Lord Chancellor's Visitor), L. S. Brock, *C.B.* (Chairman, Board of Control), Sir William Morris, Bart., Miss Ashurst, Mrs. Good, Sir E. Farquhar Buzzard, Bart., *K.C.V.O.* (Regius Professor of Medicine, Oxford University), and Lady Buzzard, Sir Humphry Rolleston, Bart., *G.C.V.O.*, *K.C.B.* (Regius Professor of Medicine, Cambridge University), Prof. Dreyer (Oxford), Prof. August Wimmer (Copenhagen), and Mrs. Wimmer, Prof. Jan Piltz (Cracow), Prof. W. Spielmeyer (Munich), Sir Squire Sprigge (Editor, *Lancet*), Lord Saye and Sele (President, Warneford Hospital), Dr. F. A. Dixey (Chairman, Warneford Hospital), J. H. Morrell (Chairman, Littlemore Hospital, Oxford), Capt. M. V. Weyland (Chairman, Mental Deficiency Committee, Oxford), Miss Evelyn Fox (Mental Welfare Association), Miss Vickers (After-Care Association), and others.

Dr. J. R. Lord (Co-Editor, *Journal of Mental Science*) and Dr. A. W. Neill (Physician-Superintendent, Warneford Hospital) were croupiers.

TOASTS.

The CHAIRMAN proposed the toast of "The King," and it was loyally pledged.

"THE CITY OF OXFORD."

Dr. NATHAN RAW, *C.M.G.*, in proposing this toast, said it was one which, he was sure, would be received with great enthusiasm. It was that of "The City of Oxford," and with it he was coupling the names of the Mayor and the Mayoress. When the President asked him to propose this toast he wondered what he could possibly find to say that was new with regard to this wonderful city of Oxford, and he came to the conclusion that he could say nothing new about it. Oxford was one of the names which extended round the whole civilized world, and scores of thousands of the most brilliantly intellectual men and women had lived in this great City and had conveyed their knowledge and their culture to every part of the world. (Hear, hear.) It was not his purpose, however, that evening to speak of the University; that, of course, was a different part of the great

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city of Oxford; he was to speak of the Municipality. It had been a very happy thought on the part of the Mayor and Mayoress to ask the Association to partake of their hospitality at the Town Hall on the previous night. (Applause.) That little function was one of the most restful that he had ever attended; it was a quiet talk with friends, while listening to charming music and being received most graciously by the Mayor and Mayoress. He wished, on behalf of the Association, to offer them grateful thanks for their thoughtful kindness.

A great Oriental in London the other day said that two thousand years ago, in his country, after-dinner speeches had been prohibited by Imperial Decree, the penalty for disobedience being decapitation! The speaker was very glad that that rule had not been enforced that evening. Still, the remarks he had to make must be brief, as there was a long list of speakers.

There was one great thing in connection with the Royal Medico-Psychological Association which had occurred this year, and which was really an eventful affair in its life, namely, the passing into law of the Mental Treatment Bill. That Bill, which would soon be an Act, would confer an immense boon and benefit on large numbers of those people who were in the early stages of mental disorder; and he wished here to say how pleased he was that this great Bill had been passed through Parliament during his term of presidency of the Association. He took the opportunity of saying how delighted the Association was to have present the Minister of Health—(Applause)—without whose powerful aid and driving force this Bill would never have passed through the Legislature. The Association thanked him most gratefully for all the efforts he had put forward on its behalf.

One other point he wished to mention with regard to the Municipality of Oxford; that was, that in addition to the great reputation the University gave to their city, there was now in Oxford the most wonderful industrial development in the country, namely, the Morris Motor Works. (Applause.) He was very glad indeed that Sir William Morris, whom members welcomed at the Dinner, had invited them to look over his works; and it was gratifying that he gave the name of the city to one of his best cars, and so enhanced the reputation of Oxford too.

The toast was cordially honoured.

THE MAYOR OF OXFORD (Capt. BUTTON) thanked the company very much indeed for the kind way in which they had received this toast, and expressed his appreciation of the very kind terms in which Dr. Nathan Raw had proposed it. He felt he could safely assume—he knew it was true in regard to himself—that the honour which had been paid in this toast was one which was not offered to the members of the City Council personally, but to the City of Oxford, and he was proud for that reason. He wished to take this opportunity, the first he had had, of bidding the Association welcome to their beautiful city. He did that with the utmost sincerity. When he heard that the Royal Medico-Psychological Association was coming he admitted that, though he had heard of the Association before, in the multitude of everyday duties he had not paid the attention to its existence that it deserved. Therefore he had been at considerable pains to find out what it really represented. The first authority to whom he turned said, "That is all right, Mr. Mayor, they are the chaps who look after the lunatics." (Laughter.) The second authority averred that the Association had something to do with ghosts. (Laughter.) Since that time he had been at some pains to inform himself a little more exactly, though not perhaps with that accuracy which men of science would desire, and he found that the Association's efforts were directed towards the alleviation of a form of human suffering which was, perhaps, the most disastrous of all. It was for that reason he knew that there was no one in Oxford who would not welcome the members of the Association as sincerely and heartily as he was doing so that evening. He bade them a very hearty welcome to the City of Oxford. (Applause.)

Some of those present might never have been in Oxford on any previous occasion. He always had a very warm feeling for "the stranger within our gates," yet he envied him intensely, as it was a most enviable thing for anyone to find himself in a beautiful city like this for the first time. He would say to such, "I wonder what sort of a city you expected to find."

He was very glad to be able to speak on this occasion in the presence of Sir William Morris, because what he had to say had special reference to that gentleman. Did his hearers expect to find a city which had been spoiled by industrialism?

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Ten years ago it was prophesied that this would be the case; that Oxford would become an English Detroit, broadcasting motors all over the streets. Oxford achieved the distinction of a cartoon in *Punch* on the subject the future of the city, and now he was glad again to say in Sir William Morris's presence that time had shown how ill-founded and idle were those fears of ten years ago. Oxford was proud of Sir William Morris, and Oxford had not been spoiled. He hoped the President had been at pains to show the guests who had come to the city for the first time something of what it contained. He would direct their attention to those views of Oxford of which he himself never wearied, and which would show them how beautiful a place it was—views from Hinksey and from Boar's Hill. They were very beautiful in the light of dawn. (Laughter.) He did not know whether the Association would leave in an excursion party there to-morrow morning; if so they would not get him to join them! (Laughter.)

Many of his audience lived in Oxford, others had returned there. Some had probably not returned since their undergraduate days; they were treading the city's streets again, trying to recapture their lost illusions. He himself had been trying to do that for the last twenty-five years, but he had not succeeded. He hoped this gathering would agree that the work which had been done by the City Council had not been done in vain. He hoped those present had come to an improved Oxford, to an Oxford which was yet more beautiful. Certainly they had come to an Oxford which was now larger than it used to be, because recently it became the duty of the City to extend its boundaries. That step was not taken in any light spirit, nor in any spirit of adventure; it was taken only after very serious consideration and much controversy at the meetings of the City Council. It was his firm conviction and hope that the future would show how entirely justified that step was.

It was not for him on the present occasion to enter, in detail, into the many problems confronting the city at the present moment. There were many things which he would like to say, but the boundary extension was the most epoch-making event which had taken place in the history of the city in recent times. Accusations had been laid against the City Council that it did nothing to beautify Oxford. He left the verdict as to that to those who came after them; he felt that they would agree that such an accusation was not justified. (Applause.)

He wished to thank the company very much indeed for the very cordial way in which they had honoured the toast of the City of Oxford. He also wished to thank Dr. Nathan Raw for the very kind terms in which he had proposed it, as well as for the kind invitation the Association had extended to the Mayoress and himself to dine with them. (Applause.)

"The University of Oxford and Faculty of Medicine."

The Rt. Hon. A. Greenwood, *P.C.*, *M.P.* (Minister of Health), in proposing this toast, said: I feel a new embarrassment to-night. It has been my misfortune for many months now to respond to toasts, and not to propose them. I have had to reply on many occasions for either His Majesty's Government or the Ministry of Health, and from experience I can say that the latter toast is the one which it is easier to reply to. It is very difficult to reply for a very large number of people; it is very easy to reply for what I believe to be the most fundamental of all Departments of State.

I am called upon to-night, in all my innocence, to propose the toast of "The University and the Faculty of Medicine." I could spend a long time on the first part of the toast. I have heard hard things said against Oxford, especially by those who come from Cambridge. (Laughter.) I have heard hard things said about two ancient universities by people who come from certain other universities that exist in Great Britain, but it is true that Oxford has succeeded in the extraordinarily difficult task of keeping alive ancient learning without hiding its eyes from the new learning that is dawning.

I have heard it said by unkind persons that Oxford is the home of lost causes. Having been myself one of those who belong to causes that had never been found and therefore could not have been lost, I have a certain sympathy with Oxford. But at least this ancient University has treasured these causes with a delicacy and

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with a sensitiveness of feeling that I think we have all got to respect—we did so in the past, but with a little natural reluctance; and now we realize that she is prepared to look forward to the possibilities of the new knowledge of the future. And Oxford has a distinguished place in that realm of knowledge which is devoted to the health of our people. There are in Oxford now a number of distinguished members of the medical profession who have added to the knowledge of their time, who have given a new standing to the profession, and who at the same time have not forgotten that medicine, however wide its ramifications may be, is a relatively minor branch of human knowledge. And I am especially glad to think that we are meeting here to-night in this city, at a time during the annual meeting of this Association when we have in our midst Sir Farquhar Buzzard, who is not only a Regius Professor—which I am told is a wonderful thing to be—(Laughter)—in this University—but is a distinguished scholar who has a very intimate association with the problems which have brought this Association of yours to the City of Oxford.

Oxford happens to be a city where a great deal has been done in the sphere of mental treatment. (Hear, hear.) It is very fortunate, I think—it may have been a carefully organized arrangement, and I do not want to call it a cold or a mechanical arrangement—that this Association should meet here when your President, Dr. Good, is one whose name will always be remembered in this city and this county for the work that he has done in those lines of activity in which this Association is specially interested. (Applause.) Oxford, fortunately as I think, has never believed in the principle of early specialization. Speaking as a politician, I can see no virtue whatever in specialization, for it has never come my way. Life would have been easier for me if it had done. But you have, in this city, an opportunity—for the University of Oxford has always kept to the broad basis of knowledge without a premature specialization—(Applause)—you have now an opportunity, because of the generosity of Sir William Morris, not of a mere narrow, miserable specialism, but of research and practical development on a broad aspect of human life, an opportunity which I hope Oxford will fully utilize. When I heard the word "Morris" uttered for the first time to-night, I immediately shivered down my spine, for this reason. It was my good luck—or my misfortune—not long ago, on leaving the House of Commons one night, to be sent into the world of the unknown for a short period of time, having been knocked down by a mechanically propelled vehicle. It is true that those souls who have no sense of responsibility said that one ought to have taken more water with it at that time of night, and most of my friends in the House of Commons suggested that I must have been run over by a London General Omnibus; but I grieve to say, and to say it in the presence of Sir William Morris, that I was knocked down and suffered substantial physical damage because of a Morris car. (Laughter.) And if one is to be knocked down by a car, I see no reason why one should not be knocked down by a British car. That is my contribution to the turn of British prosperity. Sir William, besides being a leader of British industry, has proved that there is a new alliance between those who are responsible for our productive industries and the advance of learning, and I would like, if I may in his presence, to pay my humble tribute to him for his extraordinary generosity, and, more than that, for his wide vision, and because he has realized the possibilities of what he is doing for the Radcliffe Infirmary. (Applause.) And I should hope that in that development something may be done to deal with those problems which are the special province of the Royal Medico-Psychological Association. I know nothing about this, but I am expressing a hope which I trust may be realized, for we have now, in this country, a new opportunity of dealing with this problem in mental disease.

My friend, Dr. Nathan Raw, has said certain kind things about me to-night. I happen to be a mere instrument in this development that is taking place in our public health services. I should have liked here to-night, to have been able to say that the Mental Treatment Bill was on the Statute Book. It is virtually on the Statute Book, but virtue does not count. (Laughter.) When I say "virtually" I mean "nearly," and "nearly" does not count either, except in so far that it is now merely a matter of days before "The Mental Treatment Act, 1930" will be the law of the land. (Hear, hear.) Parliament is an extraordinary institution. (Laughter.) I have come to that conclusion after a relatively short experience of it. When you introduce what is called "an agreed Bill," you find you have to

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spend wearisome days in Committee, listening to people who say how wonderful it is, and yet who would like to smother it in blankets, and to other people, who do not like it, for no reason that they can adequately define. But, after a rather wearisome period in Committee, the Mental Treatment Bill has passed through both Houses of Parliament. I take no special credit for it to myself. It is quite true that when I was a junior minister in 1924 and had to announce the Terms of Reference and the *personnel* of the Royal Commission, I received more letters from lunatics than anybody has since, including one from a lady who said she saw the Devil on the previous Sunday coming out of a Wesleyan chapel, wearing a straw hat and carrying a pot of red paint! Since that date those of you who are interested in this Association have, by mobilizing and co-ordinating your knowledge, impressed your views on that Commission, and it has arrived at a Report which it has now been my privilege to carry partly into effect. I say "partly" because, as I have already indicated to you, Parliament is an extraordinary institution, and we have had to choose, this session, between "going the whole hog" and perhaps not getting out of it even the smallest pig that ever was, and on the other hand, biting off as much as we could chew, and digesting it. My own view was that we should bite off what we could chew, that we should proceed by guile—(Laughter)—that we should try to get the maximum of new powers with the minimum of opposition. That is why we were modest in our desires. We have now done something which, I believe, opens, if not a chapter, a minor chapter, or at least a footnote in the history of medical services of this country. (Applause.) I have thought for many years that one of the tragedies of our public health service was the view that physical disease was one thing, and mental disease was an entirely different thing. (Hear, hear.) I felt that there was something—if I may say so—essentially indecent in this view that mental disease had in it an element of horror, so that it ought to be hidden away from the eyes of the people. I see no more reason for being ashamed of having something wrong in the head than of having gout in the foot. Indeed, on the whole, behind something mentally wrong there may lie a more virtuous life than behind gout.

We have, in this Bill, got back to the view that mental disease is disease (Hear, hear); it is not an "act of God," not something of which people ought to be ashamed, but something which, taken in due course, may perhaps be dealt with and treated, and at the end of which the patient may again be a sane and normal citizen. And we have got back here, too, to this view: that there should be no distinction between the rich and the poor. I happen to have spent my life mainly in the category of the poor, and I suppose that, sooner or later, I shall go back to that category—(Laughter)—and I see no reason why, because I happen to be able, at this moment, to have Treasury notes in my pocket, I should be able to escape the dreadful stigma of certification, when my brother or my cousin, worse off than I am, is unable to escape. And we have, in this Bill, got rid, so far as we could, of what is undoubtedly a stigma, that stigma of certification required if the ordinary man and woman in the street is to receive mental treatment at all. You know the Bill better than I do; the only thing you do not know better than I do is, how to get a Bill through the House of Commons—(Laughter)—and that is nothing to do with mental treatment; all it proves is that there are people in the House who are either Clause 1 or Clause 5 cases. (Laughter.) But I don't want to elaborate that, nor do I wish to give you the names of the people in those two categories; if I did, you would find there is a residuum who ought to be certified. But it has been possible, with a very generous measure of good-will in the House of Commons amongst all political parties, to put this Bill on the Statute Book. I believe that it has tremendous opportunities and possibilities. It is not a Bill that I invented; it is a Bill which, whatever may be said about the Royal Commission, expresses partly—I do not say completely—the views which this Association has treasured for quite a long time. I am glad to think that I have been a very minor instrument in helping to put a measure on the Statute Book which will make it possible for us to assimilate into the general public health system of this country this disease which has for so long stood aside, and which has never had an opportunity of early treatment such as it may get under this Bill. Far be it from me to preach to the University of Oxford, or to the Medical Faculty of the University; I should shrink from the thought of giving advice, either to the city or to the University or to the Faculty of Medicine. Only I would put this—and I feel I can put it with confidence, because

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Sir Farquhar Buzzard happens to be not merely a distinguished Professor of this University, but a scholar who has shown his practical interest in the problems of neurology and of mental disease—I feel that the Conference which is now meeting here has a certain right to appeal to the University, because of the Professor of Medicine's position here, to support the magnificent work which has been done in this city under the inspiration of Dr. Good, who has been carrying out in advance of the Mental Treatment Bill many of the things that many of us want. I am emboldened, on your behalf, to appeal to the University to continue this work as an essential part of the research and teaching which must be carried on in the interests of the public health services of this country.

I am delighted to be here to-night because the Mental Treatment Bill happens to be—I was going to use a phrase which we often use in the House of Commons, and which I hope no one here will object to—it happens to be my baby, and a thriving baby of the family—and here again one must be careful—which I hope my Department may present to the world and bring to a state of maturity and usefulness. I am glad to be here also because of the work which we all know Dr. Good has carried out with great distinction in the sphere of mental treatment. (Hear, hear.) I am glad to be here because Oxford happens to be one of the most beautiful cities in the country. I am glad to be here because its University is now endeavouring to link the past with the present and the future. (Applause.) There are chapters in our past of which we should be glad to be rid; there are chapters in our past of which our nation must be proud, and those who in this ancient University have, from generation to generation, carried along the torch of learning are entitled to our respect and our reverence. And I will say this: no university can live in the past, no university can live in the present; the only institutions which can live and develop are those which, standing on the basis of approved tradition, look forward to the future. I hope that this University and its Faculty of Medicine, whilst clinging reverently to all that is good in the past, will look hopefully forward to the future. And my own view is that the Faculty of Medicine, because it is a developing science, is one of those departments of university life which will look forward to both the immediate and the remote future. And because we have, in the Regius Professor of Medicine, one who is a distinguished scholar, one who has paid special attention to the problems which have brought this Association here, one who is a physician to the King, one who has the interests of our people at heart—it is because of that I ask you to couple with this great toast, which I am proud to move, of "The University and the Faculty of Medicine," the name of Sir Farquhar Buzzard, Regius Professor of Medicine. (Loud applause.)

Sir E. FARQUHAR BUZZARD, Bart., *K.C.V.O.*, in responding, said: It is significant that His Majesty's Minister of Health, fresh from superintending the birth of a post-graduate medical school in London, has come to bless our conception of a somewhat similar interesting event in Oxford. It may perhaps be inferred that a distinguished member of the Labour Government regards birth control as one of his most important functions. (Laughter.) But, Sir, speaking on behalf of the University and of the Medical Faculty, we welcome your presence here to-night most cordially, not only as a Minister ready to bestow his blessing upon the Promised Land and what it may bring forth, but as a prospective health visitor, from whom, I hope, we may expect frequent periodic visits, and to whom we may look, perhaps, for sympathetic and medico-psychological after-care. I must confess that our ante-natal period was unduly prolonged, and that it has not been without its anxieties. Indeed, its last days were somewhat disturbed by hints at baby-snatching. But a fairy godfather, in the form of Sir William Morris, appeared on the scene. His name is always associated with prompt delivery—(Laughter)—and our troubles were soon over. I would take the opportunity of expressing, on behalf of the University, our deep gratitude for Sir William's splendid generosity, including that component of gratitude which has been best described as "a lively anticipation of favours to come." (Laughter.)

Ours is an ancient University and an ancient medical school. We are proud of its history, and we take special pride in that period which belongs to the seventeenth century. I would recall to your minds that at that time Oxford could boast of such names as Sydenham, John Locke, Sir Christopher Wren—heard of in other activities—John Radcliffe, and many others. But I want to recall particularly to your memories to-night not only the fact that we are privileged, through the

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kindness of the Dean, to dine in Christ Church Hall—(Applause)—but that Thomas Willis was an undergraduate of this College, and that Thomas Willis, perhaps, has the same relationship to the physiology of the brain that Harvey has to the physiology of the circulation. The publication of his work on the Pathology of the Brain (*Cerebri Pathologia*, 1667) may perhaps be regarded as the foundation of medical psychology, of which this Association is one of the most impressive superstructures. But I could, perhaps, best illustrate the influence on contemporary thought exerted by Willis by quoting from the Diary of the Rev. John Ward, who was also a physician, a few notes on what was then a rather rare event, an autopsy. The words in the Diary are: "My Lady Windsor is dead; her brain was good, as Dr. Willis said, but her liver was rotten"—(Laughter)—adding, "Dr. Willis sets much store on the brain nowadays." That, I think, throws illumination on the popular mental attitude which obtained at that time towards the organ of mind. Speaking once more on behalf of the University Medical School and the University, I should like to say that we are proud that the Association chose Oxford for its annual deliberations this year; we are proud, also, that it chose for its President a man whom we can claim as a graduate, although we prefer to leave him, for certain reasons, not quite within the city, but at a nice safe distance. If he serves the Association as he has served our Medical School, you will be content, and more than content. In fact, I venture to prophesy that by the end of this week you will be paraphrasing the First Chapter of Genesis, and saying, "God has created a man to rule over our works by day and by night, and behold it is Good." (Applause and laughter.)

"The Guests."

Dr. J. Greig Soutar said the toast which he now had the honour of proposing was one which had always been very heartily received at meetings of the Association, and he was certain that the warmth which had been shown in the past would not be wanting on the present occasion.

The toast of "The Guests" was one which commended itself without any advocacy from him. One method which was followed in submitting such a toast was the biographical method; every guest's name was mentioned, and his history was traced from the very earliest time—every pre-natal and post-natal influence which had led to the generation of the distinction which had now become evident. He did not propose to follow that course, and for certain solid reasons, one of which was the length of the list of guests, to every one of whom the Association extended a hearty welcome and good wishes. To speak in detail of each guest would mean our being seen in evening dress in the streets of Oxford in the morning, and that would bring about a scandal to which the Mayor would surely object, and might lead to another interval of eighty-two years before the Association again visited this city—a catastrophe which could not be contemplated with equanimity, and to which he did not propose to be a party. Moreover, he was sufficient of a psychologist to know that one of the great elements in the mental make-up of the guests was modesty, and they would shrink from having their victories and virtues recounted in public.

What impressed him in a general way was that guests were present that evening from almost every activity of life. That was one of the greatest compliments which could be paid to the Association, as it indicated that the study to which it was specially devoted was one which was finding a very sympathetic ear in the community generally. In the earlier days of the Association the guests consisted principally of medical men who were engaged pretty much in the same line of work as were members of the Association. At one time the Association members had to deal with people who had already broken down in mental health; what could be done on the preventive side had not then been so fully recognized as it was now. The wider outlook on the subject had been a matter of development in recent years. Now it was more fully recognized how intimately psychology touched all phases of life.

He had to link with this toast the name of Sir William Morris—(Applause)—of whom a good deal had been heard that night, but not by any means too much. He felt that one little point had been omitted in this connection, namely, that Sir William and those engaged similarly had added enormously to the comfort of medical men. He remembered very well the days when the doctor, especially the

https://doi.org/10.1192/bjp.76.315.894 Published online by Cambridge University Press

country doctor, was never off the road ; now, however, he could get through his work and could do more of it, and still have some leisure. That was an advantage which had not been sufficiently insisted upon. Sir William Morris's munificence in contributing to the fuller efficiency of hospitals in existence, by giving better opportunities for making use of the knowledge that the profession had, and providing facilities for research, had shown great vision—a vision characteristic of a man who understood and applied the principles of psychology. (Applause.)

Another name which he had to connect with the toast was that of Prof. Wimmer, and he would like to include with him the other European visitors and those from our own Dominions. It was gratefully recognized that they were all contributing golden additions to the common fund of knowledge for the benefit of all.

Another name which he had to associate with the toast was that of Mr. Brock, the Chairman of the Board of Control. It gave him great pleasure to do this. Many of those present could have nothing but the most pleasant recollections of a body which had always been helpful to those practising among the insane and the mentally affected generally. Every attempt which had been made, especially in recent years, to advance the subject had been strongly supported by the Board of Control. And though the Minister of Health had graced this function and had been the instrument for carrying the Mental Treatment Bill through the House, much of the inspiration for it had come from the Board of Control, on behalf of which Mr. Brock, the Chairman, had toured the country, visiting the mental hospitals and thus gaining first-hand experience of the practice and knowledge of the aspirations of members of our Association.

Sir WILLIAM MORRIS, Bart., in responding to the toast, said : Mr. President, my Lord, Ladies and Gentlemen,—On rising to respond to this toast I find it very difficult, as an engineer, to find words fit for conveying my thoughts to a gathering of members of the medical profession ; but I would like to carry you back with me, in thought, to my early days, when I met, in connection with business, Sir William Osler. I think it can be said that he was a remarkable man, a man to be followed by members of the medical profession. I can say that I loved him very much, because he was one who understood his fellow men. But we have much to thank God for in the fact that we have to follow Sir William Osler such a man as Sir Farquhar Buzzard. He is a man who could not be surpassed, in the present generation, for his knowledge, more particularly of the nervous system, which is troubling us so much to-day ; in fact it seems that the more civilized we become the more nervous we are. I regret I am unable to speak in the vernacular of the medical profession, but I have done my best, since childhood, to understand something of medicine, for early in my life I wanted to be either a surgeon or a mechanic, but there were no " beans " at that time for me to be a surgeon—in other words, my parents had not sufficient money to produce that effect. But I would like to say that I have followed human anatomy through my various phases to my present position. I think it is wonderful to observe, especially since the war, how things have advanced in rapid stages, especially from the surgical point of view. But I see no reason why, if we work hard enough, we should not tackle the mental side, particularly in its earlier stages of disease or disorder—(Hear, hear)—and I think Dr. Good will agree with me there—or I should rather say that I agree with him on the point—that if disorders of the mind were attacked in their earlier stages, there would be much less lunacy in the world. I daresay you have all heard of the good work Dr. Good has done, but I think few of those here this evening are able to appreciate the amount of work he has done in his life, and especially here in Oxford, in organizing. I have talked with him on many occasions concerning mental troubles, even including my own. I sleep very little, and he has given me advice on that. I think, as I say, that few of you can appreciate what an amount of work he has put in in his medical career, and the sincerity with which he has worked for those unfortunates who are not so well circumstanced as we are. In this world forbearance is everything, and equity is a most valuable thing. I am assuming that the mental faculties of all of us are as they should be —(Laughter)—but there are many people in the world whose mental faculties are far from what they should be, and from what we should like them to be, and I can safely say that Dr. Good has done as much as any man could possibly do in considering the difficulties of such people, and in trying to understand their troubles, and I hope there are many other men in the world making similar efforts. We have with us to-night many visitors, including Mr. Beevers, who took my

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appendix away from me, and so added considerably to my health, and, I hope, to my capacity for doing some good in the future. There is also present Dr. Hobson, who attended me on that occasion and has attended me since, and Dr. Sankey, who, I think, has studied the electrical side of medicine from start to finish. When I think of those three men, I think of them as being as good as any of the medical men in the country, from their own particular work standpoint. I hope they will succeed in the way that they deserve; I am sure I wish them every success in the world. I would also like to speak of my friend Goodenough, son of the famous man in the banking world, and a man who has done much for our institutions and for the medical profession. He has helped me in my position as President of the Radcliffe Infirmary far more than I am able to describe to you; I could not have carried out those duties in the way I have without his assistance and also the assistance of others. Mr. Goodenough has worked very hard for humanity in this district, and it is for that reason I would not like to forget to mention him here to-night. We have also with us Miss Ashurst, who also has worked very hard for the Radcliffe Institution in general. The amount of work that has been done is amazing, but it is not more than will be done in the future, because I am hoping that Oxford, with all its traditions, with its University and with its wonderful Radcliffe Infirmary, will produce something more in the near future, even more than it has produced in the past. And I would like to say I shall always be behind any efforts that they like to put forward. Although I know so little from the medical side, I can, from the practical side, look forward to that which I hope will be a benefit to mankind. (Applause.) I would like to give all credit to the matrons and assistants in the two institutions which we have near Oxford, because they are doing the most wonderful work, work which the Almighty in the next world will thank them for far more than they can be thanked on this side of the grave.

I think illness on the mental side is a dreadful illness, and I am of the opinion that if people would only gather the impression which I have gathered from the facts that Dr. Good has put before me and which I see quite clearly, namely, that if the mental side is taken into consideration and treated early enough, there would not be so much lunacy, they will see how great this work is. I hope that in the not far distant future we shall see the mental side taken up from that point of view, namely, in its earlier stages, and I shall be very pleased to do all I can to help.

In responding to this toast, I am sure the ladies will be with me when I say that they are delighted to be here to-night in such a cause, and I am equally sure that such a gathering would not have been complete without them. And I feel that they will help the other half on many occasions and will do their best in this arduous work. It is, I think, time that serious attention was given to this early side of mental disease.

I thank you very much for the patience with which you have listened to me; I fear I have spoken too long, longer than it was intended I should speak, but I do want you to know and believe that all I have said comes from the bottom of my heart, and that whatever I can do in the future I shall be delighted to do. (Loud applause.)

Prof. AUGUST WIMMER (Copenhagen) also replied to the toast, remarking that it was a great pleasure to him that he had been singled out for this distinction. Though he had heard jokes being passed around the tables, he himself had been much impressed by the noble hall in which they were dining, and the traditions which it and the whole University represented. The Medico-Psychological Association of France dined in one of the old, historic chateaux, and there also he had felt the influence of history, and expressed it in the speech he made. He wished the gathering to appreciate the grateful feelings which the foreign visitors entertained on this occasion, and for all the beautiful things which had been shown to them. Foreigners from many countries had a liking for England, as it was so much a country of traditions, of science and of realistic common sense; these attributes well counterbalanced the too-rigid scientific speculations of the Continent; similarly English psychiatry had always balanced the transcendentalism of some of the continental schools. This was another reason for real co-operation between the two. He had attended the recent Congress on Mental Hygiene in Washington; it was an International Congress, and this science of psychiatry should be international, for it had been well said that "science knows no boundaries." It had no

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relation to political controversies. It would be impossible to realize all their beautiful aims, as they were not confined to mental hospitals, for psychiatry must go outside, among the members of the community. There was much work for psychiatry in every-day life, and it was impossible to do that work without a close co-operation between Continental, American and English psychiatrists. He took it that the invitation to come here was an expression of an agreement with this desire, for the benefit of the mental health of the community, which was so much neglected during the four or five years of the Great War. He raised his glass to the prosperity of the Royal Medico-Psychological Association. (Applause.)

Mr. BROCK, *C.B.* (Chairman of the Board of Control), also replied. He said that when his friend Dr. Lord intimated to him that he was to have the honour of sharing in the response to this toast, he added with almost menacing emphasis that but few words would be expected of him. He would do his best to comply with that hint, but he felt very proud to be associated with this toast, because it rarely fell to the lot of any layman to share in responses which were taken also by two Regius Professors of Medicine—probably a rare association. He was also glad to be present because the Board of which he was Chairman set a very high value on the work of the Medico-Psychological Association. Most particularly, however, was he glad to be present because of the high regard he had for the President, Dr. Good. He had learned a great deal from that gentlemen, who had done a great deal in establishing an out-patient clinic in association with Littlemore and Radcliffe, and in so doing had "blazed a trail" which he hoped many other medical superintendents would follow. He thought that Robert Browning must have been stirred by some strange prophetic imagining when he wrote, "The little more, and how much it is." (Laughter.) He, the speaker, did not care to speculate what the poet had in mind when he also wrote, "The little less, and what worlds away."

Not only did he participate in the expressions of thanks for this collective hospitality, but he had also to thank to-night those who on many occasions had shown him individual hospitality. It had been his privilege to visit many of the members in their own hospitals, and whenever he had done so he had been met with great cordiality. Many had admitted him into the intimacy of their own homes—a compliment which he would always appreciate. One hospital lingered gratefully in his memory because of the surpassing merit of its roast duck; it was a hospital with few other merits, but the ducks were of such entrancing succulence that they went far to console him for the absence of an admission unit a treatment centre, and other resources which a mental hospital should properly possess. To all, whether they took him into their homes, or treated him as a P.S.A. "for men only," he desired to offer his sincerest thanks for their hospitality. Sometimes medical officers sacrificed to him their well-earned Saturday afternoon's golf, and for all the consideration shown him he would remain their debtor. (Loud applause.)

"THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION."

Sir HUMPHRY ROLLESTON, Bart., *G.C.V.O.* (Regius Professor of Physic, University of Cambridge), said that in proposing the toast of the Association it was clear that he was preaching to the converted. He was to couple it with the name of his friend Dr. Saxty Good. It was the toast of the evening, and, like good wine, it had been kept to the end of the evening, and needed no bush. He would like to mention briefly two points, as they had a bearing on general medicine. First, there was the pioneer work which had been done in regard to attaining the ideal of medicine, namely, the prevention of disease. Secondly, there was the work which the Association had done in bringing together the special work of the Association with that concerned with the diseases of the body. It had been said—and with that he thought the Minister of Health would probably agree—that every nation had the Government which it deserved and it might similarly be said that an Association had the President it deserved. If the speaker had not already known something of what the Association had done, he would be entirely convinced of its virtues now that he knew his friend Dr. Good was in the chair. He had known that gentleman probably longer than anybody in this room—some forty years, and it was not a day too long. There could be no doubt that he was an ideal President. His personality, his keenness and his

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courtesy, and the affection he inspired in all who had to do with him, showed at once that he was in the right place. Having placed him in the chair, the Association had thereby honoured itself.

The CHAIRMAN, in acknowledging the toast, first read a telegram which had been received from the Dutch Association of Psychiatry and Neurology, sending "best wishes for the success of the Annual Meeting." Too many nice things had been said about him, the speaker, to-night. On his left was the rock on which he had leaned all his life—Sir Humphry Rolleston; he had never lost touch with him, and without his aid he could not have attained to his present position. Another rock to which he owed a very great deal was Sir Farquhar Buzzard. It had been his great felicity to have been trained under one Regius Professor, and to be ending his career under another. Why the Association had placed him in the chair he could not think, unless they wanted to come to Oxford. Members had already listened to him for fifty minutes, and as there was a lot to do on the morrow, he would say no more.

The event concluded with the singing of "For he's a jolly good fellow."

Between the toasts the audience was entertained by the Elizabethan Singers and by character songs from Dr. C. W. S. Davies-Jones, Deputy Medical Superintendent, Littlemore Hospital.

MORNING SESSION.—WEDNESDAY, JULY 2.

At the Sir William Dunn School of Pathology.

The President in the Chair.

16. PAPER.—"**Mental Changes in Cardiac Disease**," by GEORGE ALEXANDER GIBSON, M.A., B.Sc., M.D., F.R.C.P. (*vide* p. 632).

Dr. GIBSON (referring to the tables) said: As to hyperpiesis, 6·2% of cases show mental changes, in auricular fibrillation 18·3%, in angina pectoris 40% (these figures would probably be different in a larger number of cases), in dilatation 23·3%. Amongst rarer forms of cardiac disease all the heart-block cases showed some slight mental change, and one out of six of the aortic cases.

I have subdivided the mental changes in private patients into major and minor, and again, as in the hospital cases, I have made no distinction as to cause and effect. Any patient who showed mental changes I have put down in the list. Of the cases with major symptoms, four were patients requiring certification, in 2 there was aphasia, in 1 there were hallucinations, in 1 there was drug addiction (I am not sure whether that was cause or effect); in 4 there was confusion, and in 1 there was hysteria, and in this case there was another cause for the hysteria. Therefore there were 13 cases out of 127, or 10·2%, which showed mental symptoms in association with gross cardiac disease.

It is not always possible to exclude cerebral lesions; the reason for mental changes probably lies more in the manner in which patients with specific psychological tendencies react to circulatory and other changes.

The PRESIDENT said he was sure the Association and everybody present would wish to thank Dr. Gibson for the most exhaustive way in which he had dealt with this difficult problem. He feared that he, the speaker, was to be blamed for being extremely voracious, for he had provided a rather full programme, on both the physical and the mental side, but as the digestion of members was strong, they would be able to assimilate it. Should any members desiring to speak be excluded because of the exigencies of time, he hoped they would send their contribution in writing to the Journal.

Sir HUMPHRY ROLLESTON expressed his high appreciation of the sound basis of facts in Dr. Gibson's contribution. He divided the cases of mental disorder in cardiac disease into two categories: (1) In which the mental change was associated with but not secondary to disturbance, such as stasis or anæmia, of the circulation. Obviously syphilitic or arteriosclerotic lesions might occur in the central nervous system and the heart; acute toxæmia, for example that responsible for early

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cardiac failure in diphtheria, which appeared to cause hypoglycæmia, might concurrently disturb the cerebral functions. In cardio-renal disease nervous symptoms might be uræmic, or might possibly be due to a wave of acidosis, such as had been thought to cause cardiac asthma. The effect of drugs must not be forgotten; thus in acute rheumatism with cardiac involvement salicylates might, by disturbing the sense of taste, lead patients, especially women, to believe that their food was poisoned; a case was quoted, of a man, probably hypersensitive to salicylates, analogous to aspirin asthma, in whom acute mental disturbance occurred.

(2) Cases in which the cardiac and circulatory condition might be regarded as the cause of mental disorder. It was assumed that gross lesions, such as embolism and thrombosis, were not under consideration. Dr. Gibson had conclusively shown that congestive heart failure and the resulting cerebral stasis did not necessarily cause mental disturbance, and it seemed reasonable to assume the presence of neuropathic disposition in the patients manifesting mental disorder. Usually the manifestations were of a depressive nature, but in aortic regurgitation active maniacal symptoms, especially at night, might occur. It seemed natural to correlate mental disorder in coronary thrombosis with the well-marked fall of blood-pressure seen after the onset. With regard to the delirium of chronic cardiac disease, Clifford Allbutt, in 1885, described it as a "delirium of place" (the patient imagining that he was in some other place) and thought that the prognosis of such cases was absolutely fatal. This attracted little attention, though Clouston spoke of it as "cyanotic" delirium; in 1924 Massini redescribed it as "travelling" delirium, and G. M. Robertson then pointed out that the character of "travelling" was common to all forms of true delirium.

Prof. W. SPIELMEYER (Munich) said he would like to be allowed to add a few words on this interesting paper of Dr. Gibson's. He did so from the point of view of the newer histologists. In the last year his clinic had been chiefly engaged on the psychoses. In the course of preparing his paper he made some studies on the interstitial changes which took place in cases of heart failure. They were able to show, in a great number of cases, associated changes of this kind in patients who suffered from heart failure, but not in consequence of vascular disease. The chief kinds of changes were lesions of the cortex, old scars, too small to be visible macroscopically, special methods being required to become aware of them. And widespread changes in the brain could be demonstrated. There were other cases in which there was a discoloration of the cortical ramus. These and other lesions they explained on the basis that there was not sufficient nutrition conveyed to the nervous tissue. But there must be another factor in addition. Not all the brain was involved in these changes, only certain parts. He and his associates compared these cases with others in which there was no mental disease. In their studies of the brain members present would remember the findings reported as occurring in senile dementia; there was such a change that the patient was bound to show mental disorder. In senile dementia there were many fatty degenerative changes; it was a quantitative differentiation. And fissures and cracks could be found even in normal cases. There were gross lesions which could be explained, but there were also small changes, the explanation of which had not yet been given.

Dr. J. GREIG SOUTAR (Cheltenham) said he had but two remarks to offer. One was that only a small proportion of heart cases suffered from mental disorder, and the second remark was that he had noted from the excellent paper read that the form of cardiac change associated with mental disorder was that form in which the patient was most conscious of his disability, so that apprehension weighed very largely in the production of many of these mental disorders.

Dr. GIBSON, in reply, said he would like to say to Sir Humphry Rolleston, in regard to the rapid fall of blood-pressure in ischæmic necrosis, that he had only his impressions, but he thought the alterations in blood-pressure would not explain the mental changes, nor would the rapidity of the blood-pressure fall explain them in every case. He thought it would be necessary to collect a much larger number of cases before light would be shed on the cause.

He had been glad to hear Prof. Spielmeyer express his faith that there was something in the histology of the brain in these cases. He, the speaker, had been under the influence of the President for twenty-five years, and he still preserved some of that gentleman's faith and optimism in regard to the nerve-cell, and what could be seen under the microscope.

Dr. Soutar's remarks had been particularly grateful to him, as his own impression

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agreed with them. In the cases of the two apprehensive patients with extra-systoles, here was a symptom which had no connection with expectation of life, and was of no consequence, yet those patients were acutely apprehensive. One of the cases he, the speaker, saw, was an able lawyer, one belonging to a profession which, in ordinary circumstances, would not be expected to show mental symptoms in disease, and yet that man was almost beside himself because of the sensation he had that his heart was "constantly turning somersaults."

His object in the paper had been to bring before this meeting of psychiatrists the problem as he himself saw it from the beginning. Dr. Soutar's remarks explained at least half the symptoms which one found in cardiac disease

He thanked those present very much for the way they had received his paper.

17. PAPER AND LANTERN DEMONSTRATION.—"**The Influence of Circulatory Changes on the Central Nervous System,**" by Prof. W. SPIELMEYER, of the Kaiser Wilhelm Institute, Munich. (*vide* p. 641.)

Prof. SPIELMEYER (during his demonstration) said: We try to make use of the microscopical findings in the interpretation of clinical symptomatology. This can be done only in co-operation with the clinician. I do not think anatomists are able to explain some of the definitely psychic symptoms. I do not wish to be misunderstood as to my remark made in the discussion just before the paper. I think we can only understand the matter properly if we can bring into correlation the whole symptom-complex with the anatomical findings, and it is impossible, from the standpoint of psychology, to bring into relation psychic disorders with this cellular disorder. I was surprised to read in a German journal that the author thinks he can localize hallucinations in the general paralysis cases treated by malaria, because the clinical picture changes and hallucinations appear, and lesions were found in the temporal lobe.

The PRESIDENT remarked that he would like to say a good deal on the paper which had just been read, for it was within his (the speaker's) particular province. All he would say, however, was that he personally thanked Prof. Spielmeyer very much for the contribution. Ever since he, the President, was trained he had always been a morbid anatomist, and Prof. Spielmeyer had thrown more light on the subject than the speaker had seen for a long time. He invited a discussion on the paper.

Dr. D. K. HENDERSON (Glasgow) said it had been a great pleasure indeed to listen to the paper which Prof. Spielmeyer had given. Not long ago he had the pleasure of hearing Prof. Spielmeyer give an address at the New York Psychiatric Institute, and he was much impressed, on that occasion, by the grasp and the all-round point of view which was then expressed. He had been even more impressed by the way in which he had opened the present discussion. The histo-pathology and anatomy of the brain had needed what the Americans called "a come-back" for some considerable time, and that come-back the professor had now admirably staged. All workers in psychiatry had needed a stimulus along these lines; they had got into the habit of thinking too much in terms of psychology and psycho-pathology in the last fifteen or twenty years, and it was a pleasure to hear an address of this type once more, as it opened up a great problem.

An important thing which Prof. Spielmeyer had urged that morning was that there should be co-operation between the clinical side and the histo-pathological side. Such co-operation, he thought, had been wanting in recent years; people in different departments had not been working together as they should have done. This was emphasized in the latter part of the address, when Prof. Spielmeyer stressed the importance of considering these matters from the ætiological point of view. If there was one thing which was needed in psychiatry to bring greater security and a greater feeling of confidence to one's medical colleagues outside their special ranks, it was to make it possible to talk with more definiteness about ætiological problems. If psychiatry could be tackled from that point of view, if it could be worked at intensely by careful clinical studies, and these studies could be carefully correlated with the anatomical findings, irrespective of whether the clinical picture was regarded as an organic or a functional picture,

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more soundness and a much better basis would be brought to bear in this work than had been the case for many years.

As to the paper itself, he felt he was unable to discuss it, as he had had no experience along these lines. Nevertheless he was grateful for such a paper, which had put the matter in a very stimulating way.

Prof. AUGUST WIMMER (Copenhagen) said he had long been an admirer of Prof. Spielmeyer, and he regretted that the second volume of his work had not yet made its appearance, *i.e.*, the book dealing with the histo-pathology of the nervous system. He was also much depressed, more so than the colleague who had just spoken, Dr. Henderson, because he gathered from this lecture, as from another very important lecture which Prof. Spielmeyer gave, on the acute infections of the central nervous system, that the latter was a little more sceptical as to the value of histo-pathological changes in the brain than might be supposed. The Professor had gone through the anatomical evolution; he had known what was called "brain mythology," and he had tried to react in a true scientific manner against the superstition that mental changes might be explained by histo-pathological changes in the brain. He was a very careful man, and he did not tell more than he felt was absolutely true. That was why Prof. Spielmeyer said that the brain was very sensitive to all sorts of influences, and that there might be pictures which were so alike that one was unable to say what was the cause of the lesion. That was why one could never tell by a histo-pathological picture whether it was specific to or characteristic of any particular disease. When one found a slight alteration in the temporal lobe, one could not tell whether it was a cause of hallucination. Naturally it was necessary to work with anatomical research, but it should not be forgotten that one had also to work with psycho-pathological researches. He, too, had tried to work a little along anatomical lines. He was a physician, and he had just realized that the most recent experiences, *i.e.*, in connection with encephalitis, had taught that the physician could not get along with a mere one-sided examination of his patients or of their brains. While there was an anatomical lesion, there was also a physiological or a physio-pathological reaction of the brain tissues and the different systems of the brain. That was why localized lesions, like necrobiotic foci, were inadequate to explain the patient's trouble.

Therefore he did not advocate the one-sided study of mental disease; that had been done in Germany, but one should not be too much impressed by these findings. Those anatomical lesions had been found before, and the people who had been working at the subject had attempted to deduce so much from the anatomical lesions that they had made many mistaken suggestions.

One could feel safe about psychology in England, for it was one of the most common-sense psychologies in Europe. The old English and Scottish psychology did not become ill-balanced. The English also had a very common-sense view as to the more material basis of human life, and if those two were combined the English psychologists should get along very well. In this university city there should be a close co-operation between laboratories and clinics, and he understood from the programme to-day that work was being done on those lines. What he was saying was really an appreciation of the way in which those engaged in this study were working in England; it had some relation to the strictly scientific question which Prof. Spielmeyer had brought forward.

Dr. W. F. MENZIES (Cheddleton) said he did not know whether Prof. Spielmeyer was more to be congratulated on the ease with which he came and explained so fully in our terrible English language all these changes in the brain, or on the clarity of his staining. The speaker had never before seen the layers of the cortex brought out in a microscopical slide with such clear differentiation.

If one believed that the basis of mental action was association, one must also believe that mental confusion proceeded from dissociation, in the widest sense, not only psychological, but anatomical; and for many years those engaged in the work had been acquainted with the clinical symptoms—for instance in organic diseases—of slowly onsetting dementia. They had usually been thought to be due to multiple thromboses, and in functional lesions one had seen partial recovery from widespread hemiplegia, what one used to call "brain paralysis." But the Association had not previously had a demonstration anatomically of these minute foci. If these existed all over the brain there was at once dissociation, so that one could say that association had been lost. One of the slides showed it was not a larger

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vessel which was affected, but a venule and an arteriole. He would like to draw special attention to the importance of that. One had considered anoxæmia or some troublesome form of loss of oxygen by a neuron as producing this dissociation; but now one saw a paralysis of the capillaries, and, associated with it, one must take note of the possible action of histamine and other paralysing chemical substances. So that it was apparent there was an anatomical basis for such progressive dementia, possibly consisting of many thousands of these extremely minute foci.

Dr. F. A. PICKWORTH (Birmingham) here interposed with a lantern demonstration of pathological processes at the base of the skull and brain in mental disorders.

He said: I should like to thank Prof. Spielmeyer for his most interesting paper. Areas of deficient Nissl staining in the cortex, not due to artefact, have also been repeatedly observed by us at Birmingham. These are in our opinion due to actual pathological changes in the small arteries, and not merely due to "functional spasm" as Prof. Spielmeyer has put forward. Pathological spasm must necessarily have a pathological cause, and as an indication of what these changes are I propose to show you some lantern-slides illustrating early and late arterial changes found in cases of mental disorder:

(1) Empyema of sphenoidal sinus associated with atheroma of the circle of Willis. The internal carotid artery is, as you know, in close and extensive relation to the sphenoidal sinus. It is believed that these associated conditions are causally related.

(2) Atheroma and partial occlusion of the right internal carotid artery of another case associated with sphenoidal sinusitis, meningeal adhesions in the middle cranial fossa, and extensive brain degeneration of vascular origin (coloured sketch shown).

(3) Streptococci in the sphenoidal mucosa growing along the longitudinal axis of a vessel.

(4) Diplococci in a pituitary gland vessel.

(5) Streptococci in the vessel wall in the midbrain of an acutely excited case of dementia præcox dying of exhaustion.

The latter especially shows us that not only toxins but organisms may occur in the brain; and I suggest that the changes produced by the disintegration of these organisms are among the first causes of localized deficient blood-supply, resulting in anoxæmia, inadequate removal of waste products, and loss of function of brain tissue, which may progress to a loss of Nissl substance and even nerve-cell destruction, such as Prof. Spielmeyer's slides have so ably illustrated.

Prof. SPIELMEYER, in reply, said it was very nice to have Dr. Pickworth showing his findings by means of the slides he had projected on to the screen. Sometimes streptococci were seen in cases in which disease had made very rapid progress, yet they produced no effect on the nervous tissue until the disease process had become very severe in the ganglion cells. Streptococci did not produce real and evident reactions. He saw the same thing in cases which Rosenow showed him in the Mayo Clinic.

He had been very glad to hear Dr. Menzies mention the importance of capillary spasm and capillary paralysis, because he, the speaker, forgot to speak about that. It was gratifying that his pictures were sufficiently clear to enable that conclusion to be drawn, and he agreed with Dr. Henderson and Prof. Wimmer. In the last few years he had been, for his own purpose, an *advocatus diaboli*, but he had been compelled by efforts in his own field to adopt the views he now held. Prof. Wimmer mentioned brain mythology, and that was not yet over; from time to time there were evidences of its reawakened activity. He did not despise that point of view, but very often—oftener than was thought—the anatomists did not see the limits of their thesis. It was so very necessary that the anatomist should not think of his own work alone and of his own point of view alone. It should be evident that pathological solutions did not lie in one field only; pathogenic processes must be explained as well as last causes. Therefore, during these latter years he had been emphasizing the necessity of explaining the last findings, not trying to draw conclusions on ætiology. Kraepelin said that to describe a disease entity one must know the pathology, the symptomatology and the pathological anatomy. But it was impossible for one man to make original studies in all those fields; each worker must do his best in his own department. He thought that often, nowadays, such highly specialized work as he did was looked down upon, and sometimes discontent was justified if the investigator lost sight of the ultimate aim. Therefore

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he contended that all this partial science must be arranged around a common centre, and in this arrangement the clinician, the anatomist, the chemist, the psychologist must supplement each other's activities; and perhaps in these circles representatives of all nations should meet each other, for one nation was more equipped for one kind of work, another nation for another; the method was chosen by the particular people. He felt that the aim would best be achieved by such an international co-operation.

18. PAPER.—"**Sedatives of the Central Nervous System,**" by JAMES ANDREW GUNN, M.A., D.Sc., M.D., Professor of Pharmacology in the University of Oxford.

Dr. GUNN said: I hesitated about talking to you on the subject of my address, but I am encouraged to do so by what I heard of the last paper. It was a plea for closer co-operation between the clinician and the pharmacologist and the other workers in medicine. Nothing could have pleased me better than to hear Prof. Spielmeyer say how difficult it is for one man to cover the whole field of pharmacology. This has now become such a specialized science that it takes all one's energies, and it is impossible for one man to cover more than a small field.

I have thought for a long time that a man who was intending to go in for nervous diseases might do worse than spend a year or two going carefully over the action of drugs on the central nervous system. The opportunities are great. One can get by means of drugs almost every kind of alteration in the central nervous system: one can duplicate the effects and get the same effects with the same dose every time; one can get hypnosis, tetanus, nystagmus. With one drug I had it was possible to produce an attack of epilepsy; if you gave it intravenously to a rabbit it would have a typical epileptic fit, which would last a minute or two, then the rabbit would get up and eat cabbages. By giving the drug hypodermically or by the mouth one can prolong the convulsions produced by it. There are opportunities for investigation which would repay anyone who could start early and continue with it.

I wish to say something about the selective action of drugs on the central nervous system, and especially about the sedatives which act on the motor side of it.

Drugs produce their effects by a chemical interaction between the drug and the tissues. And it is not surprising that a drug should act rather on muscle than on nerve, because the chemistry of muscle is so different from that of nerve. Therefore one is not surprised to find that pituitary extract acts on involuntary muscle, and that it has hardly any action on the central nervous system; whereas strychnine acts on the latter and has practically no action on muscle. The basis of therapeutics depends on the narrow selective action of drugs.

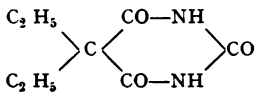
Taking the central nervous system, I commonly tell my students of the examples of general anæsthetics. They are taken to act more or less on all parts of the central nervous system; but if they acted equally on all parts of that system, that would be useless. Chloroform and ether anæsthesia knocks out the brain and consciousness and the spinal cord and abolishes the reflexes, but leaves the medulla intact. Otherwise the respiratory centre would be paralysed and the patient would die. Chloroform is regarded as having a very slight selective action on the central nervous system; but its use depends on its having a certain amount of selectivity. In the case of most drugs the selective action is much greater. Apomorphine will pick out the vomiting centre before it touches anything else, and long before it affects the vasomotor centre. Morphine acts differently from other anæsthetics, but it is not so well known that its effect is not like that of general anæsthetics; it is of the order of brain, medulla and spinal cord selection. With morphine the spinal reflexes are often brisk. It is a different type of selective action on the central nervous system. We have no knowledge yet of the chemical basis of the selective action of drugs; we do not know why strychnine acts on the cord, nor why chloroform acts on the brain and cord rather than on the medulla. When you think of the extraordinary complexity of the chemistry of the cell and the complexity of a molecule like strychnine, it is not to be wondered at that strychnine should pick out one cell in preference to another.

There is a general point worth remembering, and that is, the simpler the molecule, the less selective action there is likely to be. Chloroform is relatively simple, so

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is ether, and it is more likely to act on the central nervous system with the same concentration than anything else with a specialized molecule, like hyoscine. That is an important point, because the investigation of the action of hyoscine is more difficult than is the investigation of the action of chloroform.

So, as we cannot give a chemical explanation for the action of drugs—or at least the explanations we give are only tentative—knowledge of the action of drugs on the central nervous system is meantime descriptive; we can only say what happens, and the order in which different parts of the nervous system are affected, but we do not know why it is so. It is a crude distinction between the sensory side of the brain and the motor side, and it is one which can be misleading; but for certain purposes it is of great practical importance. In some conditions it seems that it is the perceptive or associated side of the brain which is excitable, as in insomnia; whereas in others it is the motor side which is hyper-excitable, as in eclampsia, chorea, etc. It is evident that one should try to find drugs which will act on different parts of the brain. We do not want a common sedative for all those things, and experience has picked out certain drugs which are useful for certain purposes. I will illustrate that by the veronal group. The chemistry of those drugs is perhaps familiar to you. This is the formula:



You can alter this as much as you like; you can put in methyl, or butyl, or phenyl, and can change any or both of your mixtures. Many of our hypnotics are produced by ringing the changes on those groups. Many sedatives have been introduced; barbituric acid and veronal are the best known. I want to make this point: that, generally, they are similar in action, or they have a very close resemblance in their action in animals and man, but they do not act identically. I make a plea, and it should be done in pharmacology: that is, for a closer description of the effects of drugs on man when they are observed in action. I do not see anything of practice in a direct way, and when I look out a book to find a description of the effects of veronal on man, I find it is difficult to get such a description. The reason for that is not far to seek. Most people think it is not very important; and so if a doctor observed a small point in regard to the effect of veronal on the nervous system he would not think of writing a paper on it, nor would be even think it was worth while to mention it. Therefore I ask anyone who has noted anything about the behaviour of these drugs to publish it—you can blame me if you like! One can illustrate the importance of these differences fairly well with this group, in which I compare veronal and brominal, and luminal. When luminal was first introduced it was brought out as a substitute for veronal. It has the phenyl group instead of the ethyl group. It was found to be physiologically more active, but, apparently, very much the same in its effects. Some people have the idea—I do not know how they got the idea—that because the required dose of a thing is smaller, it is therefore safer, and manufacturers are not above trying to encourage that belief. When heroin was brought in, a point made in regard to it was that far less of it was needed, but it is actually more dangerous than morphine. Luminal is more dangerous than veronal. The smaller the dose, the more poisonous it is, and the more care you must take in regard to it. When people began to use luminal in man they saw that it did not act quite like veronal. You will know that it has been pushed over from applying it to simple insomnias to its use in diseases in which there is hyper-excitability of the motor side of the brain—epilepsy especially, and delirium tremens, chorea, etc. And recently someone has extended it to another condition, showing that these substances are all of a piece. It is valuable for a condition we do not often see, and that is the severe form of hiccough, which is a serious condition when it does occur. It is, whatever its origin may be, an explosive motor condition. It is a spasmodic action of the diaphragm, and from what one knew of luminal one would expect it to be successful in hiccough, and it is almost a specific for it; certainly it is better for it than anything else which has been tried. There are not many cases recorded of poisoning with luminal, but a case was brought to my notice not long ago which was absolutely typical of it. A lady had been having

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luminal for *petit mal*, 3 gr. in 24 hours. It is curious that there could be chronic poisoning with only 3 gr. in 24 hours. It is not safe to stop giving luminal suddenly; it is more dangerous to do that with luminal than with the other hypnotics. But you can get rid of the symptoms of it by decreasing the dose slightly. This lady had symptoms of chronic luminal poisoning, namely, motor paralyses; there was not much sleepiness. The actual symptoms were diplopia, difficulty in speech, difficulty in writing, difficulty in gait. I suggested that it would be better to restrict it to 2 gr. a day. That was done, and in a week most of the symptoms had disappeared, and in a fortnight all had disappeared except the writing disability; and two or three others who have described chronic luminal poisoning say that the difficulty in writing was the last to go. I have said that luminal selects the motor side. It is not an accident that it is those muscles which are affected, as they are the ones of late development; gait and the upright posture are rather late muscles to come into action, so are writing and speech.

I thought I might also say something about hyoscine. The action of this on the central nervous system is different from that of morphine. Hyoscine will depress and excite the motor cortex; morphine has little effect on the motor areas. It is not long since I was asked why morphine was not very effective in manias and motor excitements. It has not that kind of action, though it will have that action if the dose is pushed. Hyoscine, however, does act in that way; in man, long before there is relief of pain, there is restriction of movement, relaxation of muscles, etc. I am more interested in the use of hyoscine in Parkinsonianism. I do not know what is the anatomical lesion in Parkinsonianism, but hyoscine has the extraordinary effect of producing marked improvement in the psychic condition, though it has not much effect on the tremors. Naturally it is not a very satisfactory remedy, but I do not suppose any remedy can be very satisfactory, nor that any remedy will cure the condition; we can only hope for palliative effects. But if you can procure relief of the symptoms, even for part of a day, it must make an extraordinary difference to these afflicted people. People have been looking for a substitute for hyoscine, to get something which would influence the tremors, also to give a more prolonged effect, as that of hyoscine is fairly evanescent. Something was wanted which would last longer and which would get rid of the peripheral symptoms which are caused by hyoscine, such as dryness of the mouth, the pupillary action, and so on. A drug which has been tried, but has not been in the market long, is harmine. It comes from the seeds of a plant which grows in the sub-tropical regions surrounding the Mediterranean. There are two alkaloids in the plant: one is harmaline, and that is one of the first drugs I worked on twenty years ago, and I wrote a thesis on it. I think I investigated another four alkaloids of the group. I described that drug and its effect on the central nervous system of animals. I did not then know anything about Parkinsonianism, and if I had I do not think I could have taken the leap from its pharmacological action to its therapeutic use, because I do not know the cause of Parkinsonian symptoms. If one did it would be easier for the pharmacologist to say whether this drug might be useful in Parkinsonianism.

There is another drug, which comes from a different plant, and which has an action on the central nervous system. It is called banisterine. The use of this in Parkinsonianism was suggested. It was tested clinically, and was found to have a marked effect on a whole lot of nervous diseases, and that it relieved Parkinsonianism. It was found that harmine and banisterine were of the same chemical composition, and were identical. But banisterine was hard to get, as the plant was rare. Harmaline is on the market in America and in this country, and it is now being tried more fully.

There is a considerable difference, apparently, between the actions of harmine and hyoscine on the central nervous system. You may find that veronal and luminal act very similarly on the kidney, and if you did not experiment you could not distinguish one from the other. But when you use them on animals of higher development, and in man, you find they have different reactions. They have the same peripheral effect; there is no dryness of the mouth, etc., produced; but clinically this drug was found to relieve the spasticity of the muscles, though it did not affect the tremor, and had no effect on the central condition. In patients you could get a freer play of the muscles after injection of harmine than after hyoscine, but the patient did not feel so well. I asked a distinguished physiologist

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on the nervous system how he thought hyoscine acted, and he replied that it acted peripherally. It may act there, but it cannot be that it acts solely there, because you would not relieve the psychic condition by causing only an action on the peripheral muscles. With harmine you can get the same effect on the muscles, but the man does not feel better. So the effect on the muscles and the psychic effect are different things. I am therefore certain that the action of hyoscine cannot be peripherally on the muscle. In lower animals, rabbits, mice, etc., the symptoms produced by those alkaloids are symptoms of irritability of the central nervous system rather than depression. They get chronic convulsions, followed by paralysis, and it is difficult to tell whether the convulsions are due to definite stimulation of the lower part of the brain, or whether they are due to paralysis of the upper part of the brain. But very likely they are of normal type—chewing movements, nystagmus and running movements; they are released by paralysis of the higher, the inhibitory parts of the brain. One of the alkaloids, harmalol, shows a small change. This produces paralysis without chronic convulsions. If I knew more about the rigidity in eclampsia, and more about the central nervous system altogether, I could probably tell whether this would be better or worse than harmine for the treatment of rigidity. But it cannot be the same. And if it happens that its action is shifted a little, one may be able to relieve the symptoms better and for a more prolonged time with harmalol than with harmine.

There are two things that I would like to see. One is a closer observation and more accurate description of the actions of drug on the central nervous system in man. I think that every small point would help in locating their action. And, especially in recent years, we want to go over all the pharmacology again and describe the actions of all drugs more carefully. If you take chloral, bromides, veronal, luminal, and work out the minimal lethal doses, you will find that in animals the ratios are all different with those alkaloids. And you may take it that if they do not act on animals alike, they do not act on man alike. In twenty or twenty-five years' time, when people look at our descriptions of the actions of these drugs, they will appear to them to be very crude. I feel there will be a great advance in this, and I endorse what Prof. Spielmeyer said; not only in pathology, bio-chemistry and medicine, but also in pharmacology and medicine, we want a far closer co-operation between the practitioner and the man who is working in the laboratory. When I was a student in Edinburgh, twenty-five years ago, every Chair in the Medical Faculty had to be occupied by a man who had the M.D. degree; that applied to chemistry, zoology, medicine—everything; it was a condition of the foundation of the chair Then the occupants of the chairs of physics and chemistry, then the chair of botany and biology, and now the bacteriologist, may be men who have not the degree of M.D. And I think that is bad for medicine. I tell those who come to consult me on bacteriology and pharmacology that they should be general practitioners for a year, as that will knock all the nonsense out of them. Such a man will have training in observing patients and the effects of treatments which he could not obtain otherwise. And unless we have a closer co-operation between these sciences and medicine, we shall very likely make some very bad mistakes.

The PRESIDENT said he did not know whether members present would like to discuss this very interesting lecture, but he was certain there were many who would like to ask questions on it. He, the President, had always, clinically, maintained that the actions of hyoscine and morphine were entirely different from the standpoint of mental excitement. He had seen too many cases in which morphia had been pushed and the patients had been immensely confused afterwards; but he had never seen a case of excitement in which hyoscine caused the same condition. He only mentioned that because Prof. Gunn had shown that it was necessary to know more about the action of drugs and their reactions. He, the President, was once attacked because he said it was better not to use so many drugs until we knew a little more about the action of them. It was a gentle hint to their Research and Clinical Committee that they should try to supply some of the data which Prof. Gunn had suggested would be of value to pharmacologists.

Dr. E. W. TAYLOR (Islip) said he would like to know what Prof. Gunn thought of the dosage of hyoscine.

Prof. GUNN, replying to Dr. Taylor, said he would like to tell a story about hyoscine. After he qualified and became interested in pharmacology, he got the feeling that in many cases absence of effect from drugs was due to the doses given

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not having been sufficiently large. He was spending a holiday in Scotland when a man was brought into the village in a condition of *status epilepticus;* he was having practically continuous fits. First, he took off the man's boots, so that he did not do much damage. He had heard something about hyoscine, and he asked the doctor whether he had got any. His reply was, "Yes, I have got it, but I have never used it." The Pharmacopœia dose was $\frac{1}{100}$ or $\frac{1}{200}$, and the speaker suggested that the man be given $\frac{1}{25}$. That was given, and he had never seen such a dramatic effect from a drug in his life. He thought he had killed the man. He was motionless, and had a beautiful sleep for twenty-four hours, and when he awoke he had no more symptoms.

It had been said that there was an idiosyncrasy to hyoscine, and he thought that was true. He saw more of that during the war than he had seen since. It was necessary to be very careful about the dosage. In a discussion the other day he suggested that cases of idiosyncrasy from it were becoming less common. Hyoscine was a very complicated drug, but it was easy to alter it chemically. He found one was giving different forms of hyoscine at different times; at one time one was giving $\frac{1}{50}$ gr. of a substance which was relatively inert, whereas $\frac{1}{50}$ gr. of the active product would be lethal. Some people had temporary excitement from the drug, just as after morphine.

That might be taken to illustrate the way in which pharmacology dovetailed into the clinical use of drugs. To most animals morphine was a powerful sedative, but it tremendously excited cats, which, under its influence, became wildly delirious. On his first day in a pharmacological laboratory he gave a hypodermic injection of morphia, and following it he had great difficulty in catching the cat again. That showed that cats had a nervous system which differed from that of rabbits. One found that some animals showed excitement under the influence of morphine, while others showed depression under it. Some human beings were like cats in this respect, others were like rabbits. Probably not more than one in ten thousand human beings was excited by morphine. There was also an idiosyncrasy to hyoscine; in some people it produced at least a temporary stage of excitability. He advised students that if they had not had the particular patient before they should not start with more than $\frac{1}{100}$ gr.; there had never been a fatal case following the giving of that dose. If in such patient there was no hallucinatory sequel, $\frac{1}{50}$ or $\frac{1}{25}$ dose could be given. The effect was far more uniform with hyoscine.

Dr. D. K. HENDERSON (Glasgow) asked whether there was any particular object or advantage in using what was frequently employed, the hyoscine compound A or B.

Another point concerned the connection between veronal and luminal. He did not think there was any doubt that luminal was much more toxic than veronal, and he had for that reason avoided using luminal except in epilepsy. For the latter it certainly had its value. In seeing cases in consultation outside the hospital he found a surprisingly frequent use of luminal, general practitioners using it for mental disturbance in preference to other drugs, and in heroic doses, namely, 3 to 5 gr. The effect often seen in consultation was very bad, patients complaining of dizziness and of the motor symptoms which Prof. Gunn had indicated so well.

He thought that a discussion of this kind, pointing out how important it was that luminal should be employed with great care, was very beneficial.

Prof. GUNN, in reply, said there was a definite benefit from using the compounds spoken of by Dr. Henderson. The commencement of the making of these compounds was due to an error—for example, the use of atropine. Experiment showed that the inhibitory action and early death in chloroform anæsthesia were due to vagus inhibition. Drugs were given to prevent that, drugs which had to be given before chloroform was used. Atropine was also used in association with ether anæsthesia in order to check the extra secretion from the bronchi. Later, morphine was added too, the object of this being to produce a sedative action in addition to the action on the bronchi. When hyoscine came in it was found to be a better depressant of the central nervous system than atropine. Hyoscine exerted an action on the vagus, and if one used morphine and hyoscine, a double action was produced on the central nervous system. His belief was that one obtained better effects from hyoscine and morphine than from either of those agents used alone. There seemed to be no good effect from adding atropine.

Dr. DOUGLAS MCRAE (Ayr) remarked that Sir Thomas Clouston, fifty years

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ago, deprecated the use of morphia in cases of maniacal excitement. He would like to know whether Prof. Gunn could say what was the reason why hyoscyamine went out of fashion. Thirty years ago it was used a good deal, and it caused a much more depressing effect than hyoscine. It was used for a certain type of case, namely, that which was maliciously violent and purposely brutal in conduct. Those patients were injected with hyoscyamine, and they frequently became paralysed throughout, and yet they lay perfectly conscious. As soon as a patient's paralysis passed off he would say, " For God's sake don't give me that injection again."

Prof. GUNN, in reply, said he did not think he could answer Dr. McRae's question with certainty, but he could throw some light on it. Atropine was a mixture of two opposites, dextro- and lævo-hyoscyamine; there were slight differences between them, and they were difficult to separate. They did not keep well. Hyoscyamine was in the Pharmacopœia last time, but it was not included in the latest issue. No sufficient reason had been shown for retaining hyoscyamine in preference to atropine. He thought dextro- and lævo-hyoscyamine should be tried separately.

MORNING SESSION.—THURSDAY, JULY 3.

At the Sir William Dunn School of Pathology.

The President in the Chair.

21. PAPER.—"Alzheimer's Disease," by DAVID KENNEDY HENDERSON, M.D., F.R.C.P.S., and Miss SARAH MACLACHLAN. (*vide* p. 646).

Dr. K. O. NEWMAN (Oxford): Morbid histology, as represented by the researches of Prof. Spielmeyer and his school, seems to lead, so it appears to me, towards a new development of pathological physiology of the central nervous system. I should like to take this opportunity to ask him if he agrees with a system of investigation which I have mapped out to myself, and which I should call the system of the "indicator method." By this I mean the application of definite experimental methods to direct attention to phenomena of the actual matter to be investigated which would otherwise remain hidden. I have used the gold sol method and surface tension estimation under definite experimental conditions as " indicator methods," and though my object was by no means to devise new " tests," it led to one, of which some of you may have heard. Some of the results I have obtained make me believe that the days of "cellular" pathology are drawing gradually towards an end, and that we may expect far-reaching results, particularly in the physiology and pathology of the central nervous system, from what I should like to describe as " molecular " pathology, towards which physico-chemical methods of investigation seem to lead.

Prof. W. SPIELMEYER (Munich) said he welcomed Dr. Henderson's paper, in which he had made a valuable contribution to our knowledge of Alzheimer's disease, and which would stimulate further studies on this morbid process. As Alzheimer's successor in the post of histo-pathologist to the Kraepelin Clinic, he, the speaker, had witnessed nearly twenty years ago the first steps in the discovery and delimitation of what was then a new clinical picture. Obscure cases which until then had passed as arterio-sclerotic dementia, or had to remain unlabelled, were cleared up by the finding of a definite anatomical process peculiar to them, and later it became possible to diagnose this clinically. The typical symptoms, those that set the standard for diagnosis, were just the ones that Dr. Henderson had described in detail. He had no doubt that the cases last described, which had not yet been verified by autopsy and histological examination, also belonged to this disease.

The anatomical changes which Dr. Henderson had laid before them corresponded in every way to the organic basis of the malady, and enabled one to lay down a boundary line as regards the differential diagnosis from other dementing processes occurring at senile or presenile ages. This held good not only as against arterio-

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sclerosis, but also and more especially as against the condition, much studied nowadays, of Pick's disease. Here, too, one often found, clinically, a combination of profound dementia with focal symptoms, but the microscopical changes were totally different.

So far, then, one had succeeded in separating out a few well-defined types from the large series of senile and presenile dementing processes, but there doubtless remained other independent disease-entities belonging to that group, and not included among those just mentioned. A question that had not yet been settled was that of the relation of Alzheimer's disease to presbyophrenia. They, the morbid anatomists, were inclined to consider Alzheimer's disease as a locally distributed and perhaps a precocious form of presbyophrenia, since the most striking histo-pathological findings were common to both conditions. Several clinicians, however, refused to recognize any such close relation, on account of the essential difference in the clinical pictures. Further investigations on the lines laid down by Dr. Henderson would help to solve these problems.

He was very glad to have the opportunity of answering the question which had been raised, because on the previous day, when his colleague, Dr. Wimmer, was a little depressed with regard to the speaker's system, he forgot to emphasize what he considered to be a very important point. It was this. Workers had to pass from their morphological pictures into the pathogenesis, and from the pathogenetic investigation into patho-physiology to see a little of the effects. He meant that although pathology was morphology, it should not remain at that stage. It was one's duty to try to explain what kind of physiological process might be behind the curtain. He was fully aware of the limits of his own morphology, and he knew there must also be the other forms of investigation. He was delighted with the investigations which Dr. Newman had carried out in the last two years, and he had proved his opinion by an arrangement with their own German Institute of Psychiatry; there they had worked in different departments, and had tried not to over-estimate one or other part of the examination. They tried to secure the co-operation of the experimenter, and especially of the physiologist.

Dr. Dove Cormac (Macclesfield) said he had always felt that there should be more co-operation between the anatomists, the physiologists, the psychiatrists and the pathologists, and he believed that a few years ago the psychologist, the anatomist and the physiologist in Manchester University did try to co-operate and correlate their subjects, but they were unable to come to any conclusion. Again, recently, he asked them to add him to their number and try to form some correlation on the subject; but each was so attached to his own subject that he did not seem to realize the importance of the other subjects. English people were rather slow in moving in these matters, whereas in Germany they seemed to have realized the importance of this co-operation.

Dr. J. R. Lord (Horton) said that the peculiar mental state commonly associated with chronic alcoholism was also seen in post-influenzal, puerperal, septic and other toxæmic cases. Possibly there was a second toxic factor common to all these cases. It was a striking experience to find cases of alcoholic confusion with fear and hallucinations getting better in hospital, and remaining so for a few weeks, perhaps months, and then having a recurrence of the same kind until a recurrent psychosis was established.

It seemed to him that there was a pathological process in Alzheimer's disease, and in pure senile dementia which was different to the arterio-sclerosis of old age. It was a more acute pathological process. William Hunter pointed out many years ago that patients with multiple cerebro-spinal sclerosis affecting the upper segments of the cord had mental changes. When septic foci, either dental, tonsil or in the nasal sinuses were removed, and affected muscles restored to activity by massage, etc., the mental symptoms cleared up.

Therefore the first point the speaker wanted to make was that these cases were examples of the selectivity of septic and other poisons for certain types of nerve-cells; just as the meeting was told on the previous day by Prof. Gunn that certain drugs had. So it came to the same problem—one of bio-chemistry. The normal senile processes in the brain should not be confused with the more acute processes in the senile psychoses. These must have a pathology of their own, and possibly one which could be linked up with Alzheimer's disease, or maybe with the toxæmias causing multiple cerebro-spinal sclerosis. He thought the damaging effect of chronic alcoholism on the nervous system was not that of

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alcohol only. As he had said, there was some other factor, probably septic, which was productive of the Korsakov syndrome, and accounted for the recurrence of *delirium tremens* in cases which had no chance of getting any more alcohol. He had known patients who for years continued to have typical attacks of *delirium tremens* long after they had been unable to get even the smell of alcohol.

He congratulated the authors on a very instructive paper.

Dr. S. J. COLE (Devizes) said that Dr. Lord's remarks encouraged him to call the attention of members present to a curious experience concerning the condition known as Korsakov's psychosis. He believed that a paper of his which appeared in the *Journal of Mental Science* many years ago was one of the first papers published in England on this subject. That subject also entered largely into the thesis which gained for him the degree of M.D. of this university. In those days he was on the staff of Colney Hatch, where he had the opportunity of seeing a number of cases of Korsakov's psychosis, and almost always there was as an accompaniment well-marked polyneuritis. He had been twenty-eight years at the Wiltshire Mental Hospital, and after his previous experience of this condition he thought he could take credit to himself as being a person not likely to overlook this condition when it came before him. Yet it was no exaggeration when he said that the cases of Korsakov's psychosis which he had seen in the Wiltshire County Mental Hospital in twenty-eight years could be counted on the fingers of one hand. It was not that alcoholic disorders were particularly uncommon in Wiltshire. Perhaps they were less common than in London, but they were not at all rare. Cases in which alcohol seemed to be the principal factor in the causation of the disorder were about 2% of the admissions, while the cases in which alcohol could be put down as a factor were about 7% to 10% of the admissions. That showed that the abuse of alcohol was not uncommon in Wiltshire, and yet Korsakov's psychosis was a rarity. He was not prepared to offer an explanation. The last case he saw which reminded him in any way of Korsakov's psychosis was one of fairly ordinary senile dementia in an old person. There was a rapid obliteration of impressions, but this was not a conspicuous feature in the picture, and he was not able to discover that there was any particular alcoholic history. But, even including cases like that, he did not think he was exaggerating when he said there were less than five such cases in all those years.

Dr. R. D. GILLESPIE (London) said that the late Sir Frederick Mott in this country anticipated the present movement from Germany, because he introduced considerable physiological speculation in connection with his pathological work. The accusation as to methods being antiquated was particularly hard in regard to Alzheimer's disease, because that disease was regarded as one of the principal triumphs of the histo-pathological method. He was told that Crinkler first differentiated these cases clinically, and got Alzheimer to work on them, and that worker described the changes. As to the fact that it had never been described in British literature, that might have been influenced by geographical differences in incidence of the disease. It was known that senile cortical deteriorations were more common in certain races than in others. Some American statistics had been published which suggested that such changes were particularly common in Irish stock. Ever since, ten years ago, Dr. Henderson drew his attention to Alzheimer's disease, he, the speaker, had been on the look-out for typical cases of the condition, yet since he left Dr. Henderson's hospital he could not say he had seen one. He had seen many cases of presbyophrenia in people of about thirty years of age, but none of typical Alzheimer's disease. So perhaps the reason for the absence of literature on the subject in this country was that cases of the condition did not occur here so frequently as elsewhere.

Dr. Henderson had confessed that he had great difficulty in distinguishing presbyophrenia from Alzheimer's disease, except that the onset of the latter occurred at an earlier age. That caused one to wonder whether Alzheimer's disease was so distinct a disease entity as it had been thought to be. Did the pathological picture make it worthy of distinction in that way? If there was something typical about Alzheimer's disease it was these cellular changes which had been described. They should be distinguished by focalization, but he did not think that had been described.

Dr. HENDERSON, in reply, said he was very glad that this paper had been the means of eliciting the discussion which had just taken place. He felt extremely grateful to all who had participated in it. Several points of interest had emerged.

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The condition had always been a puzzle; often it had been difficult to say, clinically, "This is a case of Alzheimer's disease." He considered that the point which Dr. Gillespie raised was important. He did not think so many of these cases were seen in general or in special practice as one was apt to see in a mental hospital. These were patients who would become very difficult under ordinary home conditions; and it was likely that when seen at home these cases might be confused with other conditions, such, for example, as arterio-sclerosis, or alcoholism, or any other toxic state. It was only after one had followed these cases over a period of years, or at least of months, that one could feel any certainty as to their diagnosis. It was, he contended, a specific condition. It was interesting that there should be a group of men, or women, at sixty to sixty-five years of age, people who had always led decent lives, as far as was known, and in regard to whom no particular extraneous element had come in—people who had been capable and efficient, and who suddenly, at that age, broke down with organic changes. These cases did not seem to be explainable on any vascular basis. Here one seemed to be dealing with some primary tissue alteration—whatever that might be. To find in people hitherto active and capable a sudden breakdown mentally, presenting a picture such as was expected at seventy or eighty, was an occurrence of very striking nature.

He expressed his gratitude for the way in which the paper had been received.

20. PAPER.—"Temperament and Insanity in the Far East," by CHARLES GABRIEL SELIGMAN, M.D., F.R.S., Professor of Ethnology in the University of London.

[*Abstract.*]

Prof. SELIGMAN said that he approached the subject as an anthropologist rather than as a clinician, his primary interest being to obtain some idea as to whether Chinese and Japanese reacted to the stresses of life in the same manner as did Europeans. It was, however, first necessary to know something of the temperament of the people concerned. For the Japanese we were fortunate in having a number of estimates, the most important being that of Mr. Y. Okakura, whose conclusion that the Japanese are "a people of the Present and the Tangible, of the broad Daylight and the plainly Visible," with "a proclivity of . . . mind in favour of determination and action," was undoubtedly correct. No equally fair and unrhetorical account by a Chinaman of the Chinese temperament was available; there was, however, no doubt that the common European conception of the Chinese as unemotional and inscrutable was not generally true. Apart from the *literati* with their classical training, becoming continually fewer at the present day, and some of the more educated Chinese who modelled their conduct upon them, the people generally seemed at least as excitable and emotional as the North European. This was shown in everyday life by highly emotional conduct after family quarrels, with the frequency on such occasions of severe hysteria and even impulsive suicide.

Turning to insanity. In Japan the treatment of the insane was by Japanese doctors on western lines in well-arranged hospitals; in China treatment had had to all practical purposes been limited to Southern China, often in more or less makeshift hospitals supported and staffed by voluntary missionary effort. In both countries, although statistics for the most part applied to dismissals, there were some figures of admissions. Accepting the Japanese figures published, *e.g.*, for the Matsuzawa Hospital (near Tokyo), as correct, as also the percentage estimates formed by the practising physicians in charge of the Chinese hospitals, it appeared that cases of dementia præcox filled half or more of the asylum beds, there being a far smaller proportion of manic-depressive insanity. The figures for admissions to Matsuzawa Hospital during the years 1920–24 gave dementia præcox 48·6% and manic depressive 9·4%. The dementia præcox percentage suggested to the author by Dr. Young, at Soochow, was much the same, though it was true that the figure (dismissals 28·14%) quoted by Dr. Maxwell for the J. G. Kerr Hospital at Canton was lower.* Provisionally we might

* J. L. Maxwell, *Diseases of China* (Shanghai, 1929), p. 268.

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agree that dementia præcox was considerably more frequent in the Far East than among Caucasians, the figures for 70,987 first admissions to state hospitals in the U.S.A. giving 16,920 cases of dementia præcox* (23·84%) against the above quoted rate of nearly 50% in the Japanese, which might not be very different from that in the Chinese.

As regards types of dementia præcox, while conditions of excitement and maniacal outbursts occurred both in Japan and in China, the author's informants generally judged these to be rarer than in Europe. Perhaps a relative infrequency of violent outbursts in this disease, together with a relative tractability as compared with the Caucasian, was general for the Yellow Race. In Java, Dr. Van Andal, in charge of the asylum at Magelang, stated that it was not only in dementia præcox that his patients were less violent than Europeans, but that throughout the institution the patients were more tractable than similar cases would be in Europe.

For general paralysis of the insane the admissions to Matsuzawa Hospital in the years 1920–24 showed 851 cases, *i.e.*, a percentage of 30·63—nearly three times as high as that of 11·05 quoted by J. V. May for the State hospitals of the U.S.A.† In China the majority of clinicians regarded general paralysis as relatively infrequent—a surprising fact if confirmed by further investigations, for there could be no doubt that many Chinese towns were heavily syphilised, indeed Maxwell's conclusion of a 15% incidence of syphilis, with nearly twice that figure among the troops,‡ was probably reliable.

The usual mixed forms of delusional insanity occurred in the Japanese and were not especially rare. Patients considering themselves members of the Imperial House were to be found in the larger asylums, and electricity and wireless exerted their influence on the inmates just as in European countries; on the other hand true paranoia was said to be extremely rare, and there were, moreover, certain differences in forms of insanity in Japanese and Europeans depending directly on social factors. In Japan religion was never gloomy, so that it was not surprising that deliria with religious content were extremely rare; again, since practically every girl married there was almost a complete absence on the woman's side of thwarted desire and over-estimated virginity, real or lost. "Possession," which could scarcely occur in a north European asylum, was by no means rare in Japan. The "possessing" animal or spirit was nearly always the fox, which played so large a part in Japanese folklore, and in severe cases the patient might regard himself not so much as possessed by a fox spirit as by the animal itself; the less severe forms of fox possession, indicated by a mild hysteria, were common throughout the country, and practitioners of healing whose power was due to their command of a fox spirit were numerous, and played a definite part in the life of the poorer populace of the large cities.

Dr. D. K. HENDERSON (Glasgow) said he felt rather diffident about taking part in a discussion after such an extremely interesting paper. The only work he knew that had been done on the characteristics of different races was that of Kirby in America, where there were so many races that opportunities were afforded of studying their peculiarities. There was no doubt that from the point of view of race temperaments, different peoples tended to react in rather specialized ways. That was seen in what Prof. Seligman said as to the absence of melancholia in the Japanese and the Chinese. In Scotland one of the striking characteristics among the people was the large number of melancholic patients in the mental hospitals. Nearly all the patients coming from the Orkney and Shetland Islands suffered from that type of mental disturbance.

Another interesting point in the paper was the reference to the absence of katatonia. The Professor had emphasized that, particularly in the case of the Chinese, we were dealing with people who suffered, apparently, a great deal from states of increased suggestibility. In listening to the paper it seemed to the speaker that the absence of katatonics might be explained on these grounds. He asked whether in those races there was a preponderant increase along the lines of dementia præcox simplex, rather than of the more highly determined states which were found in katatonics. This would correspond with the occurrence of dementia præcox simplex in association with states of increased suggestibility such as one

* James V. May, *Mental Diseases* (Boston, 1922), p. 457.
† *Op. cit.*, p. 306.
‡ *Op. cit.*, p. 507.

https://doi.org/10.1192/bjp.76.315.894 Published online by Cambridge University Press

found in connection with mental defect. In our more simplified types of person there was this increased suggestibility which Prof. Seligmann had pointed out as being a characteristic of the Chinese.

He had also been much interested in the question of the predominance of general paralysis. A very striking feature was as to why there should be such a high percentage—30%—in the Japanese, and a comparative absence of it among the Chinese. In European races the American statistics showed that the amount of general paralysis in the German races was much higher, in New York, at any rate, than that of any of the other race-groups which were studied there.

He thought that work along the lines which Prof. Seligman pointed out this morning from the point of view of racial characteristics and statistics was extremely important, and he felt much indebted for the information.

Sir JOHN MACPHERSON (Bristol) said there was no excuse for his intervention in this discussion, but the President had made a definite sign of invitation to say something. With others, he had been intensely interested in the extraordinarily minute description which Prof. Seligman gave of not only the family, but the temperamental differences between inhabitants of the extreme East and ourselves, and between the Japanese and the Chinese. One thing the professor said about the Javanese which he did not think was quite correct. He remembered Prof. Kraepelin's description—and he supposed it was to him Prof. Seligman referred —when he visited Java some years ago—(" Yes ")—and his recollection was that Prof. Kraepelin said there was a great deal of dementia præcox among the Javanese, and he was very interested to find it.

As to what Dr. Henderson said concerning manic-depressive insanity, and especially melancholia, among the Scottish people, Prof. Kraepelin was especially illuminating on that point as to depression among the Javanese. That authority said there was a good deal of it among them, but there was a complete absence of any idea of sinning; they were depressed, but without any idea that they were sinners. He, Sir John, did not think a European could be depressed without thinking of himself as a very bad person. He felt very grateful for this contribution.

Dr. J. NOEL SERGEANT (London) also wished to thank Prof. Seligman for this exceptionally stimulating paper. One statement he made was that the Chinese were extremely suggestible. Was that so through the visual channels? He was told that in China enormous importance was attached to the printed word, and that dirty fragments of such papers as the *Daily Mail* were carefully preserved. Another point of interest was the attitude of the Japanese towards religion.

Dr. F. G. GARDNER (Oxford) said that some of the characteristics, social and temperamental, were due to factors which the Professor did not mention, because they appeared to be trivial. The social ideas of the Japanese were different from what most people thought. In Japan the soldier was at the head of the social scale, as he was prepared to die for his country, next came the farmer who produced the necessaries of life, then the skilled artisan, lastly the mere trader—the middleman—who produced nothing, and as he had no status to lose, he sometimes took advantage of the fact in his dealings. One result was the employment of Chinese where money was concerned as being more reliable. For in China the social scale was reversed, the merchant being at the top, with centuries of traditional fair dealing behind him. The soldier was lower in the social scale. In Japan suicide amongst the higher classes was common in cases where honour was affected. Hara-kiri in such conditions was a virtue and the victim was regarded almost as a saint. As to mental conditions he was not able to say anything, but obviously these social gradations had a great bearing on the outlook of the people to their social, economic and temperamental relations.

Dr. R. D. GILLESPIE (London) said he owed Prof. Seligman a disclaimer and an apology. He did not help that gentleman, except to supply him with a book of statistics. It was said that only 25% of the cases in American mental hospitals were suffering from dementia præcox; he thought the percentage in this country was larger. Perhaps the Professor was quoting statistics of admission. (Prof. Seligman: My Japanese figures were admissions or dismissals; they were not permanent population.) Prof. Seligman had displayed great courage in undertaking this work; it was the beginning of something which would be the means of elucidating many problems which were now puzzling us, especially those concerned with the pathology of the psychoses. No very great help had been given

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by supplying data on temperament; this question was in the air, and he, the speaker, found that even Jung's notions were not particularly useful. There was another difficulty about the Japanese figures, and he did not think they were acceptable, especially as to the difference between male and female. Women insane patients in this country were more difficult to manage than male patients, but the Japanese found the reverse to be the case. The American population rate in asylums had gone up with the increasing provision of mental hospitals in that country.

Another point which struck him was the incidence of neuroses among various races, especially because in China everyone got married, and that should have reference to a remark of Malinowski's that he could find no neurosis among Trobriands, people who had had an untrammelled sexual existence from the earliest days.

Prof. AUGUST WIMMER (Copenhagen) expressed his regret that he did not arrive in time to hear the beginning of the paper. He thought that Prof. Seligmann's researches had a great bearing on our conception of the symptomatology of insanity. There was noticeable in Germany a tendency to attach greater importance to symptomatology. By such researches as those which had been put forward to-day one learned to be very careful about attaching too much importance to symptomatology, as it was influenced in so many ways by individuality and the particular surroundings of the person concerned. The same was seen in regard to historical researches on insanity; the mentality of such people as the ancient Roman emperors was a very different matter from the mentality we saw now; hence one could not draw definite conclusions as to the nature of the mental symptoms or disturbances which were found in ancient records. It would be very interesting if, in the Far East or in America, where there were so many races, researches could be made as to the value of the distinction made by Kretschmer. His own view was that people had certain trends, more or less pronounced, and that this was due partly to their education, to their special morals and ways of thinking, and not due to original congenital constitution.

He felt great admiration for the excellent paper which Prof. Seligmann had presented.

Sir JOHN MACPHERSON (Bristol), in supplement of his previous remarks, said he had seen an Austrian suffering from acute depression, and, remembering what Prof. Kraepelin said about melancholia, he questioned that man carefully, but could not discover that he had any idea about sinning; it was a pure depression, such as one might meet with in an animal.

Dr. NATHAN RAW (London) said he would like to ask the professor one question. He said that general paralysis in China had a totally different incidence from that of the same disease in Japan. The Association was told, at the last quarterly meeting, by a man who wrote a very interesting paper, that general paralysis was almost unknown in India and China, but that it was very common in Japan. He asked whether Prof. Seligman could say that malaria was more prevalent in China than in Japan. If there was a large amount of malaria in China, one could understand that it immunized or protected against general paralysis; and if the converse was the case in Japan, it would account for the enormous amount of general paralysis there.

Dr. J. R. LORD (Horton) asked, supposing that a far greater proportion of Japanese were housed in asylums, whether it would appreciably affect that admission figure of 30%.

The PRESIDENT wished to thank Prof. Seligman very cordially for his paper. As usual, that gentleman had taken refuge in his extreme modesty, and he, the speaker, was always rather chary of crossing swords with Prof. Seligman, as he did not feel certain how many traps he might have laid, especially for people of his, the President's, propensities. Still, there were one or two things to which he would like to draw attention. First he asked whether the lady who had the "fox possession" was a widow. He would also like to draw on the reader's experience, which was immense, to ask why it was that certain peoples or races preferred certain animals in their cases of animal possession. The Malay's great bogy was not the wolf or the fox, but the tiger. When Prof. Seligman was talking to the Oxford Psychological Society he said the tiger was the animal which not only possessed the adults, but also the children, in a game; a child was put in the middle and called "Tiger!" and then there was violent hysteria. As a sort of

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wild guess, the speaker suggested that the animal chosen was that which proved most inimical to their existence, either in the way of direct killing or removing necessary articles of food.

Another interesting remark of the Professor's was that the Japanese originated nothing themselves. One could not drive the Japanese into taking anything unless he wanted to; he took what he liked, and twisted it in any way he chose for his own purposes. If he did that in other things, his diagnosis might also be influenced by that fact.

That led the speaker to make two other remarks, on points which he was sorry the Professor did not touch on, though they were mentioned by Dr. Henderson. Was the Professor able to investigate the prevalence of mental defect among the Japanese? That had an important bearing on the question of dementia præcox simplex. Also, in regard to the Chinese and the Japanese, he would like to know what were their intellectual potentialities, and how this differed in the two countries. Mention was made of the necessity of having to persuade not only the patient but the whole household to get well, but the speaker did not know that in this respect it was any different in those countries than in England; his own difficulty sometimes was, not to get his patient well, but to get his relatives to believe that the patient could ever get well. In that respect, perhaps, the conditions were much the same the world over.

He had also felt much interested in the remarks as to religiosity breaking down, and the occurrence of a reversion to primitive types, because recently he had had an experience of that with an Ethiopian, who came originally from the States. He had been a sword-swallower and a fire-eater; and he had not only swallowed fire and swords, but also alcohol, and the latter had led him to other excesses, with the result that the man got well after a time following malarial treatment, and he was dominated by a certain religious sect, the most sanctimonious people the speaker had ever met. This patient rebuked every other patient, and was always "full of good works" until the other day, when he reverted to the primitive negroid man and attempted to slay him, the speaker and his colleagues, and manifested a great animosity against the teaching he had so fervently embraced before, and which was no more than a veneer. It was only by the observations of men like Prof. Seligman, who investigated every factor and brought these racial matters forward, that the specialty could hope to make advance in the science.

Prof. SELIGMAN, in reply, said there was not time to deal with and answer all the points which had been raised in the debate on his paper; one reason also was that he did not know the answers to all the questions.

He did not know whether the Chinese were more liable to visual or to auditory suggestion. In that country, however, there was a strong reverence for the printed word.

It had been said that the highest class in China was the merchant, but he did not think so; the scholar ranked very high, and the examinations for the ministry were long and difficult. The Trobriand islanders had full sexual licence for the time preceding puberty. In the villages, among the Chinese, there was a high degree of chastity until marriage. The Trobriands were not immune from neuroses; he knew one islander who had hysteria and practised genuine dissociation.

He did not know anything about schizoid conditions in the East. With regard to the Austrian lady who was very depressed and had no sense of sin, there could be a sense of depression without a sense of sin. There was a specific nostalgia in Melanesians; they said they would die, and they did die, and it was because they were away from their own country. One of the speaker's "boys" was ill and said he was going to die, and refused food. It seemed a typical case of nostalgia, but when he was stimulated he got over it. The speaker tackled him at once, and gave him a nasty effervescing mixture to take every hour. This caused him to think better of his resolution; he began to eat again, and finally returned to work.

The statement that general paralysis was very rare in China was made by many of the older clinicians, but it might be largely a matter of diagnosis; he did not accept the statement at its face value; it was very unlikely when there was such a prevalence of general paralysis in Japan. In spite of a large amount of old Ainu blood in the Japanese, he was basically Mongolian.

With regard to malaria, he was unable to give the facts at the moment. He investigated the matter, and concluded that the alleged absence of general paralysis

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in China could not be due to the greater amount of malaria in the country, and he had opportunities of asking the question of experts in Java. The evidence showed that general paralysis occurred in people who had had opportunities of having malaria and who actually had had that disease.

He was unable to say anything about the distribution of different forms of insanity among the Japanese. The woman referred to as possessed by the fox-spirit was not a widow. She had a husband who ran a business, but he believed that the woman was the worker.

As to animal possession, tigers were all over Malaya, and he took it that there the tiger was the most dreaded animal. An interesting point occurred to him, and it indicated how right Dr. Good was when he said the fear was of the animal which caused the greatest destruction. He had had experience of a part of Central Africa where lions and game were common, but man-eaters were rare. It was dramatic to see the way in which the natives went about without fearing the lion; they walked about at night in the lion country, neither did they speak of the lion as an animal to be specially feared. It was a very different attitude from that of the Malay towards the tiger.

With regard to mental defectives in Japan and China, he knew nothing about this, except that in all the hospitals he saw there were a few extreme cases; they had been sent in because otherwise they would have been left to die.

LUNCHEON.

Members and their guests, at the kind invitation of the Chairman and Committee of Management of the Warneford Hospital, took lunch in New College Hall, Oxford, by permission of the Warden and Fellows. Dr. F. A. Dixey, Fellow of Wadham College, presided.

At the conclusion of an excellent lunch the Chairman said: The late Lord Beaconsfield, when he was Mr. Disraeli, used to say that he once had a conversation with King Louis-Philippe, in the course of which the King said he attributed the well-known political capacity of the inhabitants of these islands to their practice of making after-dinner speeches. But if the practice had been attempted after lunch, it probably would not have been allowed.

He intended to be very brief, but one or two things needed to be said. The first was, that on behalf of the Managing Committee of the Warneford he extended a most cordial welcome to those members of the Association who were present and to their guests. It was fitting that this meeting should be held in this Hall. On his right could be seen the portrait of a fine English gentleman, Dr. Powell. He, as Warden of this College, did his duty, and he was admirably succeeded by Dr. Spooner as Warden of the College and Chairman of the Managing Committee. It was a matter of great regret that the present Warden of this great College was not himself at this function, but he had sent a letter expressing his welcome to the members of the Royal Medico-Psychological Association, and stating that it was only because he had an engagement out of Oxford that he would be absent. But a good representative was present in the person of Prof. Margoliouth, whose name was well known wherever deep scholarship, whether classical or oriental, was appreciated. From the first this College had been connected with the fortunes of the Hospital, and he believed that the Warneford was also intmately connected with the foundation of the Royal Medico-Psychological Association.

And there was another reason why this company should assemble within these walls. In the last day or two he had been accosted by friends who wanted to know how to learn about medico-psychology. He replied that it was easy; that it was like the case of a man who wanted to know about Chinese metaphysics. He was referred to a volume on China and another on metaphysics, and told to combine the two. Inquirers as to medico-psychology should read up medicine, and then psychology, and combine the two!

He hoped the Association would not wait another eighty-two years before paying another visit to Oxford; when it came to this city again, he hoped some of its members would still be living.

Sir HUBERT BOND, *K.B.E.* (Commissioner of the Board of Control), in responding for the Association, said: It would be agreed that to be entertained in "New

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College" and yet to realize that they were lunching in one of the oldest colleges of one of the oldest Universities in the world sounded something of a paradox; no doubt one that, in relation to New College's well-known hospitality, had often been commented upon. However, this was no moment for paradoxes and subtleties; his pleasant task on behalf of the Association was to say "Thank you" for this generous hospitality; and in all truth he could say that none present would forget the delightful way in which they had been entertained or the enjoyment of this interlude—indeed a happy thought on the part of those who conceived the idea. Why so long an interval as eighty-two years had elapsed since the Association had met in Oxford might be difficult to explain; probably in part and in the main due to the fact that the annual meeting was generally held where the President's work lay. Undoubtedly, their hope was that no such comet-like interval would happen again, and a prompt acceptance of the next invitation to Oxford was a certainty. This gathering was very sensible of the kindness of the Warden and Fellows of the College in allowing members to hold part of their meeting here, and of the Chairman and his colleagues of the famous hospital which was visited on the previous day. From its commencement to its close, this meeting in Oxford had been a great success, and members of the Association would take away many charming memories, not least of them that of this afternoon. Naturally, it was of special satisfaction to them to see how greatly the man of their choice as President was esteemed by everybody by whom he was surrounded, and the solid support which had been given to him. He (Sir Hubert) would like to take note of the fact that in this company were representatives from the Dominions—Canada, Australia and South Africa—also from the United States, Denmark, Poland, Austria, Germany, Czecho-Slovakia and Switzerland; and he was sure that they, too, would take back with them equally pleasant memories, and that it was also their desire to tender hearty thanks.

GARDEN PARTY.

Members and their guests were entertained from 4 to 6.30 p.m. by Viscountess Harcourt to a Garden Party at Nuneham Park. Those present thought it a great privilege to visit this, one of England's most stately homes, full of valuable pictures and other works of art, and famous for its historical association with some of England's greatest administrators and ministers of State. Lady Harcourt received her guests and was indefatigable in entertaining them.

RECEPTION—9 to 11 p.m.

The Regius Professor of Medicine and Lady Buzzard were "At Home" to members and their guests at Magdalen College. About 400 attended. This was held in the famous "quad" of the College; light refreshments were provided under cover of the beautiful archway. The Vice-Chancellor and Mrs. Dudden were present as well as many of the University dons in their robes. The Band of the 4th Battalion of the Oxford and Bucks Light Infantry gave an excellent musical programme.

MORNING SESSION.—FRIDAY, JULY 4.

At the Sir William Dunn School of Pathology.

The President in the Chair.

22. DISCUSSION.—"Out-Patient Clinics, with Special Reference to Psycho-therapy."

The PRESIDENT said he had first to offer an explanation. One of the speakers, Dr. D. K. Henderson (Glasgow), who was to have taken part in the discussion had been summoned home on urgent business. His absence was regretted.

There was no need whatever for him to introduce the opener of the discussion, Prof. Robertson.

(Owing to the exigencies of space, the report of this discussion has been left over for the January number, where it will appear as an "Original."—EDS.)

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23. PAPER.—**"The Therapeutic Effect of Assisted Respiration in Established Cases of Dementia Præcox,"** by GORDON FRANK PETERS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M. (*vide* p. 662).

The PRESIDENT said he considered this experiment of Dr. Peters to be one of the most important things which had been brought before this Annual Meeting. The reason he would explain. The region of small pyramids indicated by the reader was, in all probability, the seat of what was generally understood as "intellect." It was generally admitted that the brain was developed from rudimentary processes upwards. Head and Rivers divided the brain into epicritic and protopathic regions; Watson, Mott and others had placed what were called "instincts" in the lower brain region. Intelligence consisted of the use of intellect *plus* experience.

Dr. Peters—rightly, in the opinion of the speaker—claimed to have brought about improvement in patients by means of artificial respiration. The blood-supply was derived, mainly, from the cerebral vessels *viâ* the pia mater. It was well known that the straight short vessels terminated in the grey matter, and that there was no anastomosis of the cerebral vessels. It was very necessary to have a good supply of blood to the whole of the brain. Patients with dementia præcox immobilized themselves, and by that means prevented a good supply of blood to the brain; therefore it was merely logical to suppose that the terminal vessels, being at the end of the circulatory circuit, would not, on account of the pump failing, get the normal amount of circulation. Movements aided in the excretion of what were called toxins, and if the circulation was diminished the toxins were unlikely to be got rid of either so freely or so completely; a highly-developed neuron would be most affected by such a toxin, and so would fail to react. By increasing the circulation by means of a more vigorous respiration, a better blood supply would be ensured to that area. Taking the technique called hypnosis, what one found was that there occurred relaxation and a better circulation. One of the methods of bringing about this improvement which was very useful was teaching patients how to breathe. What was not sufficiently appreciated was that one must get the patient in a semi-recumbent or a recumbent posture. Most people breathed with their lips slightly apart; by so doing one failed to fully expand the lungs. What was wanted, therefore, was to get the idea into the mind of the patient that he must let himself go and take a really deep breath, closing the lips, then count five, and then slowly expel the inspired air through the nose. After doing that six times consecutively one felt a sort of peace or sleep. It ensured a better discharge of residual and waste-charged air. Dr. Peters's method was very similar. One should explain to the patient what one was striving for. That supplied a link where the psycho-therapist and the physio-therapist—who should not be separate—came in. He believed that Dr. Peters was here on the track of something which ought to assist very much. He, the President, had himself been going to write a paper on the method, but the meeting would have judged from the papers in the agenda that his wish was that a wide view of the whole subject should be taken. His motto was: Say less, and do more.

Dr. J. R. LORD said the meeting could judge of the importance which he, the speaker, attached to this work which had been done at his mental hospital, from the fact that for years there had been held, at that institution, rhythm classes, physical drill, music, etc. Patients were arranged in rows, with nurses behind those that needed them. The nurses, in these latter cases, did the active movements, and many of the patients in due course responded actively. Improvement, both physical and mental, followed in many instances. He had always maintained that it was of no use attempting occupation therapy while patients were "blue"; it was essential that these patients should have in their brain properly oxygenated fluids before psycho-therapy or occupational therapy were tried. These classes in his hospital had been popular and were well attended. Dr. Peters had systematized this treatment, and ensured first that the patients had a good supply of well-oxygenated blood to the brain, using as a preliminary Sylvester's method of artificial respiration. Either musical exercises, or something akin to that, immediately followed. Other forms of exercise were gradually, introduced and then light domestic work. Then came either industrial or clinical occupational therapy according to the type and duration of the case.

https://doi.org/10.1192/bjp.76.315.894 Published online by Cambridge University Press

The treatment had proved a success because of the personal element in it. One could very readily by laboratory methods oxygenate the blood, but neither the patient nor the nurse would have any active interest in it and their co-operation would not be needed. Dr. Peters's method was a strictly nursing procedure and the staff had taken a personal pride in the work.

It was a great score to have all methods of treatment as far as possible within the personal ambit of the nursing staff.

24. Votes of Thanks for Hospitality.

Dr. Bedford Pierce said he had a pleasant duty to perform: it was to propose that the Association send a letter of thanks to those who had so well entertained its members and given them the benefit of such remarkable hospitality. Not only had the hospitality been abundant, but there had been about it a gracious kindliness which had appealed to all. The very fine weather had helped, the geniality of the President had helped, and the hosts and hostesses of the Colleges had contributed greatly to the enjoyment. If it could be done, he would have liked the message to include those—whose names the members did not know—who had taken such a helpful part in organizing this annual meeting.

Dr. J. R. Lord seconded the motion. **[Agreed.**

The President, in the name of all concerned, thanked the speakers for this vote of thanks. It was very gratifying that the people who had done the hard work necessarily incidental to such a meeting should have received such a nice recognition. Oxford was only too pleased to see the members of the Association, and it was a great pleasure to him to find everyone so pleased. He would like members to know that Sir William Morris kept his works going the whole afternoon so that members could look over them; otherwise they would have closed down at one o'clock. That action on the part of a master of industry was an example of what had been done.

Dr. Gardiner expressed the appreciation of the local practitioners of Oxford for the permission to attend the meetings and take part in the discussions. He had not known personally how large mental diseases bulked in medicine at the present day.

LADIES' CLUB ROOM.

The Ladies' Club Room, kindly lent by Messrs. Elliston and Cavell and situated almost opposite the Martyrs' Memorial, was open from 10 a.m. to 12.30 p.m. on Tuesday, Wednesday and Thursday.

GOLF.

The Oxford U.G.C. kindly allowed members of the Association to use the Southfields Golf Course at reduced green fees for both ladies and gentlemen.

SOUTH-EASTERN DIVISION.

The Autumn Meeting of the South-Eastern Division was held at Chiswick House, Moss Lane, Pinner, on Thursday, September 25, 1930, by the courtesy of Dr. Douglas Macaulay.

Present: Drs. N. H. M. Barker, C. W. Bower, L. A. Cholmeley, Sir Cecil Chubb, W. J. Coyne, J. H. Cuthbert, J. H. Earls, R. W. Gilmour, J. H. Glaister, H. G. L. Haynes, G. W. James, W. J. T. Kimber, F. R. King, R. M. Macfarlane, S. E. Martin, H. Crichton Miller, Josphine Miller, D. M. Odlum, J. E. Purves, C. Stanford Read, David Rice, E. Rollins, Noel Sergeant, R. Percy Smith, Geo. Somerville, R. C. Stewart, P. M. Turnbull, and J. R. Whitwell.

During the course of the morning members and guests were shown over Chiswick House and its gardens by Dr. Macaulay and his colleague Dr. Coyne and members of their staff.

They were then entertained to lunch, and after the Royal toast, Dr. Percy Smith proposed Dr. Macaulay's health, and Dr. Macaulay replied.

https://doi.org/10.1192/bjp.76.315.894 Published online by Cambridge University Press