The last three cases were shown in order to introduce a discussion on the diagnosis of general paralysis. Many members took part in it, and several interesting views were expressed. The discussion brought out the necessity of defining clearly what exactly was meant by the term "general paralysis" before the diagnosis of the condition could be profitably discussed.

A vote of thanks to the Chairman terminated the business of the meeting, and thereafter members were entertained to tea by Dr. and Mrs. Buchanan.

## IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division was held at Grangegorman Mental Hospital, Dublin, by the kind invitation of the Joint Committee of Management of Grangegorman Mental Hospital and Dr. J. O'Conor Donelan, Medical Superintendent, on Thursday, November 15, 1928.

Members present: Dr. J. O'Conor Donelan (in the Chair), Dr. D. L. Kelly, Inspector of Mental Hospitals, Irish Free State, and twenty-three other members.

After luncheon members visited the wards for a demonstration of clinical cases by Dr. Stanley Blake and Dr. Dunne (*vide* p. 191).

Members then assembled in the Board Room of the Hospital.

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

Letters of apology for unavoidable absence were read from Drs. F. J. Deane, G. R. Lawless, O'Kelly, Parsons, Bigger, O. F. McCarthy, Hardy, S. Graham, G. W. M. Scroope and Mr. Chance.

The following were elected, by ballot, ordinary members of the Association:

JOHN FITZGERALD, M.D., B.Ch.N.U.I., D.M.D., Assistant Medical Officer, Grangegorman Mental Hospital, Dublin.

*Proposed by* Drs. J. O'Conor Donelan, Stanley Blake and Dunne.

PATRICK JOSEPH CASSIN, M.D., B.Ch.N.U.I., D.M.D., Assistant Medical Officer, District Mental Hospital, Kilkenny.

*Proposed by* Drs. L. Gavin, P. Moran and R. R. Leeper.

The question of the recognition of the Association's Certificate for Registration by the General Nursing Councils was next discussed. It was considered desirable to have a person connected with the teaching and training of mental nurses as representative on the Irish Free State General Nursing Council, and it was resolved that Dr. R. R. Leeper, Hon. Sec. of the Irish Division, be nominated by the Division as its representative.

The meeting then appointed Miss Delaney, Matron of Mullingar District Mental Hospital, Nurse Representative for Ireland on the Advisory Committee to the Educational Committee.

After some discussion it was decided to abandon the January meeting of the Division and to hold the next Clinical Meeting at Belfast in April, by the kind invitation of Dr. Graham, Medical Superintendent of Purdysburn Villa Colony.

A cordial vote was passed with acclamation, recording the thanks of the Division to the Joint Committee of Management of Grangegorman Mental Hospital for their hospitality and kindness, and to Dr. J. O'Conor Donelan for affording members an opportunity of visiting the Hospital and successfully commencing the Clinical Meetings of the Division, and also to Drs. J. O'Conor Donelan, Stanley Blake and Dunne for the demonstrations.

## DIVISIONAL CLINICAL MEETINGS.

### Bristol Mental Hospital, Fishponds, Bristol.

A Divisional Clinical Meeting was held at the hospital on Tuesday, October 16, 1928 (postponed from September 25).

Present: Five members and one visitor. Dr. E. Barton White presided.

Dr. Townsend courteously wrote and explained how it was impossible for him to attend.

The following cases were demonstrated and discussed:

(1) A case of disordered metabolism in a girl, æt. 17, was shown, with her weights

https://doi.org/10.1192/bjp.75.308.190 Published online by Cambridge University Press

for the last three years, curves of her blood-sugar tolerance, and records of her mental state, by Dr. BARTON WHITE.

(2) A case of ichthyosis, by Dr. J. REID

(3) A post-puerperal case for prognosis, by Dr. H. SMITH.

Members were afterwards entertained to tea.

## Stafford County Mental Hospital.

A Clinical Meeting was held at the above hospital on Thursday, November 1, 1928.

Present: Seven members and 7 visitors. Dr. B. H. Shaw presided.

Dr. G. J. SMITH demonstrated 6 cases of general paralysis treated with tryparsamide. All had shown marked physical improvement and also some improvement mentally.

Dr. K. K. DRURY demonstrated 4 cases of suspected epidemic encephalitis that showed improvement after treatment by ultra-violet rays. An interesting discussion followed, and the necessity of distinguishing the condition from that following coal-gas poisoning was pointed out by Dr. Shaw—two cases being probably due to this.

A number of pathological specimens were shown, including the following:

(1) Hyperostosis of frontal bone; (2) rupture of left ventricle of the heart; (3) a teratoid inclusion cyst of brain; (4) cerebral softening; (5) cerebritis resulting from trauma.

The wards of the hospital were then visited and afterwards the laboratory, where a new staining method was demonstrated by Dr. Drury and a Leitz microphotographic apparatus shown.

## Grangegorman Mental Hospital.

A Divisional Clinical Meeting was held in connection with the Autumn Meeting of the Irish Division at the hospital on November 15, 1928.

Dr. STANLEY BLAKE demonstrated three cases of post-encephalitis lethargica. The first and second were single women, aged 18 and 24 respectively, the encephalitic attack having occurred four or five years ago. They had well-marked Parkinsonian symptoms with general coarse tremors and rigidity.

The ability to overcome these symptoms by voluntary effort was demonstrated by getting the patients to dance. In both there was marked mental deterioration.

The third case was that of a married woman, æt. 24, who contracted encephalitis lethargica previous to marriage. She had two healthy children. There were no Parkinsonian symptoms in her case, but a remaining right-sided hemiplegia. The mental deterioration was not so marked.

Dr. JOHN DUNNE demonstrated two mental cases associated with delinquency:

CASE 1.—Male, admitted May 9, 1923, charged with having damaged a door in Clarendon Street Church. Described as being rational and expressing no delusions.

Since admission he has kept very much to himself, not associating with or speaking to other patients. He works as an upholsterer and has done some rather fine work. Admits having hallucinations of hearing. Has never given any trouble, but seems to suffer from progressive enfeeblement of his intellect.

The interest attaching to this patient arises from the fact that he was an artist. A short time ago a famous painter who called, said that the patient was one of the most promising artists in the School of Art where he the visitor, was a Professor. The patient appeared very pleased to see the visitor, and inquired with great interest after mutual acquaintances in the Art School. The Professor then spoke to him of his art, and the patient evidently found it difficult to understand or to answer complicated questions, his mind seeming confused, and to all appearances his intelligence impaired. His expression was vacant.

After much persuasion the patient eventually produced from his pocket a dirty piece of knotted twine, and explained that this was an idea of his for designing clothes material. Questioned as to why he should not continue his painting here, he said that he could not paint, that he had no wish to, that it was not the same here as if he had his liberty.

https://doi.org/10.1192/bjp.75.308.190 Published online by Cambridge University Press

When the patient had retired, the remarks of the Professor were very interesting. He held that the patient was suffering from exaggeration of the artistic temperament, and that his deficiency in expression could be easily explained and perhaps cured. He said that he himself would act in the very same way and would be just as devoid of expression if he were, like the patient, shut away for five years from all congenial company. He said that the patient never at any time in his life had an opportunity of expressing himself, as his family were antagonistic to his artistic leanings and could not understand the great refinement of his nature. He had also had an unfortunate love affair; the woman of his affections, socially his superior, not having the sense to see that the patient was a great artist, declined to have anything to do with him. The result of all this was that the patient had no one in whom he could confide; was thrown back into himself, and cannot now express his inner sense in language. The piece of knotted twine is symbolic of his state of mind, knotted and twisted without any objective, much like the artistic products of the old Irish monks who, shut up in their cloisters, lost the means of expressing themselves, and whose artistic output was symbolic of the state of their minds—nothing but meaningless curves and twisted lines of different colours.

The Professor claimed that only one who had the artistic temperament could understand the workings of the patient's mind, and that a competent psychoanalyst might do much for the patient. Like the great Dutch painter, Van Gogh, who did his best work in a mental hospital, the patient might yet be a great artist.

CASE 2.—Male, admitted July 22, 1927, charged with indecent assault. He had been in St. Vincent's Hospital from May to August, 1926, as a doubtful case of encephalitis lethargica.

Mental state: The most pronounced mental symptoms are emotional and volitional deterioration. He is apathetic, has no spontaneous conversation, feeling or interest, though he may express his likes or dislikes. He is simple-minded; memory defective for general knowledge and arithmetic.

Physical: He exhibits a well-marked pseudo-Parkinsonian syndrome: absence of spontaneous movement, slowness of voluntary movement, muscular rigidity, Parkinsonian expression and tremors (not very pronounced). There is no oculomotor paralysis or disturbance of equilibrium.

Progress: Since admission there has been improvement both mentally and physically.

Dr. DUNNE also demonstrated three cases of general paralysis, all of which had done well under malarial treatment. The most interesting of these was one of the congenital form with euphoria and typical physical signs. He was infected with malaria on March 2, 1928, had twelve rigors, and when demonstrated was quite clear in mind. There was still some slurring of speech.

---

## STUDY TOUR AND POST-GRADUATE EDUCATIONAL INFORMATION SUB-COMMITTEE.

### TOUR OF DUTCH MENTAL HOSPITALS AND CLINICS.

*(October 17–25, 1928.)*

THE party, fifteen in number, left Liverpool Street Station by the 8.15 p.m. boat train for Harwich and The Hook on Wednesday night, October 17, and reached Rotterdam before 8 a.m. the following day. During breakfast at the hotel we were joined by Dr. Pameijer, the Director of the Rotterdam Municipal Mental Hospital at Maasoord, who had made the arrangements, which we were presently to find so thoroughly complete and hospitable, for our visits to the clinics and mental hospitals of Holland. For the entire period he gave up his time to accompany us and to make our way easy and pleasant. His assistance was invaluable in many directions, and not least in the recovery of garments which members of the party scattered over the Pays Bas.

*October 18:* At 9 o'clock we were received on a Corporation barge by Alderman Nivard, the President of the Hospital Board; Mr. Tarburgh Suermond, the

https://doi.org/10.1192/bjp.75.308.190 Published online by Cambridge University Press