Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE POSTPONED QUARTERLY MEETING summoned for May 18, 1926, was held at the British Medical Association House on Monday, July 12, 1926, Dr. J. Chambers, the Treasurer, in the Chair.

MINUTES.

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

REPORT BY GENERAL SECRETARY.

The GENERAL SECRETARY reported that on June 1, 1926, the Council and various Standing Committees met and had transacted all the business which would have come up had the meeting been held in May. The Council had asked the President-Elect, the Treasurer, the General Secretary and Dr. F. H. Edwards to meet and examine the Bye-laws, and to consider what amendments were necessary to bring them to comply with the Charter and current practices of the Association. They were also given power to act in regard to a Coat-of-Arms and a new Seal.

He moved and Col. J. R. LORD seconded that the action taken by the Council be approved.

Agreed.

There being no further business, the meeting then terminated.

A SPECIAL MEETING of the Association was held at the British Medical Association House on Monday, July 12, 1926, Dr. J. Chambers in the Chair.

REVISION OF THE BYE-LAWS.

On the motion of the PRESIDENT-ELECT, seconded by the GENERAL SECRETARY, a Special Committee consisting of the President-Elect, the Treasurer, the General Secretary and Dr. F. H. Edwards was appointed to examine the Bye-laws and draft amendments necessary to bring them into conformity with the Charter and current procedure of the Association. This concluded the business for which the special meeting was summoned.

Members, at the request of the Chairman, remained to discuss with the members of the Special Committee the conclusion the latter had already come to on the matter referred to them.

Col. J. R. LORD then explained how these gentlemen, now properly appointed as a Special Committee, and their existence regularized, had met unofficially as requested by the Council of June 1. He went *seriatim* into the amendments it had been decided to recommend the Association to adopt. Several further amendments were suggested by the members present and adopted by those entrusted with the revision.

THE EIGHTY-FIFTH ANNUAL MEETING of the Association was held on Tuesday, Wednesday, Thursday and Friday, July 13–16, 1926, at the British Medical Association House, 19B, Tavistock Square, London, W.C. 1, under the Presidency of Lt.-Col. J. R. LORD, *C.B.E.*, M.B., M.R.C.P.Edin.

The Council and the various Standing Committees assembled on the previous day.

MORNING SESSION.—TUESDAY, JULY 13.

The proceedings opened with the business meeting, over which Dr. M. J. Nolan presided, and in taking the Chair explained that his presence as chairman was due to the sad loss the Association had sustained in the death of Sir Frederick Mott.

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Minutes.

The minutes of the eighty-fourth annual meeting, held at Birmingham, having appeared in the Journal were taken as read, and were confirmed and signed by the Chairman.

Obituary.

The late Sir Frederick W. Mott, *K.B.E.*, LL.D., M.D., F.R.C.P., F.R.S., and Others.

The Chairman then referred to the unusually lengthy obituary list which had appeared in the *Journal of Mental Science*, among the names mentioned being those of Dr. Donald Fraser, Dr. R. J. Legge, Dr. J. E. P. Shera, Dr. J. C. Shaw, and Sir Frederick Mott, who, one year ago, it had been his proud privilege to induct into the presidential chair. Sir Frederick had been called with almost tragic suddenness, and not only the Association but the whole world of medico-psychological research was bereft of one of its most gifted, strenuous and original leaders. In view of such a recent bereavement it was difficult to give anything like adequate expression to the sense of loss and regret they all felt. It would be commonplace to sum up that loss as irreparable, yet that expression had rarely been used with greater truth. To those who were acquainted with Sir Frederick's work it was unnecessary to use the language of panegyric. The sad, simple, eternal fact of his decease had touched all their hearts, and they felt acutely that one of the most vital forces in the Association had been suspended when at the very zenith of its intensity. For the splendid mind had been unaffected by years, otherwise than by a higher development of its powers and by a widening and deepening of its scientific culture. The speaker had advisedly used the word "suspended," for though Sir Frederick was at rest, being one whose good fortune it was to "work out, not rust out," he survived and would continue to survive in his work, which had, in an unusually high degree, the rare combination of research and its practical bearing—in this case on the cause and treatment of mental disorder—and which, moreover, pointed clearly the way to be followed by other workers. Like Livingstone, Sir Frederick was a pioneer into dark and silent lands, and while, figuratively speaking, there could be but one Livingstone, there would be many Stanleys to follow. Dr. Nolan hoped he would be excused for making a personal reference. He had not infrequently met Sir Frederick when he joined the Association some thirty years ago. Contact with him had been an inspiration to anyone interested in the study of insanity; he encouraged confidence and was full of suggestion. Later the speaker and Sir Frederick had corresponded regarding a case of juvenile general paralysis which Dr. Nolan had recorded—such cases being then comparatively rarely recognized. Later still, when, like many others of his colleagues, he had taken exception to the title "asylum dysentery"—because of the fact that cases of dysentery were admitted to the institutions—correspondence had reopened. The speaker recognized fully the value of Sir Frederick's research in regard to that disease and the importance of his suggestions for minimizing its evils, suggestions Dr. Nolan had adopted with the greatest possible success. Finally, when as President of the Association he had invited Sir Frederick to take an active part in the proceedings of the Annual Meeting in Belfast, he had responded promptly and cordially, illuminating the discussions, as well as enriching the proceedings, by his original communications. Moreover, Sir Frederick had zealously availed himself of the opportunity to advance the propaganda of research, and the establishment of university teaching and examination in psychiatry, and sowed seed which there was every hope might bear fruit in Belfast. He could not forget the charm of Sir Frederick's personality, in social intercourse and close association, when he had revealed the modest simplicity of a great mind and a contented disposition. He remained in memory a master mind, enshrined in attributes which formed an attractive personality—magnetic mind power, exceeding gentleness and, above all, that honesty which a seeker after truth, such as he had been, must possess in an exceptional degree to make his work of the highest value. There were present at that meeting many who had worked for years in close association with Sir Frederick Mott, and who could express more eloquently, and with a more intensive knowledge, the just tribute of admiration and regret that was evoked by the memory of their late President—a tribute which was whole-heartedly tendered by that Association.

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Dr. F. L. GOLLA said he had nothing to add to the admirable tribute the Chairman had paid to the work of the late Sir Frederick Mott. There was, however, a suggestion he would like to make. When such a man had completed his life's work, and that work was such that its value was recognized by the whole scientific world of Europe, it seemed invidious to be content with the mere immortality that Sir Frederick had secured for himself. There were two aspects of his life's work, one purely personal, for they all appreciated what a friend they had lost in Sir Frederick, and the other was in connection with what Sir Frederick had done to advance science. It was the duty of the Association to try and preserve so far as possible the memory of all those who had made some steps for scientific advance in psychological medicine. He did not mean the sort of thing that their Victorian ancestors delighted in, as typified by the monstrosities seen in Hyde Park in such erections as the Albert Memorial. There was a very pretty custom in Germany, France, Russia and America, whereby all those concerned contributed some of the work they had been inspired to do by their master, the whole thing being published. There were many from all nations who at one time or another had worked at Sir Frederick's laboratory, or in some way been associated with him in his work. Would it not be a delicate compliment, and a better way of perpetuating the memory of a great leader, if an attempt were made to collect together little fragments of appreciation, some little piece of work inspired by him, from those at home and abroad who had been his pupils or colleagues, and all these contributions put together, and possibly—he did not know what Col. Lord would think of the suggestion—published as a special number of the *Journal of Mental Science*, or as a separate publication? Such would constitute a memorial that would have pleased Sir Frederick Mott far more than any other.

On the motion of the Chairman, resolutions of sympathy were carried, by members rising in their places, to Lady Mott and her daughters in their great loss, and to the relations of the other members he had mentioned as having died since the last quarterly meeting.

ELECTION OF OFFICERS OF THE ASSOCIATION.

On the motion of the Chairman, the following were unanimously elected officers of the Association for 1926–27:

President.—J. R. Lord, *C.B.E.*, M.B., M.R.C.P.Edin.

Treasurer.—James Chambers, M.A., M.D.

Editors of Journal.—J. R. Lord, *C.B.E.*, M.B., M.R.C.P.Edin., H. Devine, *O.B.E.*, M.D., F.R.C.P., G. Douglas McRae, M.D., F.R.C.P.Edin.

General Secretary.—R. Worth, *O.B.E.*, M.B.

Registrar.—Daniel F. Rambaut, M.A., M.D.

The President-Elect.

[Had the President occupied the Chair, it would have been his pleasant duty in accordance with precedent to have announced the name of Dr. Hamilton C. Marr, a Commissioner of the General Board of Control for Scotland, as President-Elect for the coming year.]

NOMINATED MEMBERS OF THE COUNCIL.

The Chairman then proposed that the nominated members of the Council be: Drs. Thomas Beaton, H. B. Leech, Hamilton C. Marr, G. M. Robertson, G. W. Shore and R. Percy Smith.

ELECTION OF HONORARY MEMBERS.

On the proposition of the Chairman, the following gentlemen, whose names had been approved of by the Council, were elected Honorary Members:

Prof. C. WINKLER, M.D., of Utrecht, Holland.

Dr. ADOLF MEYER, of Baltimore, U.S.A.

Proposed by Drs. W. Buchanan, Chambers, Lt.-Col. J. R. Lord and Drs. J. G. Soutar, and R. Worth.

APPOINTMENT OF HONORARY AUDITORS.

C. F. D. MCDOWALL, M.D., and H. J. NORMAN, M.B., were appointed the Honorary Auditors for the current year.

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Appointment of Standing Committees.

The Standing Committees were re-elected as follows: Parliamentary Committee with the addition of Drs. E. Mapother, Porter Phillips, G. W. B. James and J. Carswell; the Educational Committee with the addition of Dr. H. Dove Cormac; the Library Committee with the addition of Dr. J. R. Whitwell. Dr. M. A. Collins retired from the Parliamentary and Library Committees.

Special Committee on Post-Graduate Teaching, etc.

Col. J. R. Lord moved that this committee be discharged. He said its reference had, in the revised bye-laws, been added to that of the Educational Committee, and would be undertaken by a sub-committee of that Committee.

Dr. M. A. Collins seconded.

The proposition was agreed to and the Special Committee thanked and discharged accordingly.

Reports.

The General Secretary read, and moved the adoption of the Report of the Council, as follows:

The number of members—Ordinary, Honorary and Corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1926, was 748, as compared with 739 in 1925.

Number of new members elected in 1925	44
Number of members recorded in 1925	1
Removed according to Bye-law 17	12
Number of members resigned in 1925	10
Number of deaths in 1925	14

Members.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Ordinary	632	627	626	626	640	631	676	699	694	703
Honorary	32	33	32	26	24	25	27	30	29	29
Corresponding	18	18	17	9	9	10	13	14	16	16
Total	682	678	675	661	673	666	716	743	739	748

With reference to the death of the late President, Sir Frederick Mott, the Council and Officers, and especially the Secretary of the Association, are very dependent on the President for help and advice during their term of office, and in the case of Sir Frederick Mott this was always freely and generously given, and nothing was too much trouble for him—busy man as he was. In his year of office great strides were made in the Association's welfare, and the help he gave did a great deal to forward this.

Since the last annual meeting was held, quarterly meetings have been held in London.

The year has been an eventful one. The offices of the Association, which for many years had been at No. 11, Chandos Street, were recently transferred to the British Medical Association House at 19B, Tavistock Square, London, W.C. For this the Council have to thank the British Medical Association—especially Sir R. A. Bolam, the chairman—for their kindly co-operation.

At the quarterly meeting held on November 17, 1925, at 11, Chandos Street, Drs. Brooks-Keith and R. Worth were chosen as representatives of the Association to confer with the Mental Hospitals Association, Clerks' and Stewards' Association and National Asylum Workers' Union in opposing the inclusion of the mental hospital employees in the Local Government and other Officers' Superannuation Act, 1922. In this connection many meetings were held during the year, and a Memorandum was prepared and evidence given by the General Secretary before the Departmental Committee on this matter on March 25, 1926. At the same quarterly meeting Dr. Carswell opened a discussion on "Insanity and Crime; Some Suggestions arising out of the Atkin Report."

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ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1925.

REVENUE ACCOUNT—January 1st to December 31st, 1925.

1924.	Dr. Expenditure.	£ s. d.	£ s. d.
945 13 10	To Journal—Printing, Publishing, Engraving, Advertising, and Postage	1133 12 9	
1143 18 4	,, Examinations, Association Prizes, and Clerical Assistance to Registrar	1558 19 0	
24 2 8	,, Petty Disbursements, Stationery, Postages, etc.	21 4 11	
243 14 1	,, Annual, General, and Divisional Meetings ...	284 8 8	
116 4 0	,, Rent of Premises at 11, Chandos Street, care of Office	105 9 6	
10 10 0	,, Audit and Clerical Assistance	12 12 0	
34 19 4	,, Miscellaneous Account	123 9 9	
			3239 16 7
1864 3 11	Balance		975 19 5
4383 6 2			£4215 16 0

1924.	Cr. Income.	£ s. d.	£ s. d.	1924. £ s. d.
	By Dividends—General		284 10 8	224 13 3
	,, Sale of Journal	315 0 0		270 0 0
	,, ,, Handbook	184 15 3		160 2 0
	,, Statistical Forms, etc.	8 15 3		4 5 7
	,, Advertisements	20 11 1		23 18 1
			529 1 7	
	,, Fees, Certificates of Psychological Medicine ...		2248 7 3	2540 5 6
	,, ,, Certificates of Proficiency in Nursing ...			
	,, Subscriptions		1143 9 0	1152 2 3
	,, Interest on Deposit		10 7 6	7 19 6
			£4215 16 0	£4383 6 2

BALANCE-SHEET—31st December, 1925.

1924.	Liabilities.	£ s. d.	£ s. d.
285 19 11	To Journal Account, balance of	357 17 2	
137 11 8	,, Examinations Account, balance of	—	
—	,, Petty Disbursements Account	14 0	
46 17 1	,, Meetings Account, balance of	48 11 11	
29 1 0	,, Rent Account	26 2 6	
8 16 6	,, Miscellaneous Account, balance of	16 0 6	
213 7 2	,, Gaskell Account Dividends	168 10 9	
4 3 0	,, ,, ,, Income Tax	3 14 0	
—	,, ,, ,, Prizes, etc.	48 8 6	
137 16 0	,, Maudsley ,, Dividends	158 5 8	
23 15 0	,, ,, ,, Income Tax	21 2 0	
23 3 6	,, Dividends ,, ,, ...	20 18 0	
30 4 7	,, Asylum Workers' Convalescent Fund ...	24 17 1	
940 15 5			895 2 1
£ s. d.			
6604 14 7	Balance as at 1st January, 1925	8577 5 1	
1864 3 11	Add Balance as per Revenue Account	975 19 5	
197 9 6	,, Stock Redeemed	—	
144 4 4	,, Increase in Valuation of Investments ...	—	
8710 12 4		9553 4 6	
133 7 3	*Deduct:*		
—	Subscriptions written off ... £ 81 18 3		
—	Decrease in value of Investments ... 232 18 5		
	Gaskell Fund Asset 121 7 0		
		436 3 8	
8577 5 1			9117 0 10
£9518 0 6			£10,013 2 11

1924.	Assets.	£ s. d.	£ s. d.	1924. £ s. d.
	By Lloyds Bank :—Bankers		975 12 1	672 13 7
	,, Deposit Account, General		400 0 0	400 0 0
	,, ,, ,, Asylum Workers' Convalescent Fund ...		25 0 0	25 0 0
	,, ,, ,, Interest, 1924/25, due, General		18 7 0	7 19 6
	,, ,, ,, ,, Asylum Workers' Convalescent Fund		1 4 11	13 5
	,, Sales Account, balance of		52 7 6	49 19 11
	,, Subscriptions Account, balance of		291 12 6	292 6 3
	,, Library Account, balance of		15 11 10	24 8 10
	,, Stocks, value at this date:			
	New Zealand, 3½ *per cent.*, 1940		533 6 2	539 12 3
	,, ,, (Hack Tuke Memorial) ...		269 7 9	272 12 5
	Victoria, 3 *per cent.*, 1929-49		81 13 0	74 8 4
	Manchester Corporation, 3 *per cent.*		136 17 11	141 3 6
	New South Wales, 3½ *per cent.*, 1930-50		304 8 7	312 10 11
	London, Midland and Scottish Railway, 4 *per cent.* Pref. ...		301 1 0	316 10 0
	War Loan, 5 *per cent.*, 1929-47		1871 0 11	2006 7 7
	Conversion Loan, 3½ *per cent.*		4192 19 3	4381 15 0
	,, ,, ,, (purchased in 1924) ...		541 12 6	—
			£10,013 2 11	£9518 0 6

(*Signed*) JAMES CHAMBERS, Hon. Treasurer.
(*Signed*) DUJARDIN, BOLT & Co.

COLIN McDOWALL
HUBERT J. NORMAN } Hon. Auditors.

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MAUDSLEY BEQUEST.

1925.	Dr. Expenditure.	£ s. d.	£ s. d.
Jan. 3.	To Cash—Income Tax		23 15 0
July 25.	„ „ Lecturer's Honorarium		52 10 0
Oct. 22.	„ „ Publishing in Journal		11 11 0
Dec. 31.	„ Balance Income Tax owing	21 2 0	
„	„ Dividends	158 5 8	
			179 7 8
			£267 3 8

1925.	Income. Cr.	£ s. d.
Jan. 1.	By Balance	137 16 0
„	„ Income Tax owing	23 15 0
June 2.	„ Dividend, War Loan, 5 *per cent.* ...	52 16 4
Dec. 1.	„ „ „ „ ...	52 16 4
		£267 3 8

GASKELL FUND.

1925.	Dr. Expenditure.	£ s. d.	£ s. d.
Jan. 3.	To Cash—Income Tax ...		4 3 0
July 4.	„ „ Engraving Medal for 1924		0 10 6
Nov. 25.	„ „ Prize awarded ...		52 10 0
Dec. 19.	„ „ Examiners' Fees ...		4 4 0
„ 31.	„ „ Balance Prizes and Medal owing ...	48 8 6	
	Income Tax owing	3 14 0	
	Dividends	168 10 9	
			220 13 3
			£282 0 9

1925.	Income. Cr.	£ s. d.
Jan. 1.	By Balance	213 7 2
„	„ Income Tax owing	4 3 0
„	„ Dividend, New Zealand, 3½ *per cent.* ...	18 14 6
Apr. 1.	„ „ New South Wales, 3 *per cent.* ...	3 18 6
June 2.	„ „ War Loan, 5 *per cent.* ...	9 5 0
July 1.	„ „ New Zealand, 3½ *per cent.* ...	19 6 7
Oct. 1.	„ „ New South Wales, 3 *per cent.* ...	4 1 0
Dec. 1.	„ „ War Loan, 5 *per cent.* ...	9 5 0
		£282 0 9

At the quarterly meeting held on February 16, 1926, at 19B, Tavistock Square, Dr. Isabel Robertson read an interesting paper entitled "Blood and Vascular Conditions in Psychoses." Owing to the General Strike the May quarterly meeting had to be cancelled, but in accordance with the Bye-Laws a meeting of the Council, the Nominations Committee, and various other Standing Committees was held on June 1. At the Council meeting it was announced that the Charter had been granted to the Association, which previously had been given permission to use the prefix "Royal." An unofficial body was appointed, consisting of Dr. J. Chambers, Col. J. R. Lord, Dr. F. H. Edwards and Dr. R. Worth, to go into the matter of the revision of the Bye-Laws rendered necessary by the terms of the Charter and the question of the Seal and Coat of Arms, with power to act in the latter matters.

The Council desire to record their great appreciation of the work of the General Secretary, which, although at all times heavy, has been exceptionally so during the year under report.

R. WORTH, *Hon. General Secretary.*

Col. J. R. LORD seconded, and made special reference to the zeal, efficiency and conscientiousness of the General Secretary. (Applause.)

The Report was unanimously adopted.

REPORT OF THE TREASURER.

The HON. TREASURER (Dr. JAMES CHAMBERS) then submitted the Revenue Accounts and Balance Sheet for the year 1925, together with a statement of income and expenditure in connection with the Maudsley Bequest and the Gaskell Fund, and moved their adoption.

Col. John Keay seconded.

The Report and Accounts were agreed to.

REPORT OF THE EDITORS.

Col. J. R. LORD then presented the Editors' Report as follows:

The Editors beg to submit the usual table depicting an analysis of the cost of the Journal for the year 1925 as compared with 1924.

It will be seen that the size of the Journal in pages has increased from 722 to 874, and also the number of illustrations. The October number was an unduly large one because it was felt that it would be to the convenience of members to have the proceedings of the annual meeting all in one number and the epitome section has been much enlarged. The enlargement of the Journal in regard to text and illustrations has cost the Association £152 17*s.* 1*d.*, amounting to 8¾*d.* per Journal.

The sales show an increase of £45, and it had been necessary to increase the quarterly issue by 25 copies.

The Editors have asked the Council to appoint a Special Committee to inquire as to the directions in which the Journal can be improved and more effectually carry out its functions as the organ of the Association, and they hope that such a committee will commence its labours during the present year. The inquiry has been postponed until the matter of the granting of a Royal Charter was completed.

The Editors regret that one of their number—Dr. Henry Devine—finds himself unable to take any further active part in the production of the Journal. Dr. Devine, since he joined the editorial staff, has undertaken the editorship of the section devoted to epitomes of current literature. He will not submit himself again for re-election.

In the meantime Dr. Thomas Beaton has taken over this part of Dr. Devine's editorial duties, and adhering to precedence, the Editors propose to appoint him Assistant Editor, which post does not carry with it a seat on the Council.

The Editors have reason to believe that the Journal continues to occupy a front rank position in the literature of the psychiatric world. For this they are grateful to the increasing number of authors who select its pages for the publication of original work, to the reviewers, who have dealt with 32 books, and to those assistants who have epitomized no less than 142 articles ranging over a wide field of psychiatric interests.

For the Editors, JOHN R. LORD.

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Analysis of Cost of Journal 1924–25.

1924.							1925.					
£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
572	4	4				Printing of text . . .	681	2	7			
17	8	0				Illustrations . . .	69	13	6			
65	3	0				Paper for text . . .	78	15	6			
16	7	0				Advertisements . . .	16	18	3			
58	16	3				Binding	73	2	7			
			729	18	7					919	12	5
79	10	3				Reprints	85	16	1			
30	8	3				Wrappers	30	7	11			
38	9	11				Dispatch	47	2	7			
			148	8	5					163	6	7
1	12	10				Stationery	6	5	0			
13	11	2				Postage	10	8	1			
10	10	0				Index	10	10	0			
			25	14	0					27	3	1
			40	0	0	Publishers' Fees . . .				40	0	0
			£944	1	0					£1150	2	1

Credit.

270	0	0				Sale of Journal . . .	315	0	0			
23	18	1				Advertisements . . .	20	11	1			
Nil						Grant from Maudsley Fund	11	11	0			
			293	18	1					347	2	1
650	2	11	Cost of Journal to the Association . . .							803	0	0
4*s.* 10*d.*			Cost of Production of Journal per copy . .							5*s.* 6¾*d.*		
3*s.* 2*d.*			Cost to the Association of Journal per copy . .							3*s.* 10¾*d.*		
722			Size of Journal in pages							874		

In moving the adoption of the Report, Colonel LORD reminded the meeting that the desirability of the appointment of a Committee to consider the form in which the *Journal of Mental Science* was published and to see what improvement could be made in its management was discussed at the last annual meeting. Probably something would have been done in that direction during the past year, but it was felt that any recommendations made by such a Committee would depend a good deal on financial considerations, and it was then unknown as to how the finances of the Association would be affected by the Royal Charter for which a petition had been presented. That was why the question had been postponed. He felt that he need not again enlarge upon the necessity for this committee of inquiry into Journal matters, and later on he would move the motion which had been placed on the agenda in regard to that matter.

Dr. R. H. COLE pointed out that the Association had elected Dr. Devine as one of the Editors, and asked if his name would be omitted if Dr. Beaton was elected Assistant Editor.

Colonel LORD explained the action proposed was in accordance with precedent. Dr. Devine would remain an Editor for the year in an advisory capacity. The appointment of Dr. Thomas Beaton as Assistant Editor would be made by the Editors, who were responsible for the management of the Journal. His promotion to the position of an Editor was a matter for a future annual meeting to decide.

Prof. G. M. ROBERTSON expressed the gratitude of members of the Association for the skilful way in which the Journal had been conducted during the past year. It had contained many interesting, important and informative articles, and he desired, on behalf of the ordinary members of the Association, to thank the Editors, especially the chief Editor, Colonel Lord, for the way in which the Journal had been conducted. He seconded the adoption of the Report. (Applause.)

Colonel LORD said he was grateful for Prof. Robertson's remarks. As far as he was concerned, it had always been a great pleasure, and of course a tremendous education, to have the privilege of editing the Journal, and he was sure he could associate his colleagues with those sentiments.

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Special Committee of Inquiry into Journal Matters.

Colonel Lord said: As to the personnel of this committee, in the first place the Treasurer was necessary, because of the financial considerations involved. Then someone historically connected with the Journal was desirable. He suggested Dr. R. Percy Smith, who had the confidence of everybody. Next it was necessary to have someone who was in touch with psychiatric work, research and otherwise, of a very wide kind, and suggested Dr. F. L. Golla. The Journal was still the *Journal of Mental Science* for England, Scotland and Ireland, and the meeting should elect a representative of Scotland and of Ireland. As to Scotland, he would like to see Prof. G. M. Robertson join the committee, because he was in constant touch with the teaching of psychiatry. Would the Chairman (Dr. M. J. Nolan) join the Committee as representative of Ireland?

The Chairman replied that he thought Col. W. R. Dawson would be prepared to. He had been an Editor in the past.

Colonel Lord then moved that the Committee be constituted as follows: The Editors, Dr. R. Percy Smith, Prof. G. M. Robertson, Dr. F. L. Golla, Lt.-Col. W. R. Dawson, with the President, the Treasurer, and the General Secretary as *ex officio* members.

Dr. G. D. McRae seconded the proposition and it was carried.

Report of the Honorary Auditors.

On the motion of Dr. J. Chambers, seconded by Dr. Hamilton C. Marr, the Auditors' Report was adopted, as follows:

We, the undersigned, having examined the Treasurer's books, and having duly compared and scrutinized receipts and vouchers, hereby certify that the Accounts and Balance-Sheet, as set forth, represent a true statement of the Royal Medico-Psychological Association's finances for the year 1925.

Colin McDowall
Hubert F. Norman } *Hon. Auditors.*

Report of the Educational Committee.

On the motion of Col. John Keay, seconded by Dr. M. A. Collins, the Report of the Educational Committee was adopted, as follows:

The Educational Committee beg to submit the following report for the year ending July 12, 1926.

Four meetings have been held during the past twelve months.

A sub-committee has been appointed to report on the training and examination of those attending mental defectives. This matter is still under consideration.

The Medical Superintendent of the Provincial Mental Hospital, Alberta, Canada, has asked whether arrangements can be made for mental nurses in Alberta to be examined for the Certificate of the Association; the Educational Committee has decided that every assistance shall be given to him.

The number of candidates who presented themselves for the nursing examinations during the year was: Preliminary, 3,255; Final, 2,485. In the previous year the figures were: Preliminary, 3,471; Final, 2,641.

The Gaskell Medal and Prize for 1925 was awarded to Dr. Wm. S. Dawson, and special prizes were granted to the other competitors, Dr. W. Moodie and Dr. John Bostock.

The following regulation has been rescinded:

> "An Institution to be recognized for the training of mental nurses must have a resident medical officer, this not being a necessity for the recognition of an institution for the training of those nursing mental defectives."

J. Keay, *Chairman.*
A. W. Daniel, *Secretary.*

Report of the Registrar.

In the absence of the Registrar, Col. John Keay presented the Registrar's Report and moved its adoption [abstract]:

As reported at the quarterly meeting on June 1, 1926, the number of entrants for the May examination, exclusive of South African candidates, was: *Preliminary examination:* Nursing section, 2,101; mental defective section, 150. Total, 2,251.

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Final examination: Nursing section, 1,555; Mental defective section, 60. Total, 1,615. Grand total, 3,866.

Great difficulty and delay were caused by the General Strike, but these were overcome, and I am glad to be able to report that the whole of the results of both the Preliminary and Final Examinations have been dispatched to the various institutions. At the annual meeting in July, 1925, I was only able to report that two-thirds of the results of the Preliminary Examination had been notified.

Of the 2,251 candidates for the Preliminary Examination in May, 1926, 1,393 have passed, being 61·88%.

Of the 1,615 candidates for the Final Examination, 977 have passed—60·49% of those who entered. Thirty-seven of the successful candidates in this examination passed with distinction — this being 2·29% of the entrants for the Final, and 3·78% of the successful candidates.

(*Signed*) D. RAMBAUT.

Dr. M. A. COLLINS seconded.

The Report was unanimously adopted.

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. W. BROOKS KEITH then moved and Dr. R. H. COLE seconded the adoption of the Report of the Parliamentary Committee, as follows:

Since the last annual report was presented your Committee has met on four occasions.

The Bill to amend the Asylums Officers' Superannuation Act, 1909, which was drafted by representatives of the Association in collaboration with representatives of other interested bodies, was presented to Parliament on March 23, 1926, but was defeated on second reading, apparently on account of the fact that the whole question of the superannuation of Local Government Officers is at present under review by a Departmental Committee set up for the purpose. It is hoped that the Bill will be again introduced early next session. Your Committee, having brought to your notice the probability that the Departmental Committee would recommend that officers and servants of public mental hospitals should be included in the Local Government and Other Officers' Superannuation Act, 1922, it was resolved by the Association to oppose such a step. Representatives were appointed and have given evidence before the Departmental Committee, urging the claim of the public mental hospital services to be regarded as an excepted service for purposes of superannuation. Copies of the *prècis* of this evidence have been printed and sent to all medical superintendents of public mental hospitals with a view to assisting them in laying the matter before their visiting committees.

The Nursing Homes (Registration) Bill has been considered, and an amendment has been suggested by your Committee to exclude institutions and houses covered by the Lunacy and Mental Deficiency Acts.

R. H. COLE, *Chairman.*
W. BROOKS KEITH, *Hon. Secretary.*

The Report was unanimously adopted.

REPORT OF THE LIBRARY COMMITTEE.

Dr. COLIN MCDOWALL moved and Dr. H. J. NORMAN seconded the adoption of the Report of the Library Committee, as follows:

During the year the Library of the Association has been worked under difficulties. The books have been removed from 11, Chandos Street, to the British Medical Association's House, Tavistock Square, and although it is possible that the accommodation there may be sufficient for the calls which are made upon it, the remoteness of the situation will, it is feared, tend to diminish the usefulness of the reference library. It has been possible, through the courtesy of the officials at Chandos Street, to still circulate the quarterly magazines, but some little time must pass before the Library is in working order again. However, any applications made for books will be dealt with as promptly as possible, and should there be any difficulty in procuring books they will be loaned from Lewis & Co. and forwarded as required.

The presentations and additions by purchase have been duly noted in the Journal from time to time.

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We have with much regret to record the loss the Committee have sustained through the death of their Chairman, Dr. Henry Rayner, who for so many years worked with energy and enthusiasm in an attempt to make the Library of real use to the members of the Association. Dr. Hyslop has been appointed his successor.

T. B. HYSLOP, *Chairman.*
COLIN MCDOWALL, *Secretary.*

REVISION OF THE BYE-LAWS.

Col. J. R. LORD then spoke of the work of the Special Committee appointed to revise the Bye-laws, and explained that it had become necessary after the granting of the Charter that the Bye-laws should be made to comply with the Charter, as the latter had superseded the former Articles of Association. Having regard to the fact that the new Bye-laws had to be made within six months of the granting of the Charter, or application for a postponement lodged with the Privy Council, there was no opportunity for the Association to undertake a detailed revision or extensive emendation. Moreover the Bye-laws could not be properly considered except by a Special Committee, and such a committee had to be appointed at a Special or Annual Meeting. The General Strike had rendered it impossible for a special meeting to be called in time for that meeting, so at the earliest opportunity the Council got together certain members to look into the matter and do necessary work, and a special meeting on the previous day had regularized matters by appointing a Special Committee consisting of these members, and he would now give their report. An emergency had occurred and had to be met in some way. The special committee had brought the Bye-laws into conformity with the Association's present-day administration. No revolutionary changes had been made. The report of the special committee had been very thoroughly considered by the Council, and, after certain final emendations, approved. The solicitor, Mr. Wigans, had been consulted on all points. The Bye-laws had also been altered to comply with the provisions of the Charter. In addition a few minor alterations had been made which he had no doubt would meet with general approval, such as an extension of the functions of the Research Committee, the definition of the term "Assistant Medical Officer," etc. There was not time to go into the matter fully on that occasion, but members could rest assured that no liberties had been taken, and there would be full opportunity later in the year, if the Association wished, to further emend the Bye-laws. They were not fixed for ever, and it was always possible to go to the Privy Council for approval of any additions or alterations found necessary. He therefore begged to move:

> "That the Association approves the action the Council took in regard to the Bye-laws on June 1, 1926; they approve of the calling of a special meeting on July 12; of the appointment of the Special Committee; and now confirm the findings of the Special Committee as amended by the Council at its meeting on July 12, 1926, and the Association declares the Bye-laws thus amended are the Bye-laws of the Association from July 13, 1926."

Dr. G. D. MCRAE seconded.

Dr. COLLINS asked if the Special Committee had considered the stopping of the Journal in the case of those in arrears with subscriptions. Bye-law 19 now authorized the stopping of the Journal to those in arrears, but it did not define when they were in arrears. That was important, both from the point of view of the Treasurer and the Journal. By rule subscriptions were in arrear on January 2. He thought the time at which the Journal would be stopped should be indicated. He thought it would not be unreasonable to say that a member was in arrears on March 1, but the Treasurer thought that too severe.

The CHAIRMAN agreed that three months was rather severe.

Colonel LORD explained that there was already a resolution in existence with regard to the stopping of the Journal in such cases, and the printers had received certain instructions on that point. It was laid down in the amended Bye-laws that "In the event of any member being in default with the payment of his annual subscription, he shall only be entitled to receive the Journal on payment of the published charge thereof." The Solicitor advised that immediately a man was in default for his subscription the Association was entitled to send him in a bill for the cost of any Journal subsequently received, and that such cost could now be recovered at law. All the Committee had done was to go to the Solicitor

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with the views the Association had already expressed on this matter, and ask for suitable wording to give effect to them. Those words he had read out. As to when it would be advisable to cease sending the Journal to a member in arrears with his dues was another matter. According to the new Bye-law it was now possible to recover the cost of the Journal, however long supplied to defaulting members, so that the complaint that a defaulting member received Journals, say, for two years, the cost of which in the past the Association could not recover, had been effectively met.

The CHAIRMAN suggested that the meeting accept the Bye-laws, as amended. The Special Committee, and especially Colonel Lord, had devoted a tremendous amount of time and care to the matter and were deserving of the Association's warmest thanks. Was there any amendment to any particular clause?

There being no amendment, the CHAIRMAN put Colonel Lord's resolution and declared it carried.

MOTION INVOLVING EXPENDITURE OF MONEY.

The meeting approved of the recommendation of the Council that the sum granted to the Registrar for clerical assistance should be advanced from £100 to £130 per annum.

THE BRONZE MEDAL AND PRIZE OF THE ASSOCIATION FOR 1926.

The CHAIRMAN announced that the Bronze Medal and Prize of the Association had been awarded to Dr. Peter Knight McCowan, Assistant Medical Officer, West Park Mental Hospital, Epsom.

DATES OF QUARTERLY MEETINGS.

The dates of the Quarterly Meetings of the Association and Quarterly Meetings of the Council were agreed provisionally as follows:

Tuesday, November 16, 1926; Tuesday, February 15, 1927; Tuesday, May 17, 1927.

THE MAUDSLEY LECTURE.

The CHAIRMAN announced that the nominee for the Maudsley Lectureship for 1927 was Dr. Edwin Goodall.

ELECTION OF ORDINARY MEMBERS.

The CHAIRMAN nominated Dr. R. Worth and Dr. Brooks Keith as scrutineers of the ballot at the election of ordinary members.

The following were unanimously declared elected:

NORMAN ARTHUR ALBISTON, M.B., B.S.Syd., D.P.M., Assistant Medical Officer, Horton Mental Hospital, Epsom.
Proposed by Lt.-Col. J. R. Lord, and Drs. W. D. Nicol and R. Worth.

JOHN FORD ANDERSON, M.D., L.R.C.S., M.R.C.P.Lond., 54, Finchley Road, London, N.W. 8.
Proposed by Sir Frederick Mott, and Drs. R. Worth and F. L. Golla.

WILLIAM HOSIE, M.B., Ch.B.Glasg., Assistant Medical Officer, County Mental Hospital, Mickleover, Derby.
Proposed by Drs. G. N. Bartlett, J. H. MacDonald and W. R. McGlashan.

ARCHIBALD JENNINGS IRONSIDE, M.B., Ch.B.Aberd., Examiner of Mental Defectives, South African Schools. The Mental Hospital, Pietermaritzburg, Natal, South Africa.
Proposed by Drs. H. de M. Alexander, R. Worth and G. Warwick Smith.

ROSALIE EVELYN LUCAS, M.B., Ch.B.Brist., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Kingsdown House, Box, Wilts.
Proposed by Drs. H. C. MacBryan, E. M. Johnstone and Elizabeth Casson.

JOHN MUIR MACKENZIE, M.B., Ch.B.Glasg., Assistant Medical Officer, Rubery Hill Mental Hospital, Birmingham.
Proposed by Drs. T. C. Graves, C. W. Forsyth, and Isabel F. King.

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GEORGE FRANCIS MAY, M.D., C.M.McGill, L.S.S.A.Lond., Medical Superintendent, Durham County Mental Hospital, Winterton, Ferryhill, Durham.
Proposed by Drs. Daniel F. Rambaut, G. Warwick Smith and R. Worth.

ELIZABETH DILL RUSSELL, M.R.C.S., L.R.C.P.Lond., D.P.H., Assistant Physician, Mental Hospital, West Koppies, Pretoria, South Africa.
Proposed by Drs. E. W. Swift, A. L. Muncaster and Gordon J. Key.

ROBERT LAUDER MACKENZIE WALLIS, M.A., M.D.Camb., Chem. Pathologist, St. Bartholomew's Hospital. 103, Harley Street, W. 1.
Proposed by Lt.-Col. J. R. Lord, Dr. W. D. Nicol, Sir Maurice Craig and Lt.-Col. Edwin Goodall.

HUBERT TURNER PENN YOUNG, M.B., Ch.B.Edin., Medical Officer, H.M. Prison Service. H.M. Prison, Parkhurst, Isle of Wight.
Proposed by Dr. W. Norwood East, Lt.-Col. J. R. Lord and Dr. R. Percy Smith.

PAPER.

The Madness of Ajax as conceived by Sophocles, Clinically Considered, by Dr. G. A. AUDEN (*vide* p. 503).

The CHAIRMAN said all who had heard Dr. Auden's psychological study must be struck by his keen insight into the mind of the great tragic poet, and the cultured criticism of the story of Ajax. They must all feel indebted to Dr. Auden, who had tackled so difficult a subject so skilfully. It was no easy task to analyse the hidden mental states of characters in fiction, and when such a character was portrayed by one who was himself the subject of an inquisition in lunacy, the difficulty was not decreased. Sophocles, it had always seemed to the speaker, appeared to have invested his hero, Ajax, with attributes very strongly marked in his own mental make-up—namely jealousy and rivalry. He could also give free rein in his character to these qualities which he was, perforce, obliged to set bounds to in himself; he could, moreover, make his hero suffer a fate he himself would gladly have inflicted on Euripides. Dr. Auden had given his interpretation of the classical clinical picture in a very intriguing manner. It would be interesting to hear how far those present accepted Dr. Auden's reading of the madness of Ajax as conceived by the Greek poet—the "Attic Bee"—who had given in that tragedy an exquisite delineation of human emotions carried to abnormal excess in the person of a physical Colossus who was wanting in the finer psychical structure of reasoned equilibrium—vulnerable not only in the armpit, but in control centres. In the story there were two unchanging human elements—then as now, *cherchez la femme*—Athene; then, as now, conduct, the acid test of sanity.

Dr. T. B. HYSLOP thought those present had had a very interesting and suggestive treat. Listening to the evidence of clinical phenomena as referred to by Euripides, where slaughter took place of several members of the family and the person responsible for it was regarded as more or less unaccountable for his actions, reminded him of a case in which he had tried in vain to get the criminal acquitted on the plea of insanity. The criminal had been found guilty of killing four members of the family in one room, and afterwards gone to sleep on a sofa for two hours. He had urged the plea of epilepsy, and he wished the Lord Chief Justice who had said he had never heard of such a thing could have been present to hear that Euripides had given an account of the actual malady. The works of Sophocles were always of extreme interest, because, like Shakespeare, he had an intimate knowledge of humanity and of clinical psychology. Reference had been made to the McNaughton Rules, and he ventured to suggest that Ajax would come under them, but it was a question whether the British Medical Association and certain of the Lords Chief Justice would accept that. There had not been, apparently, any advance in that connection since the time of Sophocles and the ancient writers; in fact, the knowledge of the medical profession, great as it might be, had not been successful in penetrating the cranium of the legal profession!

Prof. G. M. ROBERTSON expressed his appreciation of the cultured address delivered by Dr. Auden. It was pleasant for those in a clinical medicine society to hear an address from one who introduced into such problems classical and literary acumen. With regard to the description of the symptoms, he thought they must all agree with Dr. Auden that the account of delirious insanity as depicted by Sophocles in the mental derangement of Ajax was about as perfect

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as it could possibly be. He did not know that they had got at the bottom of the problem from the ætiological point of view. According to the account, the trouble originated from a psychic cause: an honour which Ajax had expected had not been given him, and he was distressed. As a result, it appeared that for a considerable time he showed symptoms of mental abnormality. He was depressed, irritable and obviously changed. Then came the sudden onset of the delirious episode. It seemed unusual to have delirous symptoms following, after a lapse of time, a psychic cause, and he could not help thinking that, although the account Sophocles had given of an attack of mental derangement was as perfect as it could possibly be, the course of events as regards ætiology was not quite as satisfactory according to modern views. It seemed to him that, before the acute delirious episode, something must have been superadded. Dr. Hyslop had suggested that epilepsy might have accounted for the condition. It might, possibly, have been an attack of malaria, such as was also, to some extent, suggested by Dr. Auden. The speaker could not help thinking that there must have been some acute cause, some toxic cause, to produce the final delirious episode. That ancient classical writer knew exactly what he was writing about, and it confirmed what had struck the speaker when reading Homer—not in the original, but in Pope's translation—that the mentality of people of more than 2,000 years ago was very much the same as the mentality of those of the present day. Apparently when the ancient peoples became deranged they suffered from much the same clinical symptoms as people in modern times.

Dr. H. J. NORMAN was surprised that those who had spoken had not made another possible suggestion. It seemed to him that it was not impossible that there might have been some alcoholic basis. There was the sudden outburst, excitement, restlessness, fury and then subsequent depression, and then the suicidal attempt. It might be said that Sophocles did not mention that, but in that he was only following tradition. Such things were never mentioned! He did not know whether he could quite agree with the attitude Sophocles took up. The fact that there was an outburst of fury, delusions and hallucinations, followed within a few hours by Ajax making a very long and connected speech, suggested poetic license. It was just as reasonable to evoke the alcoholic factor as the epileptic. The latter diagnosis was probably more supported by the fact that, within a very short time, Ajax had recovered sufficiently to speak coherently.

On the motion of the CHAIRMAN a hearty vote of thanks was conveyed to Dr. Auden for his delightful and interesting paper.

Dr. G. A. AUDEN, in returning thanks, said he had considered the question of alcohol, but there was no record of any wine arriving at the right time. Joking apart, there was no doubt that the ancients did recognize some form of delirium tremens.

AFTERNOON SESSION.—TUESDAY, JULY 13.

In the Great Hall of the British Medical Association House.

Dr. M. J. NOLAN in the Chair.

THANKS TO THE RETIRING MEMBERS OF COUNCIL AND OFFICERS.

Prof. G. M. ROBERTSON said the duty that had been assigned to him was a very pleasant one, namely, to offer a vote of thanks to the retiring members of Council and Officers of the Association for the manner in which they had discharged their duties during the course of the last year. Unfortunately, members had to deplore the death of their President, concerning which sad event, however, he was not now proposing to offer any remarks. But with regard to the other officers of the Association, upon the success of whose duties its success so largely depended, he had nothing but praise. In reference to the General Secretary, members well knew how energetic he was, and those who had filled that post in the past knew how large an amount of work he had to perform. Yet it was the experience when the time came for the work to be carried on, that everything had been so well organized, the result was invariably successful. As to the Honorary Treasurer, no words of his were needed in commendation of what he did, or to express how highly members regarded him. For many years the Association had

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been very fortunate in its Treasurers, and he hoped that state of things would long continue. (Applause.) Then there were the Editors of the Journal. As he stated at the morning session, during the last year the Journal had really excelled itself; it had increased both in circulation and in bulk, as well as in the quality of its contents, and there was every reason to feel pleased at the way in which the Journal had been conducted. He, and many more, were very proud to know the Association had a journal which was so valuable from a scientific point of view, and that it contained so much matter of real interest. The fact that the Chief Editor, in addition to performing editorial duties, had much else on hand, was an additional reason why a vote of thanks should be accorded to him. (Applause.) The Auditors had also to be thanked; they kept the Treasurer in order. It might be said by some that the work of the Hon. Auditors was a sinecure, but whatever they did was done very well.

He had also to refer to the members of the Council, many of whom did a great deal of work in connection with projects and schemes which the Association had in hand. Those projects had been carried out in a very efficient manner.

He wished also to speak a word particularly in regard to the work of the Secretaries of the Divisions. Of course, the General Secretary of the Association had a very great deal to do, and he occupied a very prominent position, and all accorded him the praise and the respect due to him for his work. Secretaries of Divisions were not so much in evidence, but they also had a large amount of work to do, and the success of the Association much depended on the way in which they kept the Association together in the various Divisions. (Applause.)

He had omitted to mention in its proper place the Registrar. For many years the Association had a very efficient Registrar, the late Dr. Miller, whom all members came to love. They were fortunate in having found a successor who was discharging the duties as efficiently as his predecessor had done, and at a time when the work of the office had largely increased. The Association's Nursing Certificate had become still more popular among mental hospital staffs. Promotion nowadays often depended on its possession. The number of those who presented themselves at the Association's nursing examinations had largely increased, and there had been changes in the form of certificate they received, and this meant an increase in the work of the Registrar.

In addition there were various standing committees and the sub-committees who had done a great deal of work in the year. For example, owing to the obtaining of a Royal Charter, it had become necessary to revise the Bye-laws, and the amount of work this must have entailed could only be conjectured; it must have taken many days' work to have prepared these Bye-laws, and, without the Association generally having to be troubled, the Bye-laws in their new form were ready and were handed in at the right time. For that and the other work warm thanks were deserved. He did not know whether the Association had thanked sufficiently those who took so much trouble in obtaining the Royal Charter and the consequent style the Association now possessed, but he knew that Dr. F. H. Edwards—(Applause)—and no doubt others also, worked very hard in this connection and spent many hours over it.

He therefore asked that the best thanks of the Association be accorded to the members of the Council and various officers of the Association for the work which they had gratuitously and so efficiently done for the Association during the past year. (Applause.)

Dr. R. LANGDON DOWN said it afforded him great pleasure to second this proposal of thanks. He would not follow the mover and mention in detail the various officers who had done so much for the Association, but he could cordially endorse all that Prof. Robertson had said. He would like to emphasize the gratitude which members felt to the officers as a whole for the splendid voluntary work they gave. It was indeed remarkable that a great Association such as this should be able to feel satisfied with the work of volunteers, especially having regard to the very widely scattered and rather difficult administration they had to carry out. He therefore seconded this proposal with very sincere pleasure.

The resolution was carried by acclamation.

The CHAIRMAN said he had to thank the meeting on behalf of the Council and officers for the vote of thanks which had been so admirably proposed and seconded. He was sure that those concerned felt that they had no higher reward than the generous approval of their work entertained by the members generally.

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INSTALLATION OF THE NEW PRESIDENT.

The CHAIRMAN said it now devolved upon him to induct the new President, Lt.-Colonel John Robert Lord, *C.B.E.*, M.B. It was an unexpected, yet an agreeable duty. It was always a grateful task in any way to aid in the recognition of merit—particularly when that merit had been gained by a colleague in the same field of work—merit which reacted to the benefit not only of mentally-afflicted persons in a direct way, but indirectly on those who had neither time nor opportunity for wide-spread study. Fortunately, Colonel Lord's record was so well known to members that it would be unnecessary for the speaker to recite it, were it not a very real pleasure to review a career such as his. It was one of great distinction, of recognized public service of a high order, both in times of peace and of war, and had been marked by a marvellous industry of a valuable and unselfish literary character. When Colonel Lord was at Edinburgh University, he displayed a dual ability which had stood him in such good stead in recent years. As a youth the President was an earnest and successful student, and at the same time busily engaged as secretary and organizer of the University Battery of Artillery. He later concentrated on psychiatry, and he had had a wide experience in Carmarthen, Hanwell, Bexley and Horton Mental Hospitals, and the last-named institution he organized and developed as a war hospital, receiving his commission as Lt.-Colonel, and becoming its officer commanding. He was now the senior medical superintendent of the London County Council Mental Hospital Service. For his war services he was awarded a Commandership of the Order of the British Empire (Mil. Div.). All through he had given unceasing interest to the work of the Royal Medico-Psychological Association, and since 1911 he had been one of the Editors of the *Journal of Mental Science*. He found time to contribute original articles, and to write a large number of reviews, which were characterized by concise criticism and a clear grasp of the subjects with which they dealt. The hope expressed by Dr. Taylor last year that Colonel Lord's election to the Presidency would not deprive the Association of his literary work was one which actuated all the members. He had done valuable pioneer work in connection with the appointment of honorary mental hospital visitors and the establishment of occupation therapy, and had lectured and written on both subjects, and brought them both into practical being. Colonel Lord was also Secretary of the National Council of Mental Hygiene and a member of several psychiatric societies abroad. This Association, said the Chairman, now desired to mark its appreciation of the brilliant record achieved by the Senior Editor of its Journal by making him President, confident that he would carry on the duties of that office with the same ability and energy which had been such an outstanding feature of his professional life. In passing on to Colonel Lord the Badge of Office, which received such lustre from its latest holder, he could not but feel that the spirit of the late President approved of its bestowal on one whose intellectual industry had been devoted to spreading international knowledge of psychological medicine, and to a betterment of those who were mentally afflicted.

Dr. NOLAN then invested Colonel Lord with the Presidential Insignia and vacated the Chair.

The PRESIDENT (Lt.-Colonel J. R. LORD), on taking the Chair, said: Dr. Nolan, I am very sensible of the very kind remarks you have made about me personally, and I am very grateful to the Association for the honour they have done me in electing me President. The Association is grateful to Dr. Nolan. We know that he has many private troubles and anxieties at present, and to sever himself from his home just now shows that the Association's interests lie very closely to his heart. I hope that, on our united behalf, I can express to him our deep gratitude that at such a moment he has come over from Ireland to fill the gap caused by the death of our late President. (Applause.)

The Presidential Address this year has grown unduly bulky—far beyond what can be read at one sitting. However, I have had the opportunity, at the special meeting of the Association, at the Council meeting, and again this morning, of referring to matters dealt with in the first part of the Address, which has to do with the work of this Association, and the improvements which can be effected in its administration, particularly in regard to making the Association a meeting-place, in a more practical way, for the junior psychiatrists of this country; and I feel that in trying to institute throughout this country clinical meetings to which

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assistant medical officers especially and other psychiatrists and medical friends will be welcome, we shall set in motion activities which will be of great benefit to the practice of psychological medicine generally.

The PRESIDENT then delivered abstracts from his address. (The full address was published in August as a special number of the Journal.)

On the conclusion of the address, which was listened to with the deepest interest, the President was accorded a hearty vote of thanks.

VOTE OF THANKS TO THE PRESIDENT FOR HIS ADDRESS.

Dr. C. HUBERT BOND said that with very few moments' notice given him that he should propose this vote of thanks, he was grateful for the unwritten law which forbade discussion or critical comment upon the President's address. The President had concluded in an apologetic tone for the idealistic and philosophic trend of his remarks, but no apology whatever was needed, for, while it had been well said that there was nothing so demoralizing as the attempt to enforce impossible ideals, the ideals which the President had set forth were all capable of attainment, and, in the case of those who had ears to hear and eyes to see, assuredly they would be attained. Indeed, here and there were portents of that Millenium for psychiatry which the President had portrayed in such stimulating words. Moreover, was it not true that every one imperatively needs some philosophy of life, however simple or humble, to which to cling, to keep him or her from falling? No doubt Colonel Lord's reminder of the axiom of Sylvius, "Whoever is unable to treat the diseases of the mind is no physician," was an unpleasant challenge to those whose calling was psychological medicine, as well as to the profession as a whole, and he believed the President was wholly right in his wish to see a tightening up of the connection between the practice of psychiatry and that of general medicine; also that in order to bring this about the President was right in taking a broad and philosophical view of psychiatry's domain, in wishing to extend the borders of research into the homes and environments of the patients and, as he apprehended the President meant, in desiring also to eliminate unhealthy factors in childhood, the disastrous effects of which were being more and more recognized. Colonel Lord was surely right, too, in laying hold of that important admission, by no less a personage than the President of the Royal College of Physicians of London, that the bulk of patients seen in general practice manifested at least some disorder of mind, conduct or feeling. The President's words as to the impossibility of limiting the practice of psychiatry to mental specialists would be welcome reading to the speaker's fellow Commissioners, for they powerfully supported the recommendations, made individually at the Commissioners' visits and collectively in their Annual Reports, for the appointment of visiting specialists, and for the creation at each mental hospital, of an adequate team of workers. The President had well said that the issues were tremendous, and delay in making these arrangements was much to be regretted. He asked—if he might do so without transgressing the rule concerning discussion of the President's address—in relation to any suggestion to curtail, for the sake of psychology, the study of biology and anatomy, that members would remember that Dr. Henry Head and the late Dr. Rivers, whose work the President so signally extolled, made themselves, as a preliminary step, masters of those sciences.

Members had listened to the President's address with the greatest possible pleasure. In delimiting—or rather in refusing to limit—the domain of psychiatry, it was manifest that in order to scan the horizon of her claims, no dismay or fear of heights had assailed him in finding out and climbing a lofty pinnacle. In now moving this vote of thanks, coupled with hearty good wishes for a happy and fruitful year of office, he believed their appreciation would best be conveyed to Colonel Lord by a pledge, which he now offered on behalf of the members, that when this address appeared in the Journal they would read it with careful and responsive attention. (Applause.)

Prof. G. M. ROBERTSON said it gave him much pleasure to second the vote of thanks which Dr. Bond had so ably proposed. All present had listened with the deepest interest to what Col. Lord had said, and would read it with great pleasure when, later, it appeared in the Journal. He had heard many presidential addresses, but he had listened to none with greater interest and pleasure than that just delivered. It was full of philosophical ideas and interesting and even novel

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psychological conceptions, and he knew from the matter omitted owing to stress of time, which he had had an opportunity of reading, that there were many practical ideas in it too. If only these ideas could be introduced into the mental hospitals, it would be greatly to the advantage of those who practised the specialty, the patients, and the general public.

The vote was carried by acclamation.

The PRESIDENT thanked the proposer, the seconder, and the meeting for the vote of thanks. Perhaps after reading the address members would regret some of the pleasant things which had been said about it that afternoon. He hoped the best construction would be put on his criticisms of the Association's work and administration, but he had long felt that the time had come for somebody to speak plainly and with no uncertain voice on some matters—matters which he thought of greatest importance to the Association and to psychiatry generally.

MORNING SESSION.—WEDNESDAY, JULY 14.

In the Great Hall of the British Medical Association House.

The PRESIDENT in the Chair.

PAPER AND DEMONSTRATION.

Some Observations on Encephalitis Lethargica, by Dr. R. L. MACKENZIE WALLIS.*

He said: In 1911 I had the pleasure of reading a paper before this Association. My remarks to-day are in connection with encephalitis lethargica, with especial reference to hepatic insufficiency in this disease. This research is partly experimental, partly clinical.

I will deal, first of all, with the experimental observations. I have some very interesting investigations to report. In the winter of 1921–22 we had an outbreak of encephalitis lethargica amongst laboratory animals. This occurred in St. Bartholomew's Hospital, and the histological investigations which were carried out by Dr. Archer, who was working in my laboratory, have been published. I was concerned with the investigation of hepatic insufficiency in these experimental animals. Before that, Oliver with Baker had observed a similar condition in his own animals, and experimented with arseno-benzene injections. They found that by giving repeated doses of it to rabbits, a large quantity was needed to kill the animals. But certain animals died after a single injection. In trying to find out the cause of this, they discovered histological changes in the brain similar to those met with in encephalitis in human beings. The interesting point about Oliver's observations was that his infected animals were in such a state that one single small injection of arsenical compound was sufficient to cause death. That has been our experience in cases of salvarsan poisoning: it is only those patients with liver damage who respond to arsenical poisoning after a single injection. In the experimental animals it is found that the greatest histological changes occur in the kidneys, in the liver, and in the spleen, and that the changes in the brain are typical of encephalitis.

As far as possible these tests of hepatic function were carried out on these animals. The method of test in rabbits was to estimate the lipase content of the serum, which is easily carried out. In the normal rabbit 1 c.c. of the serum requires ·37 c.c. of normal soda to neutralize the acid produced by digestion of lipase. In human sera the results are very similar—that is to say, ·33 is the normal figure. In rabbits which had recovered from severe symptoms of encephalitis, the lipase of the serum was found to be ·74, or double the normal figure. In rabbits inoculated with vaccinia virus similar figures were obtained, namely, just double the normal values. The result showed that during the acute

* We regret that owing to a serious illness, the author was unable to prepare his paper for publication together with the illustrations. We hope to publish this in due course.—EDS.

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stage of a filter-passing disease there is a rapid increase in the lipase content of the blood, and this is particularly so in animals showing a high degree of immunity. This association of a high lipase content with mononuclear activity is a very striking point, and it is one which we have observed in encephalitis in human beings. That is to say, during the acute stages the lipase content of the blood-serum increases, and it is highest in those persons who show a high degree of immunity to this virus. In addition to the estimations of the lipase content of the serum, estimations have been made of the cholesterol content. In the filter-passing diseases the cholesterol content of the blood increases with the lipase content; and so those two estimations give one a very good idea as to the stage of immunity, and also the value in prognosis. (Slides.)

I want particularly to emphasize what these slides show, because in encephalitis lethargica in human beings you see how closely they correspond to the filter-passing diseases in animals.

Another point noticed in animals was that in some of them the blood-sugar was raised above the normal, and in some of the cases glycosuria occurred.

The first sign these animals showed of this infection was wasting, and it occurred without there being any loss of appetite; indeed, the appetite was increased, and that was the first indication of disease. Some animals, which had little or no resistance, died before this wasting set in; sometimes death took place only 24 hours after the onset of symptoms. Most of the animals infected with this spontaneous disease showed no nervous symptoms, except towards the end, when they developed convulsions; and in one case the convulsions were so severe that the rabbit's tongue was almost bitten through. The nervous symptoms were in comparison with the histological changes slight met with in the brain after death.

So the chief feature of this disease, in laboratory animals, was the profound effect of the virus on the kidneys, the liver and the spleen, and the almost complete absence of nervous symptoms. The blood showed evidence of hepatic insufficiency, and in some of the animals there was an increased blood-sugar content and glycosuria. These changes are not solely characteristic of encephalitis; they occur in other filter-passing diseases, such as vaccinia. This slide shows the results obtained. These investigations give one a clue to a means of approach of this problem of encephalitis lethargica in the human. A number of observers have emphasized the hepatic aspect of encephalitis lethargica. Ellis found an increase of ammonia nitrogen in the urine and an absence of phosphoric acid, and he suggested that this was due to hepatic derangement.

With regard to the investigation of encephalitis lethargica in human beings, it was necessary to select certain tests for hepatic insufficiency, and they were found to be most useful in an investigation of other liver diseases. These tests were the levulose-tolerance test, the lipase content of the serum, the cholesterol content of the blood, and the Vandenburg test for bile-pigment in the blood. The levulose-tolerance test is a very delicate one, and it is used extensively in investigating the effects of salvarsan injections on the liver. It consists in estimating the blood-sugar ¼ hour, ½ hour, 1 hour and 1½ hours after the ingestion of 25 grm. of levulose. (Slide.)

When there is liver damage, you find that the levulose, instead of being packed away by the liver, accumulates in the circulation, and there is a rise in the blood-sugar. The lipase is 100 times the previous or normal level.

Applying this test to encephalitis lethargica we obtain some interesting results. (Slides.)

Here is a case of a cerebral tumour, with symptoms suggestive of encephalitis. There is the same type of glucose-tolerance curve, with the blood-sugar remaining at a very high level, and then falling in 1¾ hours, though not so markedly as in encephalitis lethargica. This is particularly interesting, as patient was admitted as a case of encephalitis lethargica. (Slide.)

On examination he was found to have a positive Vandenburg, 4 units of blood lipase. He died, and *post-mortem* the liver was found to be studded with small patches of necrosis. In the brain there was a soft fluctuating tumour in the upper part of the third ventricle, projecting into it from the position of the right optic thalamus. This tumour was a cyst, and it had at its base a hard growth, but no secondary deposits could be found.

The interest of these curves centres around the influence of the mid-brain on

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carbohydrate metabolism. It is of interest to record that I have seen three cases of acute diabetes in encephalitis lethargica. One of the patients was admitted as a case of diabetic coma, and the blood-sugar was ·53—that is, five times the normal value. This patient was treated by dieting and insulin, but without effect on the blood-sugar. Ten days after the onset the blood-sugar fell to normal, and there was no glycosuria, even when the patient was on ordinary diet. She recovered completely, as far as the diabetes was concerned, and in so far as she had no return of the symptoms, though the nervous signs and symptoms have not yet cleared up. I have seen three cases of what you could describe as acute diabetes occurring in encephalitis lethargica, and I can recall several other cases of a similar nature, and it is possible that the so-called acute diabetes in the literature may be of the same nature as these cases.

A number of controls have been carried out, particularly with cases of paralysis agitans and cases of tetany. (Slide.)

Here is a case of parathyroid tetany, which showed the normal levulose-tolerance test and the glucose-tolerance test, which is very striking. Whilst this glucose-tolerance test was going on, the patient developed a typical attack of tetany. During the attack I removed blood from the vein, estimated the calcium content, and found it half the normal. There is also a negative Vandenburg, and a normal lipase content. That serves as a very good control, because there is no evidence of any hepatic insufficiency. The same applies to cases of paralysis agitans. I have examined 6 cases, and 3 of them have shown hepatic insufficiency, as judged by these tests, the other 3 showing no changes at all.

With regard to the results obtained I have investigated 40 cases of undoubted encephalitis lethargica, and in 25 of them there has been evidence of hepatic derangement. As many of these cases have come to *post-mortem*, the results, as far as the liver is concerned, have been confirmed by naked-eye and by histological examination. Many cases have been investigated, and have acted as controls since the tests were negative, and *post-mortem* they have been shown to be cases of tuberculous meningitis, or poliomyelitis, or other diseases of the nervous system.

Three years ago I saw 8 cases of manganese poisoning in Bristol, and they showed the typical Parkinsonian syndrome, and were indistinguishable from encephalitis lethargica. All those men worked in the Docks, and it was their duty to shovel out manganese dioxide from the ships into the cellars where it was stored. How the manganese got into their system is not known; possibly the dust of it was taken into the lungs and absorbed into the blood from them. They developed the Parkinsonian syndrome two years after starting this work, and they had gone on for years in this condition.

Another disease is encephalitis hæmorrhagica after salvarsan injections, which also showed hepatic insufficiency and damage to the mid-brain. But this disease is so acute and so rapidly fatal that it is impossible to carry out investigations on it.

The close association between manganese poisoning and encephalitis lethargica is so striking as to suggest that manganese and the filter-passer viruses act on the same system, and since it is the brain, the liver and the spleen that are most affected, one may conclude that the reticulo-endothelium involved is an explanation which, if true, bids fair to become of increasing importance. The chief source of manganese poisoning in recent years has been chipped glass. Glass made from silica containing iron is of a dirty yellow colour, and in order to whiten it the makers put in manganese dioxide. This is added in excess and the result is that the glasses are not white, but are tinged a violet colour. If into one of these glasses you put distilled water, and allow it to stand for a time, an appreciable quantity of manganese can be extracted from the glass, and it is possible that some of these cases of so-called encephalitis lethargica may really be due to manganese poisoning.

These results emphasize the relationship between the mid-brain and carbohydrate metabolism, so that the old puncture diabetes is coming into its own. And the influence of the nervous system, even on pancreatic secretion, is now being recognized by physiologists.

The PRESIDENT said it would be agreed that members had just listened to a most scholarly and illuminating paper—scholarly because it brought to one's mind diseases of great historic importance, and illuminating because it appeared to him that Dr. Mackenzie Wallis was paving the way for a new branch of medicine. It would be well to take the discussion after hearing the next paper.

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PAPER.

Some Symptoms Referable to the Basal Ganglia, occurring in Dementia Præcox and Epidemic Encephalitis, by Dr. C. FARRAN-RIDGE (*vide* p. 513).

DISCUSSION.

The PRESIDENT said that members had just heard two most remarkable and highly original papers, both very instructive, and he did not doubt there were a number present who would wish to discuss them. In regard to the latter paper, long ago it had dawned upon him that ultimately many cases now looked upon as cases of dementia præcox would need to be taken out of that category and classified in the groups of toxic and organic psychoses. The importance of mesencephalic and basal lesions in cases of disordered conduct was being more and more recognized, and organic lesions or disordered or uncontrolled functioning of these regions he had no doubt would in time be shown to be at the root of many obscure psychotic cases, now largely unclassifiable in the commonly accepted groups of symptom-complexes or syndromes and other functional mental and nervous disorders.

Sir ROBERT ARMSTRONG-JONES, *C.B.E.*, said he desired, first, to congratulate Colonel Lord on having received the confidence of his fellow-members and been placed in the Presidential chair. A successful year he knew he would have, and a happy one he hoped it would be.

He agreed that two most interesting papers had just been read. Dr. Mackenzie Wallis's paper was a very learned and scholarly contribution. He asked whether Dr. Mackenzie Wallis considered encephalitis lethargica as a new disease. Its name only dated from Economo, of Vienna, in 1919, and the first appearance of the disease seemed to have been about 1914, yet at the present time there were cases of it all over the world; he believed there were certainly 5,000 cases at the present time. In his own official wanderings he came across cases of it with doctors in private practice, in workhouses—where there were large numbers of cases—and in mental hospitals.

Both readers had referred to the extensive nature of the disease in regard to the area involved by the lesion, *i.e.*, there might be a lesion not only in the meninges, in the cortex, but in the centrum ovale, in the pons, in the medulla, and in the cord. This accounted for the difficulty that was experienced in diagnosis; the disease might be atypical, and it was also very polymorphic. The question was raised at the Paget Club at St. Bartholomew's Hospital recently, and there, in discussing the pathology, the third ventricle was mentioned as the seat.

It was a very important disease from the point of view of juvenile delinquency. He recently gave evidence before a Departmental Committee of the Home Office, where very pertinent questions were asked as to the relationship between delinquency and encephalitis lethargica; but he feared his experience of the latter was too limited to enable him to give a dogmatic opinion. But there was no doubt that when the cerebral cortex and the association neurons were affected, there were likely to be disturbances of conduct; mental symptoms must arise. The pathology had been described as neurophagi—achromatolysis—filling of the perivascular spaces with leucocytes—and associated with such a pathology there must be some definite mental change.

He would like to know the age of the female patient who recovered so phenomenally after suffering from acute diabetes.

Dr. G. A. AUDEN agreed that the Association was to be congratulated on having heard two such papers. In regard to the question put by Sir Robert Armstrong-Jones as to it being a new disease, Prof. Economo considered it to be the reintroduction of the disease which was prevalent in the eighteenth century, but in a recent paper the professor sent to the speaker, he said his belief now was that he had made a mistake in the reading of the literature of the eighteenth century dealing with the epidemic of that time. Hecker gave an account, taken from one of the chronicles of the epidemic, which was akin to the "dancing mania" which took place in the twelfth century, and the manifestations of which were extraordinarily like those of encephalitis lethargica as known to-day. He told how the people who suffered from the disease had jerky movements during the rest of their lives.

With regard to Dr. Farran-Ridge's paper, every symptom which the reader related as being found in dementia præcox was certainly found in children, especially

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the peculiar way of putting the finger to the nose, rubbing the nose, and blowing. He had five or six cases of that. In some other cases the children started to breathe more rapidly and continued to do so until they were cyanosed, and then it passed off. This week he examined a boy who was charged with a sex assault, and who repeatedly, as he lay in bed, continued the rapid breathing until he became exhausted. The same was true of the spasmodic cough. In the case of two boys who were in secondary schools, they had had to be removed because of the annoyance caused in the classroom from constant coughing.

There was an extraordinary difference in the mental outlook between the dementia præcox type and the encephaloid type. The latter were always intellectually intent, and some had an amazing knowledge of their own condition. A young metal-worker, aged 18, gave the speaker a list of his symptoms, which he had compiled, including watering at the mouth, nervousness, dragging of the feet, shutting of the eyes, and stuttering. In another lad Dr. Auden found lip-twitching, double vision, slow movements.

Dr. C. H. BOND said he had nothing illuminating to offer, but he wished to associate himself with others in thanking these two gentlemen for their remarkable papers. He wished the Association could have more like them. He would especially congratulate Dr. Farran-Ridge on his paper, because so many in the room would feel the difficulties of doing such work as Dr. Farran-Ridge had done, situated as medical officers in mental asylums were, with only too few of them to the number of their patients, and remembering also the many other tasks—some spoke chaffingly of those other tasks, but they were for the good of the patient—they were called upon to do. When a gentleman so situated produced such a paper, he was to be warmly congratulated.

He arose to speak because there were a number in the room who, on request, sent the Board of Control returns of these cases, and it was obvious from those returns and the comments which came in, that they generously, out of their time, took a great deal of pains over those returns, and care was taken to make them as accurate as possible. And perhaps they would take it as a little return courtesy on his, the speaker's, part if he gave them the results which had been got out by Dr. Evans, one of the inspectors to the Board of Control (England and Wales), as they were, approximately, to-day. In the mental hospitals it was the sequelæ, not often the acute initial stages, which were seen. One might say that, just at present, there were something like 227 patients in the 98 mental hospitals, and 96 cases of post-encephalitis lethargica in mental deficiency institutions. Of the 227, about 35 were under the age of 16, and 60 between 16 and 21 years of age. So that, coupling those with patients in mental deficiency institutions, there were close on 100 juvenile patients under care.

The meeting had been told, especially in the first paper, of the class of investigation which had been going on, and it was because of the urgent necessity for a closer study that the Commissioners were so anxious to see these cases, instead of scattered throughout the country, grouped together for the purposes of study. Some knew that a certain amount of grouping had been successfully arranged, and was continuing. In Lancashire, for example, there had been a grouping of post-encephalitis cases in two of the mental hospitals, while London had centralized such cases at Epsom in two institutions—those dealt with under the Lunacy Acts at West Park Mental Hospital, and those dealt with under the Mental Deficiency Act at the Manor Institution. And in addition—which was very welcome to the Commissioners—they had set apart 30 beds at the West Park Mental Hospital for cases from the other local authorities, if they cared to send them there. Negotiations were also still in progress to arrange a centre at Oxford, and an offer had lately come from Dr. Menzies at Cheddleton, because he happened to have, among his encephalitis cases, a number of young ones, which rather suggested it would be a good centre to which to add more for purposes of study and treatment.

The London County Mental Hospitals Committee had set apart the whole-time services of a medical officer to a study of the work, and that, surely, was a step in the right direction.

In listening to the second paper, what struck him was that Dr. Farran-Ridge did not relate (and it was not his intention) a single symptom which his hearers had not themselves observed; what he did was to give new thoughts about them. It was an easy matter to go round a mental hospital and notice these things, as

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members had been taught to do, but that did not take one very far. They were interesting, and sometimes, amid all the pathos of it, one could not help getting some humour out of those symptoms, but that did not mean that the observer was unfeeling. Dr. Farran-Ridge had grouped the symptoms in a stimulating way, and so afforded to his hearers plenty of room for thought. He did not suppose the reader knew what the President's address was going to be, but he certainly dotted the President's "i's" and crossed his "t's," as also did Dr. Mackenzie Wallis, in that great realm and enlarged sphere which the President justly claimed for psychiatry. Of that there could not have been better illustrations than were afforded by those two papers.

Two humorous points struck him. One did not know whether to be fearful with regard to the manganese in the glass, which Dr. Mackenzie Wallis talked about, or what the prohibition people would say about it, but Dr. Mackenzie Wallis emphasized that it must be distilled water. Perhaps, therefore, the harm was somewhat limited.

As to the tics, he was waiting for Dr. Farran-Ridge to give some tip as to how to deal with them. In travelling about, he, the speaker, often found himself boxed up in an old-fashioned railway compartment, and in these it was impossible to escape down the corridor from people who suffered from these tics. It was disturbing when one had taken some work to do on the journey.

He had greatly enjoyed both the papers.

Dr. DOUGLAS MCRAE expressed his regret that the present transport facilities of the country had prevented more members being present to hear personally such papers as these; he would have liked every member of the Association to hear them, though he was well aware they would appear in the Journal. Dr. Farran-Ridge had catalogued the symptoms in a striking and illuminating way, so that now, when such manifestations were seen, their import and significance would be enhanced.

He now had under care a boy who was presumably a case of dementia præcox. He had been lying in bed six months, and nothing could be done with him. He always had a very greasy face. Gradually that diminished markedly, and last week the boy got up, with a remarkably clear complexion and a normal mentality. He, the speaker, had also had a case of dislocated jaw. The man was giving a Salvation Army lecture at 6 o'clock in the morning, and his jaw went out. There was also, in his institution, a girl with blepharospasm and conjugate deviation of the eyes; but instead of having convulsions she had put her jaw out. This she did periodically by straining her features, and when the nurse found the jaw was out, she easily put it back again.

The somewhat older members of the Association might remember the epidemic of belching amongst old wives. So frequent was it that when the speaker graduated the practitioner's armamentarium included several œsophageal tubes, and when women started belching with the object of enlisting sympathy, a tube was tied at the end of the bed, and the woman was told that the next time she belched, the tube would be put down her œsophagus and left there until she stopped. It was a common habit among climacterics.

Dr. MACKENZIE WALLIS, in reply, said he had been very interested in the discussion which had arisen, and particularly in the paper of Dr. Farran-Ridge.

He had made a number of observations on the glucose-tolerance test in dementia præcox, and he was very glad to hear that Dr. Farran-Ridge had obtained similar results. In encephalitis lethargica one saw disturbances of the pituitary gland, and sometimes very well marked. Hemi-hypertrophy was a common condition in association with the Parkinsonian syndrome. He saw the obesity of patients following encephalitis lethargica, and they showed definite evidence of almost complete destruction of the pituitary gland. The value of these investigations, both experimental and clinical, in the study of encephalitis lethargica could not, he thought, be too strongly emphasized. It was through investigations of this nature that the organic mental diseases could be approached. He was, therefore, particularly interested in listening to Dr. Farran-Ridge, because from the clinical point of view, some part of those symptoms should be referred to the pathological changes which had been noted, both experimentally in animals and in human beings. Wasting was a very characteristic feature of a rabbit dying of encephalitis lethargica, and that was the chief symptom. The other striking point was the highly infectious nature of this virus. The animals in adjacent

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cages would go down at intervals of eight days, and die in the acute stage. When the brain was extracted and the filtered brain extract was dried and left in the cages, those occupants of the cages did not become infected; infection occurred from actual contact.

In reply to the remarks of Sir Robert Armstrong-Jones, he, the speaker, assumed that most observers did not regard this as a new disease in any sense of the term; but in recent years it had taken on so many different manifestations that it seemed to some to be new. One year the liver affections seemed to predominate, and there were many cases of jaundice and vomiting. In another year, nervous symptoms predominated. But he gathered from neurologists who saw large numbers of these cases that they had never seen such acute and varying manifestations as recent epidemics showed. Apparently the greatest change occurred in the ependyma, and, as far as the histological evidence went, the change seemed to be more or less confined to the ependyma of the ventricles and of the surrounding blood-vessels.

The girl who had acute diabetes was aged 19, and she appeared to have completely recovered. But she had a very high degree of immunity, as judged by these other tests.

He agreed with Dr. Bond that the time had come to investigate these cases of encephalitis lethargica. Results have come more from research in the acute stage than in the chronic. And it was in the acute stage that treatment was most hopeful and most beneficial.

With regard to manganese, it was soluble in distilled water, but was insoluble in alcohol!

Dr. FARRAN-RIDGE, in reply, said he had only to thank Dr. Bond and Dr. McRae very much for their generous remarks. The more one studied dementia præcox, the less capricious, arbitrary and eccentric the behaviour of these patients would appear to be. They behaved in the way they did because they must; it was due to the involvement of certain physiological mechanisms. The material in this paper represented only about one-fourth of that which he had collected on this topic, and he thought it might be of interest to present to the Association dementia præcox from the neurological standpoint.

MESSAGE FROM SENATOR LEONARDO BIANCHI.

The PRESIDENT intimated that a letter had been received from Senator Bianchi, of Italy, expressing his regret at not being able to attend that Annual Meeting, and wishing the Association very successful gatherings.

THE NOVEMBER QUARTERLY MEETING, 1926.

The PRESIDENT said it seemed possible that Dr. Alfred Adler, of Vienna, might be able to address the Association either on the occasion of the next quarterly meeting, or at a special meeting on the day preceding. A definite announcement on this matter would be made later.

AFTERNOON SESSION.—WEDNESDAY, JULY 14.

At the County Hall, Westminster.

2.30. *Reception.*

Members were received at the Members' Entrance by Sir George Hume, *J.P.*, *M.P.*, Chairman of the London County Council; Mrs. Dunn Gardner, *J.P.*, Chairman of the Mental Hospitals Committee; Mr. Adrian C. Moreing, M.A., Vice-Chairman of the Mental Hospitals Committee; Mr. Hubert J. Greenwood, *D.L.*, *J.P.*, Chairman of the Horton Mental Hospital Sub-Committee; Mr. H. F. Keene, *O.B.E.*, Chief Officer of the Mental Hospitals Department.

There were also present Mr. Montague H. Cox, LL.B., Clerk to the Council, Mr. Malcolm, B.Sc., Mental Hospitals Engineer, and other Officers of the Council.

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3 p.m. In the Main Committee Room.

The PRESIDENT in the Chair.

OBITUARY.

THE LATE DR. ROBERT HUNTER STEEN.

The PRESIDENT said Dr. Bond at the conclusion of the morning session had mentioned the sad news of the death yesterday of a well-known and highly esteemed member of the Association, namely, Dr. Robert Hunter Steen, late Medical Superintendent of the City of London Mental Hospital at Stone, Dartford, and at one time Professor of Psychological Medicine at King's College Hospital. As Dr. Bond intimated, Dr. Steen had been in poor health for some time, which led to his relinquishing first his professorship and then active work at his mental hospital, and subsequently to his final retirement. Dr. Steen had been an earnest worker for the Association, serving it as Honorary Secretary, South-Eastern Division, from 1905–10, and as General Secretary from 1915–19. He was a charming man and of a most lovable disposition, popular and respected everywhere, and a keen and thoughtful psychiatrist. His passing was a great blow to many of them who knew him well, and could not but admire the plucky fight he put up against his advancing infirmity, and his endeavour to continue to do something for psychiatry in spite of his declining strength. Only lately he reviewed a great work for the Journal, and to his, the speaker's, certain knowledge, and up to very recently was writing a paper on a subject he had made peculiarly his own, namely, the housing of those mentally afflicted.

He felt sure they would desire a suitable letter of condolence to be sent to Mrs. Steen.

Members then expressed their regret at the loss they had sustained by rising in their places in solemn silence.

PAPER.

The Educational Adaptation of the Individual Child, by Dr. F. C. SHRUBSALL (*vide* p. 523).

DISCUSSION.

The PRESIDENT said the paper just delivered was one of the greatest practical interest. Members of the Association hailed from all parts of Great Britain and Ireland, and appreciated that every place could learn, in these matters, from every other. It might be thought by some that the education of coming generations was not of very immediate psychiatric concern, but of recent years this was certainly not true. The lines being adopted in London in this matter—he had had the opportunity of studying them carefully—were biologically sound, not working against, but with nature. They searched for possibilities of adaptation in the first place and then proceeded to develop them. The welfare of the child was the fundamental principle. They recognized the constitutional facts in the case of each child, and there was thus no likelihood that the child would be sacrificed to fit in with any educational theory or machinery.

The Association was very interested in examination papers. There was a great difficulty with some nurses, both male and female, in getting them to record their ideas on paper in such a way as to pass muster with the examiner. As a rule there was no great difficulty about the oral examinations, because one could soon form an opinion as to whether or not the candidate knew his subject. If suggestions could be got from Dr. Shrubsall as to the form in which questions should be set in the written papers, the Education Committee of the Association would be glad to consider them. The Association, he was sure, were very grateful to Dr. Shrubsall for his paper on which he invited discussion.

Dr. G. A. AUDEN said members sat at the feet of Dr. Shrubsall in this matter. Those in other parts of the country had always looked to the London County Council for guidance; in fact, when Birmingham wanted an education officer they had to come to London to obtain one. He congratulated the Association on having had such a clear exposition of the scheme, whereby it was always kept in mind that the child was father of the man. That was of very great importance to those who were looking at the misfits of life, so as to prevent such misfits becoming so terribly numerous.

Dr. HAMILTON C. MARR said he had listened with great interest and pleasure

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while Dr. Shrubsall roamed through the wide field of the child's education as dealt with by the London County Council. The Association, as a body, was directly interested in only a limited part of it, namely, the schools for the mentally defective. He did not wish to be critical, but he would like to know how far the following point had been met with regard to mentally defective children. Many children came from homes which were unsuitable. They went to the schools and received every attention during the day, but afterwards they returned to their wretched homes, where perhaps all the good which had been done them during the day was undone. He asked how far the London County Council had tried to combine with the local authorities to erect hostels associated with these local schools for the mentally defective.

He was sure everyone who had listened to this paper greatly appreciated it.

Dr. F. R. P. TAYLOR said he was glad to hear from Dr. Shrubsall that some provision was being made for cases of encephalitis lethargica. Occasional cases occurred in the country, and it was difficult to know what to do with them. It would be interesting to know how many cases of the condition there were now in London; also to know in what way the mental defect showed itself, and what was the best way of instructing them.

[Here, at the request of the PRESIDENT, Dr. Auden quoted the figures given by Dr. Bond at the preceding session, *q.v.*]

Continuing, Dr. Taylor said the difficulty had occurred as to whether post-encephalitic cases should be certified. The school medical officer had raised objection because the symptom had not persisted from an early age. It was difficult, especially in country places, to know what to do with them.

Dr. SHRUBSALL, in reply, said the practice in regard to cases of post-encephalitis was that notification was received, and every case notified was followed up through the Medical Officer of Health for the borough. The Council was keeping in touch with every case, and the children were followed up in the school as well. It was necessary to apply to the Borough Medical Officers to follow up the adult cases. If a child under 15 did not require very active nursing and treatment, and was not very violent so that he or she could be looked after by a female attendant, 100 such could be admitted into an institution of the Metropolitan Asylums Board. Many were not notified at the time of the original attacks, some were called influenza, and in a number, scarlet fever or diphtheria, apparently because sore throat was an accompaniment of genuine encephalitis, and a bacillus, something like the Klebs-Loeffler, could be obtained from most people's throats. If a case had shown distinct arrest of mental growth, there would be no difficulty in regard to that. When a child did not show the conduct which might be expected in a child of that age, he did not hesitate to certify it as mentally defective; he was speaking of children under 16 years of age. If the disease came on in adult life, he did not see how the Mental Deficiency Act could apply.

With regard to schools for the mentally defective, there were, under the Council, two residential schools for boys, in which some of the most troublesome were placed. Some had been boarded out through the Care Committee organization, but there were no arrangements in regard to hostels. Power could be obtained to send a child to a residential school, but it could not be sent against the wish of the parents to a hostel. He did not think there was, in this country, any institution corresponding to those in Scotland.

3.45 *p.m. County Hall viewed.*

At the conclusion of this paper and discussion, members and their friends were conducted over selected parts of the County Hall, a tour full of interest and instruction. The Council Chamber with its magnificent black Belgian and Cippollino marble dado and beautiful columns and pilasters of *Veine Doree* was much admired. Many fine rooms were visited, including the Library, the members' reading-room and a number of the committee rooms, also the Terrace. Much interest was shown in the modern lighting, ventilation and heating systems. Visits were also paid to the medical examination rooms and laboratories of the Public Health and Mental Deficiency Department.

By the courtesy of the President, each member was supplied with a copy of the illustrated guide issued by the London County Council.

Members and their friends were afterwards entertained to tea in the members' tea-room.

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MORNING SESSION.—THURSDAY, JULY 15.

In the Great Hall of the British Medical Association House.

The PRESIDENT in the Chair.

Coat of Arms and Motto.

The PRESIDENT said the College of Heralds had granted to the Association a Coat of Arms, and a Motto had been selected. A very good friend of the Association, whose name he had promised not to mention, would present to the Association a new Presidential Badge to fall in with the Coat of Arms. The Coat of Arms would be embodied in the seal of the Association. He, the speaker, as the Warden, had to initial this the final design. Before doing so, he would pass it round for members to see, and it would be placed in the reception room at the Commemoration Dinner that evening. He was sure Dr. Edwards, who had taken a very active part in this matter, would be pleased to answer any questions. Although the Sub-Committee to whom the Association had delegated this business could not choose a design, and strictly speaking, had to take what was granted, the College of Heralds had been courteous enough to entertain several alterations the Sub-Committee had suggested. The Association had now the proper thing as an outward emblem, something created by experts, and something which was both symbolically and historically correct and not an amateur's production.

It was an easy matter to criticize, especially if one had little knowledge of the subject, and mediæval trappings lent themselves readily to witticisms and raillery. He personally was very well satisfied, and he thought that in due course the Association would feel proud of its Grant of Arms.

A DISCUSSION.

A discussion on "Psycho-Analysis and its Developments" followed and took up the remainder of the morning. An opening paper was read by W. A. Potts, M.A., M.D., and the papers and discussion which followed ranged round the following aspects of the subject: The unconscious mind; Freud's discoveries, his theory and method of "psycho-analysis"; Jung's modifications—"psychological analysis"; the principle of Adler; necessity of analysis of the analyst; cases suitable for analysis; a special kind of education; contra-indications; why analysis is necessary in some cases; possibility of the application of the findings of analysis without actual analysis. Speeches and papers were limited to about 15 minutes. The following gentlemen took part: Dr. M. A. Archdale, Dr. William Brown, Dr. E. Mapother, Dr. H. Crichton Miller, Prof. G. M. Robertson, Dr. T. A. Ross, Dr. Hamblin Smith, Dr. A. Wohlgemuth.

After some remarks by the PRESIDENT on the subject and why he had selected it for discussion, Dr. POTTS replied.

AFTERNOON SESSION.—THURSDAY, JULY 15.

In the Great Hall of the British Medical Association House.

THE MAUDSLEY LECTURE.

On Thursday afternoon the Maudsley Lecture was delivered by Prof. GEORGE M. ROBERTSON, M.D., P.R.C.P.Edin., on *The Prevention of Insanity: A Preliminary Survey of the Problem.*

The PRESIDENT, in introducing the lecturer, said this was a red-letter day in the Royal Medico-Psychological Association calendar. This afternoon the company was assembled for two purposes: firstly, to do honour to the name of a great psychologist, psychiatrist and philosopher, namely, that of Henry Maudsley; in the second place, to hear the Maudsley Lecture. This year the lecturer was one who, in everyday life, was putting into practice those ideals which Maudsley had so much at heart. Of present-day British psychiatrists, few names were so well known as that of Prof. G. M. Robertson, so in introducing him to the audience present but few remarks were called for. The selection of Prof. Robertson to carry on the work of Sir Thomas Clouston had been a fruitful one for psychiatry

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in more than one direction, and the great work Prof. Robertson had initiated and was continuing with great success at Edinburgh, for the early treatment of those who were mentally afflicted, in nursing homes under the control of the Royal Hospital there, bade fair to render his name famous—as famous as that of any of his predecessors, perhaps even more so. Prof. Robertson had added lustre to the Edinburgh School of Psychiatry, and his election as President of the Royal College of Physicians of Edinburgh was symbolic of the honour and esteem in which he was held in the wider field of general medicine. This Association, of which he had been a prominent and very active member since 1887, and its President in 1922, was grateful to him for having consented to give the Maudsley Lecture for 1926 on such short notice, owing to Sir John Macpherson being unable to fulfil his engagement in that respect.

He then invited Prof. Robertson to deliver the lecture (*vide* p. 454).

At the conclusion of the lecture, which was illustrated by a series of tables and charts thrown on the screen, there was much applause, and that the lecture had been closely followed and keenly appreciated was obvious.

The PRESIDENT said he felt sure all would agree that there had been no feeling of disappointment in regard to the Maudsley Lecture just concluded. To those present—general practitioners, neurologists, psychiatrists and members of public bodies actively concerned with the care of the mentally afflicted as well as to the public at large—he had given a number of facts which were of the greatest importance. He knew Prof. Robertson's views, and he was sure there was much more he might have said had the time permitted, but the facts he had brought forth were very striking. For instance, few, probably, had realized in going through life that old age was the time when we they most likely to be beset by mental disorders. He had himself studied these matters for 25 years or more, but he had not realized this fact until Prof. Robertson had told him of it some months ago. Another striking fact was that of those brains which went wrong mentally in early life, it was the worst brains which became subjected to dementia præcox, the better brains manifesting the manic-depressive psychoses. A further fact was, that if they could abolish what was known to be preventable insanity, the solution of the problem of how to deal with a large number of the mentally afflicted and the mentally defective would be much simpler. People said that the occurrence of preventable insanity was a reproach to any community. That was his own view, and the psychiatrist, because he was not always successful in curing it, could not be blamed for its continued existence. It was a matter the responsibility for which lay with the community as a whole. All that the psychiatrist could do was to point out which insanities were preventable, and to this end the efforts of Parliament and the local authorities concerned should be directed.

He was sure it was the desire of the company present to heartily thank Prof. Robertson for his very interesting lecture—(Applause)—and for his immense labour in preparing it. It was somewhat a disgrace to our public authorities that Prof. Robertson had had to go to America for the statistics, the lessons of which he had so graphically shown.

It was a great pity the Association, in drawing up its table of mental disorders, did not define them or at least indicate some essential symptoms, pathology or cause by which they could be understood by generations to come. The name given them was of little or no moment; it was the type of case they represented that was important for practical use. The result was that except perhaps for general paralysis, epilepsy and imbecility these statistical figures could not be carried forward in future classifications. They were therefore valueless at present and also for future reference. Nevertheless, pre-war, there were other valuable statistical tables available which had not since seen the light of day even in those cases where they had been restored. So they had to go abroad for information.

Sir JOHN ROSE BRADFORD, *K.C.M.G.*, F.R.S., President of the Royal College of Physicians of London, said his old friend the late Sir Frederick Mott asked him, some time ago, when this lecture was first announced, if he would associate himself with the vote of thanks to the lecturer. He was, however, ill qualified to do so, because he was not able to speak from any special knowledge of the subject with which Prof. Robertson had been dealing; but he was very glad to have the opportunity of proposing the vote for many reasons. The first, of course, was on account of having had the opportunity of listening to this learned, thoughtful and inspiring address. Secondly, he was glad to have the opportunity, because this was a

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lectureship founded in memory of one whom he could claim as one of his teachers, and for whom he always cherished the greatest regard. But he was especially glad of the opportunity of performing this function for two other reasons: first, as affording an opportunity of expressing the pleasure that all physicians had of forging the links between psychological medicine and general medicine, and it was clear, from the lecture which had just been delivered, that there were many such links, and that if preventive medicine and psychological medicine were to progress, the two must work hand in hand. He was also glad to have the opportunity he was now enjoying, as it was an occasion on which the President of the College of Physicians of London had the opportunity of welcoming a President of the sister College in Edinburgh. (Applause.)

Dr. J. G. SOUTAR, in seconding the vote of thanks, said he thought everything appropriate to the occasion had already been given expression to, and the applause which greeted the graceful tribute of the President of the College of Physicians of London was an index of the response which the vote would receive.

The vote was carried by acclamation.

Prof. ROBERTSON, in reply, said he had to thank all present for the very appreciative way in which they had received this vote of thanks, and for attention given to what had been, he feared, a rather long address.

THE ANNUAL DINNER.

The Annual Dinner, which this year also commemorated the granting of a Royal Charter, was held at the Victoria Hotel, Northumberland Avenue, in the King Edward VII Rooms, Thursday evening, July 15.

The Chair was occupied by the President, Lt.-Colonel J. R. LORD, *C.B.E.*

The company were received by the President and Miss Edith Lord, at 7.15 for 7.30 p.m., and the guests included: Sir George Hume, *J.P.*, *M.P.*, Chairman of the London County Council; the Hon. Eleanor Ritchie and Councillor Mrs. Dunn Gardner, *J.P.*, Members of the L.C.C. Mental Hospitals Committee; the Rt. Rev. the Lord Bishop of Southwark; the Rt. Hon. Hugh Macmillan, *K.C.*, Chairman of the Royal Commission on Lunacy, etc., and Mrs. Macmillan; A. Snell, Esq., *K.C.*, and Mrs. C. J. Matthews, Members of the Royal Commission; Sir Arthur Robinson, *K.C.B.*, Permanent Secretary, Ministry of Health; Vice-Admiral Sir R. Hill, *K.C.B.*, *K.C.M.G.*, Hon. Surgeon to H.M. the King; Sir StClair Thomson, President, Royal Society of Medicine; Sir Dawson Williams, *C.B.E.*, Editor of the *British Medical Journal*; Sir Squire Sprigg, Editor of the *Lancet*; Professor G. Elliott Smith, F.R.S.; Sir John Collie; Lt.-Col. S. P. James, Medical Officer to the Ministry of Health; Prof. C. S. Myers, F.R.S.; Montague H. Cox, Esq., Clerk to the London County Council; H. F. Keene, Esq., *O.B.E.*, Chief Officer, and J. Malcolm, Esq., Engineer, Mental Hospitals Department, L.C.C.; G. A. Powell, Esq., *C.B.E.*, Clerk to the Metropolitan Asylums Board.

Letters and telegrams of apology for absence were read from the Rt. Hon. Lord Riddell and Sir Arthur Newsholme, *K.C.B.*, Dr. F. C. Shrubsall and others, all of whom had accepted the Association's invitation to be present.

Among those invited to attend and who wrote expressing their regret at their inability for various reasons to do so were H.R.H. the Duke of York, the Lord Chancellor, the Minister of Health, the Lord Bishop of London, the President of the Royal College of Physicians, London, the President of the Royal College of Surgeons, England, and the Principal of the University of London, Lord Dawson of Penn, Lord Southborough, Lord Justice Atkins, Sir Walter Morley Fletcher, Sir Leslie Scott, Sir William Hale White, Sir Robert Phillips, Sir E. Cooper Perry, Prof. Starling, A. Taylor, Esq., *M.P.*, Lt.-Col. F. E. Freemantle, Major W. E. Elliott, and others.

There was a large attendance of honorary and ordinary members and their guests, and the gathering was thoroughly representative of those interested in psychological medicine and the care of the mentally afflicted, and among others included several Commissioners of the Boards of Control for England and Wales and for Scotland, and Lord Sandhurst, the Lord Chancellor's visitor.

The croupiers were Dr. R. Worth, Hon. Gen. Secretary, Dr. Douglas McRae, Co-Editor, *Journal of Mental Science*, the late Dr. R. H. Cole, and Dr. J. W. Geddes.

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