for the Spring, 1933, Meeting to be held at Bailbrook House, Bath, and this was gratefully accepted.

Dr. R. D. GILLESPIE then read a most interesting and instructive paper on **"Psychiatry in a General Hospital"**. Drs. JACKSON, LEECH, LUCKHAM and MONNINGTON took part in the subsequent discussion, and Dr. GILLESPIE replied.

The CHAIRMAN proposed, and Dr. J. L. JACKSON seconded, that a vote of thanks be accorded to Dr. R. D. Gillespie for his kindness in coming from town to deliver his lecture.

During the morning members were shown over the hospital and grounds.

The members were kindly entertained to lunch and tea, and a hearty vote of thanks was accorded to Dr. J. R. Benson for his most generous hospitality. In his reply Dr. Benson referred to the fact that Laverstock House was the oldest place in England for the treatment of those suffering from mental diseases, and he also mentioned that he was unable to show the members any means of mechanical restraint, as this form of treatment had never been used in Laverstock House since its inception several hundred years ago.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Division was held at Rubery Hill Mental Hospital, by the kind invitation of Dr. T. C. Graves, on Thursday, October 27, 1932.

During the forenoon members visited the wards, laboratories, treatment rooms and radiographic department, and the new convalescent bungalows.

Members and visitors were entertained to lunch by Dr. Graves. A vote of thanks to Dr. Graves for his hospitality, proposed by Dr. B. H. Shaw, was carried by acclamation, and Dr. Graves briefly responded.

Dr. Shaw took the chair at 2.30. The minutes of the previous meeting, having been published and circulated, were confirmed and signed.

Apologies for absence from 34 members were communicated.

The following 42 members attended (this being the largest attendance recorded at a Northern and Midland Divisional Meeting during the past thirty years): Drs. Auden, Bain, Brunton, Clegg, Dove Cormac, Drury, Erskine, Eurich, Fenton, Fleming, Forrester, Forsyth, Graves, Healey, Hopkins, Ladell, Mackenzie, D. Macmillan, D. M. Macmillan, McCowan, McGlashan, Norris, O'Connell, O'Reilly, Parfitt, Pearce, Pickworth, Potts, Rambaut, Russell, Selkirk, Shaw, Shilvock, Sykes, Smith, Steel, Stephens, Strecker, Thorpe, Wilkins, Wilson, and Whitelaw.

More than twenty visitors also attended, including Dr. Matthew Burn (Public Health Department), and Drs. Aldridge, Alabaster, and Yoxall.

The following candidates were balloted for and duly elected ordinary members of the Association:

WILLIAM HARKINS, M.A., M.B., Ch.B.Aberd., Assistant Medical Officer, West Riding Mental Hospital, Storthes Hall, Kirkburton, near Huddersfield.
Proposed by Drs. Ewing, Bruce and Russell.

WILLIAM JOHN MCCULLEY, B.Sc., M.B., Ch.B., D.P.M., Second Assistant Medical Officer, City Mental Hospital, Mapperley Hill, Nottingham.
Proposed by Drs. Brunton, Macmillan and Russell.

FRANK EDWIN NORRIS, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, The Coppice, Nottingham.
Proposed by Drs. Hunter, Brunton and Russell.

The following were elected to serve on the Divisional Committee of Management: Dr. Edgerley, Dr. Dove Cormac and Dr. Archdale.

The SECRETARY reported that provisional arrangements had been made to hold the Spring Meeting for 1933 at Stafford County Mental Hospital, and the Autumn Meeting at Derby County Mental Hospital, Mickleover.

Dr. J. M. MACKENZIE described a case of absence of the left restiform body, resulting probably from intracranial birth injury, and accompanied by abnormal mental symptoms (*vide* p. 167).

Dr. F. A. PICKWORTH gave a lecture on the occurrence of septic processes in the sphenoidal sinuses, and illustrated his views by means of a large number of beautifully prepared specimens.

Dr. W. A. POTTS read a paper entitled **"Sterilization in Relation to Mental Deficiency."** He was of opinion that sterilization was justifiable for the purpose of controlling the families of a large number of degenerate parents who were known to be incapable of producing mentally normal offspring. He would not suggest, however, that sterilization would render segregation

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measures unnecessary. In support of his views Dr. Potts produced a number of family records and other statistics.

Dr. HAMBLIN SMITH demonstrated two performance tests, *viz.*, Alexander's passalong test, and Heilbronner's apperception test.

In a striking series of photographs, reflected on the screen by the epidiascope, Dr. GRAVES showed the remarkable progress of a large number of patients, following treatment by means of sinus irrigations, in the manner fully described in the recently published Monograph Number of the Journal.

Dr. KATHLEEN A. H. SYKES read a paper on "The Routine Investigation and Treatment of Cases Admitted to Rubery Hill Mental Hospital" (see below).

At the close of the meeting, at 5 p.m., the Secretary proposed a vote of thanks to Dr. Graves and his colleagues for the most interesting and instructive papers and demonstrations which had been given. This was carried by acclamation.

The members and visitors were then kindly entertained to tea.

PAPER.—"The Routine Investigation and Treatment of Cases Admitted to Rubery Hill Mental Hospital," by KATHLEEN A. H. SYKES, M.D., D.P.M.

THIS scheme of investigation has been evolved as a result of dealing with a large number of cases over many years, and aims at ensuring to each case an exhaustive physical as well as mental examination. It is found in practice that some such ordered plan is necessary to unearth the often hidden foci of infection which underlie so much mental and physical ill-health.

On admission the patient is put to bed and observed for at least a week, generally longer. The temperature and pulse-rate are recorded four-hourly to begin with, later morning and evening. This is a period of rest, apart from the routine examination that takes place on admission and the complete examination and prolonged interview a few days after. A personal and family history is obtained from the patient and relatives. Then a sample of blood is withdrawn by venupuncture. This is tested not only for its response to the Wassermann and ordinary Widal reaction, but also for its agglutinating power against less common abnormal intestinal inhabitants, such as *B. Aertrycke, Gaertner, Shiga, melitensis* and so forth. If the response is positive the fæces are examined, and the blood test repeated, until it is determined whether the infection is recent or chronic, or whether the case is a "carrier". If the Wassermann reaction is positive a lumbar puncture is done, and the cerebro-spinal fluid is sent with a further specimen of blood for a complete report.

Then all cases are seen by the visiting specialists, dental and ear, nose and throat: women are also examined by the gynæcologist; while many, particularly post-encephalitics, epileptics, general paralytics, patients with any doubtful neurological sign or with visual hallucinations, appear before the ophthalmologist. The aid of the X-ray Department is called in when necessary, particularly in connection with the dental work—to localize buried stumps or dental cysts, or unerupted teeth or impacted molars, or to give information as to the general condition of roots and alveoli. It may also throw light on abdominal conditions by demonstrating renal calculi and gall-stones.

When the investigation is completed, treatment is considered. This is planned (on the basis of the specialists' reports) by the medical officer in charge of the case, and is most carefully arranged, having regard to the patient's physical state and probable response. Treatment cannot be rushed; it must be carried out in stages, and often a prolonged interval may be required between each stage. Dental treatment is commonly needed; this may be done first, and thus an obvious source of infection removed with little shock to the patient. An anæsthetic may be required, and nitrous oxide, ethyl chloride, ethyl chloride followed by ether, or chloroform and ether maintained by ether given through the Shipway apparatus, are all used here. Generally speaking, I have found, after an experience of some hundreds of anæsthetics given in mental cases, that patients with mania and general paralysis give little cause for concern; that cases with melancholia are difficult to induce, as they will not breathe deeply, but may be helped by giving them carbon dioxide gas; that epileptics usually have fits on recovering from the anæsthetic; and that post-encephalitics and cases of primary dementia are the most difficult of all. This may be an indication of their profoundly toxic state. They have periods of apnœa, and often their pulse weakens unaccountably. The most reliable guide is the blood-pressure, which I always take the day before giving an anæsthetic—a systolic pressure below 110 or above 180 is a contra-indication unless the operation is one necessary for the preservation of life, in which case the risk must be taken. The three cases which have given me serious anxiety have all had systolic pressures outside these limits. When the patient has been relieved of his infected teeth or stumps he rests in bed for a time, and then there commendation, if any, of the ear, nose

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and throat surgeon is considered. This may be for removal of tonsils (which is done by blunt dissection) and/or exploration of the sinuses by the Watson-Williams technique, followed by intranasal drainage if infection is found. This necessitates a general anæsthetic, and it is to be remembered that there is a danger-point when traction is being made on tonsils or tonsil bed, as this always affects the pulse and respiration adversely. If the patient will co-operate in treatment to the extent of lying still, and exploration of antra is all that is required, this can be done quickly and easily under a local anæsthetic.

After the ear, nose and throat treatment the patient rests in bed for a further period, and then the question of stimulating his resistance with some form of non-specific therapy arises. Here the choice is usually between a course of aqueous colloidal sulphur (Crookes' colsul), five intramuscular injections given at 48-hourly intervals and rising from 1–5 c.c., or mixed typhoid—para-A and B vaccine (Burroughs Wellcome), given intramuscularly or intravenously, varying with the patient, but sometimes rising to 5 c.c. given intravenously. A pyrexial response of between 103° and 105° is aimed at, if the patient is in good physical condition.

In the meantime other methods of treatment will have been carried out. A large proportion of female patients are found to have uterine endocervicitis; sometimes this is a result of parturient tears, though it also occurs in young unmarried nulliparæ, and in them is rarely gonorrhœal. This endocervicitis responds in the most satisfactory manner to cauterization followed by antiseptic douches.

Again, many patients are found to have chronically infected colons, and muco-pus or pus in quantities is washed away and the condition greatly improved by a course of continuous colonic lavage administered on one of the special tables in use here.

A course of ultra-violet light treatment is often found useful in patients who have been relieved of their sources of gross toxæmia and are approaching convalescence, though it must be used with care and discrimination, particularly in cases with a high blood-pressure.

The scheme of treatment for general paralytics is the same as already outlined, with the addition of a course of tryparsamide, frequent lumbar punctures, malaria, if they are considered well enough, or an extended course of colsul if not.

Medicinal treatment may be palliative, sedative, antiseptic or specific. Sedatives are kept at a minimum and morphine is rarely given, except that a nervous subject may have a quarter of a grain as a preparation for lumbar puncture. Restless old people take kindly to small doses of nepenthe, while epileptics may be benefited by collosol bromide, which seems to be tolerated better than the other preparations. Cases showing evidence of streptococcal infection, including puerperal, may be given courses of antiscarlatinal serum.

SCOTTISH DIVISION.

THE SPRING MEETING of the Scottish Division was held at Glengall Hospital, Ayr, on Thursday, May 12, 1932.

The following members were present: Drs. C. C. Easterbrook, R. D. Hotchkis, Neil T. Kerr, T. C. Mackenzie, D. J. Forbes, J. H. Macdonald, J. R. Robb, G. M. Bell, C. A. Crichlow, W. Boyd, Ronald Stewart, T. R. C. Spence, John McDougall, Donald Ross, C. J. Shaw, R. B. Campbell, Alex. Dick, C. G. A. Chislett, A. M. Dryden, Douglas McRae and W. M. Buchanan.

Dr. Douglas McRae, Divisional Chairman, presided.

Before taking up the ordinary business of the meeting the CHAIRMAN feelingly referred to the death of Prof. George M. Robertson, one of the oldest and most active members of the Division, whose personality for years had dominated the whole field of psychological medicine in Scotland, and whose pioneer efforts to improve the conditions of treatment of patients and the training of medical students and nurses had brought him an international reputation. Tributes to Prof. Robertson's memory were also paid by Drs. DONALD ROSS, R. B. CAMPBELL and T. R. C. SPENCE. They referred to his fine personal qualities, his genial disposition, his charm as a host, his courtesy in controversy, and his vision and foresight which made his judgment so valuable in matters of policy. It was unanimously resolved to record in the minutes that the members of the Scottish Division of the Royal Medico-Psychological Association express their deep sense of the loss sustained by the death of Prof. George M. Robertson, and their sympathy with the members of his family in their bereavement. The Secretary was instructed to send an excerpt of the minute to Mr. Fred. Robertson.

Reference was also made to the recent tragic bereavement sustained by Dr. David Yellowlees, and the Secretary was instructed to convey to him the sympathy of the members of the Division.

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