District Asylum, and he considered that this event could not pass without the Division recognising the long and valuable services which Dr. Turnbull had rendered to the Scottish Division, and also his services in the interests of lunacy, and at the same time expressing the hope that he would be long spared to enjoy his well-earned retirement. It was unanimously resolved that the Secretary be instructed to send an excerpt of the minutes to Dr. Turnbull.

The Business Committee was appointed, consisting of Drs. Carlyle Johnstone, G. M. Robertson, McRae, Kerr, Orr, and the Divisional Secretary.

Drs. Neil T. Kerr and J. H. C. Orr were nominated by the Division for the position of Representative Members of Council; and Dr. R. B. Campbell was nominated for the position of Divisional Secretary.

The following four candidates, after ballot, were admitted to membership of the Association:

(1) Alfred William Harper Cheyne, M.B., Ch.B., Assistant Physician, Royal Asylum, Aberdeen. (Proposed by Drs. Reid, Alexander, and Campbell.)

(2) Thomas Chivers Graves, M.B., B.S., F.R.C.S.Eng., B.Sc., Assistant Physician, Royal Asylum, Edinburgh. (Proposed by Drs. G. M. Robertson, Maxwell Ross, and Henry Yellowlees.)

(3) Hugh Kirkland Shaw, M.B., Ch.B., Assistant Physician, Stirling District Asylum. (Proposed by Drs. Campbell, Keay, and Gostwyck.)

(4) William John Tulloch, M.D., Director Western Asylums Research Institute, 10, Claythorn Road, Glasgow. (Proposed by Drs. Oswald, Parker, and Macdonald.)

Gram-negative Diplococci in Dementia Præcox.

Dr. Ford Robertson read a communication on the "Gram-negative Diplococci in Dementia Præcox." He stated that the question of these diplococci had arisen in the course of a systematic investigation into the infective conditions associated with dementia præcox. He showed the characters of the bacteria of this group obtained from the gums in eighteen cases of dementia præcox, and compared them with those isolated from the mouth or respiratory tract in eighteen control cases. The main conclusion drawn from the investigation was that the Gram-negative diplococci that abounded in the gums in many cases of dementia præcox were simply the *Micrococcus catarrhalis*, and the varieties of the *Micrococcus pseudocatarrhalis* that were to be found with equal frequency in other persons suffering from chronic catarrhal conditions of the respiratory tract. No evidence had been obtained of the occurrence of any special Gram-negative diplococcus, or of tissue invasion by any member of the group.

Interesting papers were contributed by Drs. Gostwyck and Maxwell Ross on "Juvenile General Paralysis" and "The Luetin Test in Parasyphilis" respectively.

A vote of thanks to the Chairman for presiding concluded the business of the meeting.

IRISH DIVISION.

The Autumn Meeting of the Division took place on Thursday, November 5th, 1914, at the Royal College of Physicians, Dublin. Dr. T. Drapes was in the chair. The other members present were: Drs. J. O'C. Donelan, Eustace, Gavin, Greene, O'Neill, Rainsford, Redington, Rutherford, and Dr. Leeper (Div. Hon. Secretary).

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

A letter from Mrs. Hetherington was read, informing the members that Dr. Hetherington was unavoidably prevented from attending the meeting owing to his having been attacked and wounded by a patient in his asylum. A telegram of condolence was sent to Dr. Hetherington by the Chairman on behalf of the meeting.

It was proposed by Dr. Rainsford and seconded by Dr. Greene, and passed unanimously: "That this meeting of the Irish Division of the Medico-Psychological Association begs leave to tender to their fellow-member, Sir John Lentaigne, the expression of their most sincere sympathy with him in the great loss he has

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sustained by the death of his son, Lieutenant Victor Lentaigne, while serving with the Expeditionary Force."

Dr. Edward Joseph McKenna, M.B., B.Ch., B.A.O., Assistant Medical Officer, Carlow District Asylum, proposed by Dr. T. H. Greene, was balloted for and unanimously elected an ordinary member of the Association.

Dr. J. O'C. DONELAN read his paper, "A Case of Recurrent Purpural Eruption." (See p. 109.)

THE USE OF HYPNOTICS IN ACUTE MANIA.

Dr. RAINSFORD, in opening the adjourned discussion from the Summer Meeting, said he was in many ways ill-equipped for introducing a subject so full of interest, for he was one of the few asylum medical superintendents who had never used any of the new hypnotics. He would speak of the subject under two heads: (1) Drugs to produce sleep; (2) drugs to produce quiet. As regards the first, probably nothing called for more anxious thought than the selection of a suitable drug to produce sleep in any given case. Personally, he would say the great desideratum was to procure for a patient a healthy sleep with the least possible risk to the individual. As regards drugs of this class, he thought paraldehyde best answered all the requirements, and he had many cases where prolonged and hitherto intractable cases of insomnia had been cured. He started generally with ʒiij, gradually diminishing the dose. Trional, while it had many disadvantages, and was stated to cause nerve degeneration, was, in doses of 20–25 gr., very useful as an occasional hypnotic, but should not be given to any case oftener than once a week. Sulphonal he had not used for many years. He regarded chloral as the best hypnotic of all in suitable cases, as the sleep it procured was of a very refreshing character. He found the combination known as the "three fifteens" admirable, *viz.* 15 gr. chloral hydrate, 15 gr. potassium bromide, and 15 minims liq. opii sedativus (Battley). As regards opium as a hypnotic, he would only say that, as a rule, it was a safe drug, but it must be given in a sufficiently large dose, as too small doses only caused excitement. Veronal he had only used in two or three cases and he knew nothing to commend it. As regards the second head, he would like to say he was no advocate for the indiscriminate use of what might be termed "chemical restraint," but he freely recognised that there were cases where it was necessary. For many years he had been taught that half-ounce doses of tinct. hyoscyamus were very useful, and he could testify to the excellent results from its employment, and he had never seen any unpleasant after-effects, and an old medical superintendent used to say that it made the patient so thirsty that one often got them to drink plenty of fluid nourishment after it, which was an additional advantage. Hyoscin hydrobromate he had found excellent in doses varying from $\frac{1}{200}$ up to $\frac{1}{60}$ gr., and in one case which he related, when a dose of $\frac{1}{100}$ gr. was given, its beneficial results were very striking. Morphia, hypodermically, was uncertain, and the dose must be large to obtain good results. In one case he had given 1 gr. morph. hydrochlor. hypodermically before the patient was appreciably affected.

The CHAIRMAN (Dr. T. Drapes) said that all present must be interested in the question of hypnotics, as a selection of a suitable hypnotic was a matter which had to be decided daily.

Dr. DONELAN said he had a great deal of experience of the use of hypnotics in maniacal cases. He quite agreed with Dr. Rainsford that the combination of chloral, opium, and bromide cannot well be surpassed. Prolonged restlessness and sleeplessness seem to accentuate depressive delusions in melancholics. As regards veronal, he once had a case which gave him great anxiety, in which a moderate dose seemed to produce symptoms akin to suffocation; the patient recovered, but he had since discontinued its use. He believed veronal had a cumulative action, and he was averse to its habitual use in mental cases. He mentioned some interesting cases of poisoning by veronal taken habitually by persons suffering from the drug-habit.

Dr. O'NEILL said he had a long experience of chloral when he was an assistant at the Richmond Asylum. The dose given to excited patients was 30 gr. of chloral and 30 gr. of bromide of potash, combined with *Spts. Ammon. Aromat.*,

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half at bedtime, and the remainder in three hours if necessary. He thought well of veronal, and he considered paraldehyde the most suitable of all hypnotics, especially if any cardiac trouble were present, its only objection being its odour and taste.

Dr. REDINGTON gave veronal frequently with excellent results, but, having seen the accounts of inquests upon some cases of poisoning by the drug, he had now discontinued its use. As regards suiphonal he had had a case in which, after a dose of 30 gr., ataxic symptoms were observed.

Dr. GREENE wished to say that when he was younger he had to work with a physician who was very fond of what he might call "grape shot" prescriptions; prescriptions containing many sedative drugs: opium, chloral, bromide, gelseminum, hyoscyamus, etc. He thought it was a matter of little importance in chronic cases what sedatives were selected, so long as they were safe and did not endanger life, but in acute cases the selection of a suitable hypnotic was all important. As a practical matter one was frequently obliged either to use hypnotics or to use mechanical restraint, and as no one wished to imitate those who have gone before us, and whose methods of treatment are now regarded as obsolete, they were inevitably led to use hypnotics in the treatment of excited cases. As regards their therapeutic action, other than as sedatives, they knew little. As regards veronal, they know it is a compound of urea, and they also know that some people were singularly affected by this substance; and having regard to the existence of idiosyncrasy and intolerance of urea compounds shown in some cases, they did not think they were justified in using veronal. Every practitioner knew all that is to be known of opium and its compounds and its therapeutic value. He had the greatest confidence in the combination known as the "three fifteens," viz.: 15 gr. Battley's solution, 15 gr. of bromide, and 15 gr. of hydrat of chloral. He believed no patient ever died from this combination and these doses. He believed it was perfectly safe in all cases, and no ill-results had ever occurred from its administration in his practice. None had hitherto spoken of hyoscin; he believed $\frac{1}{100}$ gr. given in cases of acute mania gave placid rest. No one needed to be afraid of the use of hyoscin properly given in suitable doses, and its advantage was markedly beneficial by the muscular rest it secured for the patient. Mechanical restraint he considered better than attendants, say, five or six, holding a patient, and in extreme cases of excitement the patient must be paralysed by drugs to ensure quiescence, the benefit of which was exceedingly doubtful.

Dr. GAVIN said he had but once to resort to mechanical restraint in the treatment of a case of insanity. This patient was attempting self-mutilation—pulling off his testicles. He found, however, that it was only necessary to get the patient up and dressed in his trousers, which took the place of mechanical restraint.

Dr. RAINSFORD asked Dr. Gavin if he had remarked in his experience that Irish patients were more acutely excited and maniacal than English or Scotch ones.

Dr. GAVIN replied that he found patients much less maniacal, and acute mania much less severe in character, in Ireland, than in England or Scotland.

Dr. DONELAN said that there were some cases where restraint might be justified, but that restraint demoralised the staff of any asylum, and had a tendency when once adopted to creep into an institution to its detriment.

Dr. EUSTACE said all were agreed as to the importance of the selection of a safe hypnotic, and thought well of small hypodermics of morphine. He had once given sulphonal in a 20 gr. dose through nasal tube in an obstinate case of recurrent melancholia. This patient collapsed and nearly died, and on the following day had hematoporphyrinuria, showing that some patients were singularly susceptible to the drug.

Dr. RUTHERFORD spoke favourably of paraldehyde, which produced sound sleep in most cases when given in doses ʒiss to ʒij.

The CHAIRMAN (Dr. T. DRAPES) said he was glad to see that all the members present had spoken of their experiences of hypnotics, and the discussion had been useful and interesting. He spoke of the moral effect of modern asylum treatment, and said it largely did away with the necessity for mechanical restraint. He mentioned a case of self-mutilation of extreme gravity, in which occasional restraint was of undoubted benefit. Restraint was more largely used in old days probably for one reason, because physicians had not the choice of sedative drugs which we

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have to-day. He next reviewed several drugs in use as hypnotics, and spoke highly of his experience of hyoscin. He had a sort of paternal interest in this drug, as he believed he was the first to use it, and recommend its employment, in Irish asylums. Dr. Daniel had read a paper at the annual meeting on the use of hyoscin, but in the cases described, rather heroic doses were used. He (Dr. Drapes) never gave more than $\frac{1}{100}$ gr. for an initial dose, and seldom over $\frac{1}{80}$ gr. at any time. Sulphonal he used frequently, and it had been a favourite remedy of Dr. Clouston, who thought it raised the spirits and promoted cheerfulness, in melancholics, and at Morningside many years ago it had even been described as "smiling powder" when given in such cases. This good result had not, so far as he was aware, been observed by others in similar cases. In his experience veronal did not produce unfavourable results. Luminal he had recently tried and found most efficacious. Omnopon he also found of use, and in his hands it had produced no unpleasant after-effects. He had, however, not made sufficient trial of it as yet to enable him to form a decided opinion as to its merits. The prolonged warm bath and wet-pack were amongst the most valuable adjuncts to sedative treatment. In conclusion, he said that papers read at their meetings upon research work, valuable as they were, could only be discussed by experts in research, but all could join in discussions upon clinical subjects, and he considered the Division owed much to Dr. Rainsford for having introduced this discussion, and he hoped others would bring forward subjects of clinical interest more frequently at their meetings.

Dr. RAINSFORD, in replying, spoke favourably of the administration of hyoscin in doses of $\frac{1}{80}$ gr. and mentioned a case when this treatment was eminently successful, and discussed the relative merits of trional and sulphonal as hypnotics; he thanked the meeting for the very kind way in which they had all joined in the discussion he had introduced.

Dr. GREENE having pointed out that owing to the war attendants had volunteered and gone to the front in the interests of the nation, and were thereby prevented from presenting themselves for the preliminary examination for the nursing certificate, requested the meeting to secure, if possible, that these attendants should be allowed their examination. After discussing this matter, the following resolution was proposed by Dr. ADRIAN GREENE, seconded by Dr. EUSTACE, and passed unanimously: "That we, the Irish Division of the Medico-Psychological Association, request the Educational Committee to recommend the Council in the case of those attendants who were attending the lectures being delivered to qualify them for entrance for the preliminary examination for the Medico-Psychological Association's Certificate, and who are at present serving in either the navy or the army, to sanction their being allowed the examination, provided that they be recommended for the privilege by their resident medical superintendent, and that they have served the necessary period of years in an asylum."

The Hon. Secretary was directed to forward the resolution without delay to the Hon. Secretary of the Educational Committee of the Association.

It was proposed by Dr. DONELAN, seconded by Dr. RAINSFORD, and passed unanimously: "That the best thanks of the Division be tendered to the President and Fellows of the Royal College of Physicians for the use of the rooms of the College for meetings of the Division."

A cordial vote of thanks to the Chairman terminated the proceedings.

LONDON COUNTY COUNCIL (1).

MENTAL DEFICIENCY ACT.

Mental Deficiency Act, 1913—Administrative Difficulties.

THE Mental Deficiency Act has now been in force for upwards of seven months, long enough to enable some conclusions to be drawn as to its value, and to indicate some of its difficulties. These latter are conspicuous, and we think the time has come when the more important difficulties with which the local authority is faced in discharging the duties placed upon it by the Act should be brought specifically to the Council's notice.

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