

things in converting a desert into an oasis. He provides vegetables for his own and for the parent institution and makes the farm remunerative. Gradually means of approach to Cairo are improving so that the asylum is not so isolated as it was. Excellent tables are given and much information about pellagra and its symptoms are collected; here is, too, an interesting table as to the result of examination of the fæces of a large series of cases and a list of the prevalent parasites is given. Influenza was a source of trouble but was not as fatal as might have been expected.

We feel that the report should be more generally seen, and we are sure that the English alienists have reason to be proud of the work of their Egyptian colleagues.

GEORGE H. SAVAGE.

#### Part IV.—Notes and News.

##### MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE ORDINARY QUARTERLY MEETING of the Association was held at the Medical Society's Rooms, No. 11, Chandos Street, W. 1, on Tuesday, February 24th, 1920, Dr. Bedford Pierce (President) in the chair.

*Members present:* Dr. Bedford Pierce (President), Major R. Worth (General Secretary), Sir R. Armstrong-Jones, Sir F. W. Mott, Drs. H. Baird, G. F. Barham, F. Beach, C. W. Bower, D. Bower, A. Helen Boyle, J. Chambers, G. Clarke, R. H. Cole, P. C. Coombes, H. Corner, M. Craig, A. W. Daniel, J. F. Dixon, R. Eager, J. H. Earls, H. Eggleston, S. C. Elgee, A. E. Evans, S. J. Gilfillan, H. E. Haynes, R. D. Hotchkis, D. Hunter, G. H. Johnston, M. H. Johnston, J. Keay, E. S. Littlejohn, J. R. Lord, J. A. Lowry, W. F. Menzies, J. Middlemass, A. Miller, D. Nicholson, D. Ogilvy, E. S. Pasmore, N. R. Phillips, D. Ross, G. E. Shuttleworth, J. H. Skeen, G. W. Smith, R. P. Smith, J. G. Soutar, J. B. Spence, R. H. Steen, J. Stewart, R. C. Stewart, F. R. P. Taylor, D. G. Thomson, E. Barton White, H. Wolseley-Lewis.

*Members present at the Council Meeting:* Drs. Bedford Pierce (President), R. Worth (General Secretary), D. Bower, A. Helen Boyle, J. Chambers, R. H. Cole, M. Craig, A. Daniel, R. Eager, R. D. Hotchkis, J. Keay, J. R. Lord, H. C. MacBryan, T. C. Mackenzie, W. F. Menzies, A. Miller, J. Noel Sergeant, G. E. Shuttleworth, J. H. Skeen, R. H. Steen, D. G. Thomson and H. Wolseley-Lewis.

Apologies were received from Profs. Obersteiner (Vienna) and Emil Kraepelin (Munich), and Drs. L. R. Oswald, G. Douglas McRae, J. P. Westrupp, J. Mills, D. A. Pilcz (Vienna), J. Whitwell, R. B. Campbell, T. Stewart Adair, G. M. Robertson and J. N. Greene Nolan.

The minutes of the last meeting, having already been printed and circulated in the Journal, were taken as read and were duly confirmed.

##### MATTERS ARISING FROM THE COUNCIL MEETING.

The PRESIDENT said the next item concerned business which arose out of the Council meeting just held. He asked Major Worth to refer to the appointment of a Handbook Committee.

Major WORTH (Secretary) said the following members had been approached to form themselves into a Committee charged with the revision of the Handbook, under the style "The Editorial Handbook Committee": Representing England—Dr. Bedford Pierce, Dr. Middlemass and Dr. Rees Thomas; representing Scotland—Dr. Mackenzie, Dr. Donald Ross and Dr. George M. Robertson; representing Ireland—Dr. Rutherford and Dr. Nolan. All these gentlemen had expressed their willingness, and steps were being taken to call them together.

The other matter arose from certain correspondence he had had with the National Asylum Workers' Union. Probably members were aware that that Union was taking steps to bring before Parliament some amendments of the Asylum Officers' Superannuation Act, 1909. He also had been in correspondence with the Clerks', Stewards' and Storekeepers' Association, on the same subject, and it had been decided that a conference should be held, consisting of four members of the Union, two members of the Clerks', Stewards and Storekeepers' Association, and two members of our Association. As representatives of our Association Dr. David Thomson and himself had been chosen, their function being chiefly to hold a watching brief, because, at the moment, they had no definite mandate.

The PRESIDENT said there was one other matter which came forward from the Council meeting. The Asylum Workers' Association had a small fund for the benefit of nurses who were sick, the amount of the fund being about £80, and they had invited this Association to administer that fund when the Asylum Workers' Association shall have closed down finally. At that morning's Council meeting it was decided to accede to that request. The Secretary and Treasurer, with Dr. Shuttleworth and Dr. Powell, were appointed to act as a small Committee to deal with cases as they arose.

Another subject which was discussed by the Council, and which he brought before the meeting, was one arising out of a letter which had been received pointing out the serious and grave hardship many old asylum workers were under owing to the depreciation in the value of money, and it was thought it would be proper for this Association to draw attention to the matter. It did not require any speech to justify it. A pension which was no more than modest when granted was very meagre indeed at present value of a sovereign. With the approval of this Association, it had been suggested that he, the Secretary and Dr. Miller, jointly, should write a letter on behalf of this Association, pointing out the serious hardship accruing to many old asylum servants through the depreciation in the value of their superannuation allowance, and that this letter be sent to the Prime Minister, the Minister for Pensions, the Minister of Health, and the Secretary of the Hospitals' Association, and such others as were likely to be influenced by the communication. He asked if any had observations to make.

Sir ROBERT ARMSTRONG-JONES said he did not think it would be possible to alter the amount of the pensions, as they had been granted according to law, and to change it a new law would be required.

Lt.-Col. LORD said that this was understood, and the idea was that a change in the law should be advocated.

Dr. DIXON said he thought the difficulty was that the same question arose regarding old pensioners of the army and navy.

The PRESIDENT said that this communication would only refer to the matters of which we had definite information, although, of course, it raised a much wider issue.

The meeting approved the communication being sent.

#### STUDY FACILITIES FOR ASSISTANT MEDICAL OFFICERS.

Lieut.-Col. D. THOMSON said members would remember that a very valuable paper was read before the Association at the last meeting on the question of the special education of junior medical men who took up this specialty. This was a subject which required to be tackled and dealt with afresh, now that all were more or less settling down to their former work, and the subject was coming forward more definitely. He suggested that the committee, which previously dealt with this and allied subjects in 1908 when it was first brought forward on a short paper of his own, might be a suitable body to be reconstituted for this purpose. The chairman on that committee had retired from active work, but he was present to-day. He referred to Dr. McDowall. That committee did splendid work, and issued the report which was well known (*vide* p. 373, July number, 1910.—Eds.).

The PRESIDENT said he thought a committee should be set up to deal with the many important aspects of this subject, such as that of study-leave.

Lieut.-Col. D. THOMSON said that progress had been made, and there had now been established a series of courses of lectures at the Maudsley Hospital. Many junior medical officers throughout the country were eager about this matter, and he thought this Association ought not to drop the subject after doing very good

pioneer work. He moved that a committee of this Association be appointed to consider the very important questions which now arose in connection with the obtaining of the diploma in psychiatry.

The PRESIDENT said he would like to hear Dr. McDowall speak on the subject, and perhaps he would second Dr. Thomson's proposition.

Dr. McDOWALL seconded the motion of Lieut.-Col. Thomson.

Lieut.-Col. LORD said he hoped it would be an instruction to the committee to go into the whole question of medical officers' duties. The great dearth of medical officers, and the difficulty of getting junior men from the hospitals to select psychiatry as their life-work, was that the work was not made sufficiently attractive quite apart from questions of pay and conditions of service generally. The problem of the cure of insanity was the most difficult one in the whole region of medicine, and therefore the very best brains in the profession should be attracted and brought to bear upon it or progress would be impossible. A sound training in scientific psychiatry was the first step, then opportunities for further study from time to time, and the routine work to be essentially professional and not administrative, the latter being adapted to secure this.

Sir FREDERICK MOTT said that it would be wise to include a young and junior medical officer among those who would form the committee.

Dr. PASSMORE said he would like to suggest that this committee consider the subject of quarters for married assistant medical officers. The absence of such accommodation was a drawback in the case of those who might wish to enter the specialty.

The PRESIDENT said he gathered that the burden of Col. Thomson's motion was the scientific training of the younger men in the specialty, the best method of securing and encouraging effective training, to assist them in obtaining a diploma in psychiatry, and generally promote the scientific side of the work. To introduce the other matters would complicate the reference.

Dr. BOWER said one of the chief subjects Col. Thomson was interested in was the difficulty which assistant medical officers laboured under in getting away from their duties on study-leave. That was a matter on which there was a need of strong recommendations by the Association, and he thought that generally committees of asylums would need to be educated on the matter and would fall in with any good scheme which the Association might approve.

The PRESIDENT replied that the first step was to appoint the committee; its constitution would come later.

The appointment of a committee was approved.

Col. THOMSON said that such members of the former committee as did the spade-work on this subject should be re-appointed; it would be invidious for him to mention names. He thought Col. Lord should be on it: he was in London, and in touch with London mental hospital work. If the meeting would agree to the appointment of the original committee, with power to add to their number, that would save the nomination of individual members. The reference, he thought, should be that the committee consider the whole subject. Diplomas in psychiatry had already been established at five Universities. He had spoken on the matter to one or two active, ambitious young men associated with him at Thorpe, Norwich, and they said—"Yes, it is very nice, but how can we get study-leave"? The Maudsley Hospital courses were convenient for London men, but what about the provinces? He thought the Association should consider how the young men joining the specialty, or those whom it was hoped would be induced to join it, best could take advantage of the existing provisions. Details as to the provision of married quarters concerned individual asylum committees.

The PRESIDENT suggested "To consider the best method and facilities for training in psychiatry, and for the obtaining of the diplomas which exist," should be the reference for the committee.

Col. THOMSON agreed.

After further discussion by Dr. SOUTAR and Dr. BOWERS—

The PRESIDENT suggested as members of the committee Col. Thomson, Col. Lord, Dr. T. W. McDowall, Sir Frederick Mott and Col. Rows, with power to add to their number.

Sir FREDERICK MOTT repeated his former suggestion.

Dr. NICHOLSON said Dr. Soutar would be an excellent member of this committee.

Col. THOMSON suggested that perhaps Dr. Bond would be willing to serve. The PRESIDENT said Dr. Chambers was willing to serve; he hoped Dr. Bond also would consent to do so.

Sir R. ARMSTRONG-JONES suggested Dr. Helen Boyle.

This concluded the list.

The following were elected members of the Association:

PARNIS, HENRY WILLIAM, M.R.C.S., L.R.C.P., A.M.O., London County Mental Hospital, Colney Hatch, N. 11.

*Proposed by* Drs. Gilfillan, MacArthur and Worth.

HAYNES, HORACE GUY LANKESTER, M.R.C.S., L.R.C.P., Littleton Hall, Brentwood, Essex.

*Proposed by* Drs. Sergeant, Haynes and Bower.

SHEARER, CHRISTINA HAMILTON, M.B., Ch.B., Visiting Physician, Lady Chichester Hospital, 11, The Drive, Hove, Sussex.

*Proposed by* Sir Robert Armstrong-Jones and Drs. Helen Boyle and Percy Smith.

ROBINSON, WILLIAM, M.B., Ch.B., D.P.M. Leeds, Senior Assistant, Wakefield Asylum, West Riding Asylum, Wakefield, Yorks.

*Proposed by* Drs. Shaw Bolton, W. Vincent and T. Stewart Adair.

PARKIN, GEORGE GRAY, M.B., Ch.B., Assistant Medical Officer, Cheshire County Asylum, Parkside, Macclesfield.

*Proposed by* Drs. Parkin, Dove Cormac and Stewart Adair.

HEAL, JAMES GORDON FREEMAN, L.M.S., N. Scotia Provin. Med. Bd., 1915, M.D., C.M., 1915, Swallows' Nest, Felixstowe.

*Proposed by* Drs. Gilfillan, MacArthur and Worth.

#### PAPER.

Dr. R. HUNTER STEEN: "Chronic Hallucinatory Psychosis" (*vide* p. 99).

The PRESIDENT said he thought members could congratulate themselves, also Dr. Steen, on an exceedingly able paper, and particularly on the charming and lucid way in which he had presented the subject. Rarely did the Society hear a contribution which was so easy to listen to because so clearly expressed. It went a long way towards making a successful meeting to have a subject presented in a forcible and clear way. Dr. Steen had endeavoured in this paper to show his colleagues a new psychosis, to make out a case for a fresh clinical entity. The train of symptoms was one with which all psychiatrists were familiar; there was no one in the room who had not seen patients of the type Dr. Steen had just described, and it was to be hoped there would be a good discussion. In reference to the definition of paranoia, and whether such cases had hallucinations as a marked symptom, he said that some of those present would remember Dr. Percy Smith's Presidential Address on that subject, in which he showed that the definition of paranoia was far from lucid and exact, and that what passed under that name was hardly a definite clinical entity. He (Dr. Pierce) could not agree with Dr. Steen, for he believed cases of paranoia had hallucinations, and for that reason he was inclined to think Dr. Steen had not fully separated his malady from paranoia.

Dr. MENZIES said he had never seen a case of paranoia without hallucinations of hearing, and, with all respect to Kraepelin and his school, he did not think such existed. He did not know whether Dr. Steen had followed up cases of the kind for twenty or twenty-five years, but they certainly become very demented, and in the end ordinary chronic lunatics. On making a *post-mortem* examination on such one always found the usual thickening and cortical wasting. They could not be distinguished from other chronic mental cases. It might be that the alienist did not see the cases described by Dr. Steen, as they did not progress, and hence did not find their way into asylums, but the kind which did go there progressed steadily. They were called paranoics at first, and afterwards were known as chronic maniacs. It came once more back to the question of all forms of insanity being but one. Everything in insanity known at present was, more or less, only a symptom, as Clouston tried to point out many years ago. Still, giving a name to a condition helped, and when it was discussed it could be with a knowledge of what was meant. With regard to the anatomical point of view he had his quarterly debate with Dr. Bolton, and he (Dr. Menzies) always suggested that the reason why the cerebral hemispheres became so wasted and



membranes thickened in that area was partly geographical, partly developmental; that the spinal fluid secreted by the choroid plexuses under pathological circumstances was toxic, and it was possible that might affect directly the pyramidal cell layer of the audito-sensory and audito-psychical centres. He did not see, however, why research into these conditions need be confined to the psychical side. Unless the attack were conducted from the anatomical, and especially from the chemical standpoints, there was not likely to be much progress, because, after all, psychology only indicated certain steps on the way.

Dr. PERCY SMITH said the President had been good enough to refer to his (the speaker's) Presidential Address on paranoia. As, however, that was now some sixteen years ago, he was entitled to have forgotten what he then wrote. He believed he then pointed out that people who had described paranoia—many in Germany and other countries had written on it—had referred to acute hallucinatory paranoia and chronic hallucinatory paranoia. Included in paranoia there was mentioned, by different authors, almost every kind of acute psychosis met with, even acute delirious conditions, which was absurd. He did not think he said in his address that in no cases of paranoia were there hallucinations; any assertions of that kind he would regard as far too sweeping. It had been the fashion of late years to say that if a patient had hallucinations it was not a case of paranoia, which seemed to him to be on a par with saying that in cases of paranoia there was no emotional disturbance—a statement which was at one time current. He believed one of the points he made in his paper referred to was to show that cases, to which the term "paranoia" was properly applied, began often with serious emotional disturbance. His view was that many cases of paranoia did have hallucinations. He was not present to hear the first part of Dr. Steen's paper, therefore he did not know what the author said about the ætiology of the condition he described; but no doubt psycho-analytical friends would say, "Are not these cases psychogenetic?" Many of the cases sounded like those in which there was a history of exhaustion, or of a toxic condition, like that resulting from alcohol.

The PRESIDENT said that before calling upon Dr. Steen to reply he would like to ask him whether he was prepared with any suggestion as to how it was possible for a mental conflict to produce mental dissociation. He was sorry there had not been a fuller discussion, but probably that was because it was a subject which members would like to think over at leisure before expressing any decided opinions.

Dr. STEEN, in reply, said he was very grateful for the way in which members had listened to his paper. In regard to the question asked by the President as to why a conflict produced dissociation, he was sorry he was unable to give a satisfactory answer. Still, he had no doubt that a mental conflict did produce dissociation, especially if such conflict had been rigorously repressed; he laid stress upon this last point. In the first case he related there was a very severe mental conflict, which was being sternly repressed. After this had been revealed to the patient the symptom ceased. Unfortunately he had not then time to proceed further with the investigation; it was during the war, and his time was very fully occupied. Therefore he did not carry out a full psycho-analysis. The symptoms disappeared for three years, though unhappily at the end of that time the patient returned, with the symptoms even intensified owing to the return of the conflict. The discussion on the paper had ranged largely round the question of the similarity of the condition he had described to paranoia. Dr. Percy Smith had said there were hallucinations in paranoia; and he (Dr. Steen) would agree there were hallucinations in some cases of paranoia, but he wished specially to point out that paranoia was a disease characterised by delusions, and the rule was for hallucinations to be absent; the latter were not a characteristic feature of paranoia. On the other hand, the cases he had described were so characterised. In the first of the cases, for instance, a girl came to him with weeping fits, and he then discovered she heard voices. After talking to her on three or four occasions the voices ceased. There were no delusions. Her case was not one of paranoia as he understood it. The second case had had hallucinations of hearing for about six years, but there were no delusions whatever. He could not fit that case into paranoia either. Eventually she might develop delusions—indeed, he thought that process had already commenced. He could not call that case one of paranoia. He had been glad to hear what Dr. Menzies said about a physical

basis for hallucinations. In his own reading on the subject of hallucinations and their study the conception of them from a physical standpoint had not helped him in the least. Approach from the psychical side did, however, give him a better insight into the condition. A physical basis must exist, but if these hallucinatory cases were viewed from the standpoint of the existence of a mental conflict in the patient, which was being repressed, and efforts were made to deal with this in an early stage by psycho-analysis, he believed many of them would recover.

#### SCOTTISH DIVISION.

A SPECIAL MEETING of the Scottish Division of the Medico-Psychological Association was held in the Royal College of Physicians, Queen Street, Edinburgh, on Friday, February 13th, 1920.

Present: Lieut.-Col. Keay, Major Hotchkis, Drs. Buchanan, Drummond, Kerr, MacDonald, Tuach Mackenzie, Oswald, G. M. Robertson, Skeen, Shaw, Steele, and R. B. Campbell (Divisional Secretary).

Lieut.-Col. Keay occupied the chair.

Apologies for absence were intimated from Drs. Easterbrook, McRae, Carre, T. C. Mackenzie, Donald Ross, and Crichlow.

The SECRETARY read a letter which he had received from the Secretary of the Scottish Board of Health, requesting the Scottish Division of the Medico-Psychological Association to submit the names of two "suitable persons" to the Board of Health for their consideration in appointing a General Nursing Council in terms of the Nurses' Registration (Scotland) Act, 1919. The Secretary stated that he had referred the matter to the Business Committee, who had nominated Drs. G. M. Robertson and L. R. Oswald, and that he had sent their names to the Scottish Board of Health. The Division approved of the Business Committee's selection, and also the action taken by the Secretary.

The Nurses' Registration (Scotland) Act was then considered in detail and various points discussed. It was decided that the Business Committee should be authorised to act as an Advisory Committee to the Division's representatives on the General Nursing Council, to whom all matters could be referred.

The Division considered it would be expedient to have someone representing mental nurses nominated as a member of the Nursing Council. In the course of discussion it was pointed out that the Board of Health had already taken steps to have this done. It was finally decided that the Secretary should find out if this was the case, and if on inquiry it was found that no nomination had been made, Lieut.-Col. Keay and the Divisional Secretary should interview the Board of Health, and lay stress on the advisability of having someone nominated to represent the interests of mental nurses.

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

A MEETING of the Scottish Division of the Medico-Psychological Association was held in the Hall of the Royal Faculty of Physicians and Surgeons, Glasgow, on Friday, March 19th, 1920.

Present: Lieut.-Col. Keay, Drs. Buchanan, Clarkson, Chislett, Easterbrook, Kate Fraser, Hotchkis, Henderson, Kerr, Macdonald, McRae, Richards, Roberts, and R. B. Campbell (Divisional Secretary).

Lieut.-Col. Keay occupied the chair.

The Minutes of last divisional meeting were read and approved, and the Chairman was authorised to sign them.

The SECRETARY intimated apologies for absence from Drs. G. M. Robertson, Oswald, Orr, Tuach Mackenzie, Shaw, T. C. Mackenzie, Skeen, Steele, Ross, and Boyle.

The SECRETARY read the following letter which he had received from the Secretary, General Board of Control, regarding the petition which had been sent to the Board in support of the continued employment of female nurses in the male wards of asylums: