

INDIA.

Bihar and Orissa.—The report for the year 1925 is of special interest as it concerns the opening of the new mental hospital at Kanke (Ranchi) by the transfer of large numbers of patients from the existing institutions at Patna, Berhampore and Dacca—a total number of 1,226. The organization necessary to safely effect the transport of such large numbers can be better imagined when it is stated that the distance, for instance, from Dacca is some 300 miles, and involves a journey of 51 hours by steamer and rail and road.

“A contract was made with the Eastern Bengal Railway to furnish five bogies fitted with prison bars and with sitting accommodation to suit my requirements under my instructions, all latrine doors being removed and a continuous corridor constructed running throughout the entire length of the five bogies. Extra locking arrangements and alarm signals were also provided. A similar contract was entered into with the Bengal Nagpur Railway to supply similarly improvised bogies on the narrow gauge.

“Patients were taken from the hospital to the steamer in motor cars. All the excited cases were securely accommodated in specially constructed cubicles on the boat and seats were allotted to the patients according to the nature of their diseases, and they were well looked after by the accompanying hospital and police staff.”

Great credit is due to Capt. Dhunjibhoy and those who assisted him, in that the transport of this large number of patients was carried out without hitch or mishap.

Since the opening of the new mental hospital there has been a considerable amount of sickness, chiefly malaria (106 cases), dysentery and other intestinal diseases—much of the malaria was undoubtedly introduced amongst the transfers from Berhampore, where it had existed in epidemic form for the last six months.

No table is given showing the forms of mental disease amongst the admissions, but it is to be noted that amongst the ætiological factors in the cases admitted to Kanke during the year, excessive use of alcohol and gunja was regarded as responsible in 101 and 143 cases respectively.

With the closing of the mental hospitals at Berhampore and Dacca only two mental hospitals now remain in Bengal, the observation ward at Bhowanipore, and the mental ward at the Albert Victor Leper Asylum at Gobra (Khulna). All certified patients are now sent to Ranchi, where the climate is better, and the facilities for treatment are in advance of what was possible in the old asylums.

EGYPT.

Abbasiya and Khanka.—These two hospitals, which provide accommodation for the whole of Egypt, are built for a total of 2,143 patients, but have been compelled during the year 1925 to maintain a daily average of 2,641. The number of cases treated during the year was 4,024 and the admissions were 1,406—a proportion of admissions to accommodation only comparable to that of the Syrian Mental Hospital at Asfuriyeh. Inasmuch as both these mental hospitals are at Cairo, considerable distances have to be

travelled by some patients, with the result that many are maintained at home and treated by quacks or not treated at all. It is suggested in the report that the time cannot be far distant before new hospitals must be erected in the neighbourhood of Alexandria and Asyût; equally urgent is the necessity for separating out the criminal patients and providing a new asylum for the sick only.

A considerable degree of overcrowding exists at Abbasiya; there are, however, in residence 213 paying patients, and 124 patients were discharged recovered. Large numbers, however, have to be discharged relieved and not improved to make accommodation for more urgent cases.

There were eight voluntary patients admitted during the year, and free advice as to treatment was given to a considerable number of cases applying at the out-patient department attached to the hospital.

It is worthy of note that persons accused of offences in whom there is a suggestion of possible mental deviation are here sent to the mental hospital for observation and examination—a procedure which appears to have some merit—and during the year under consideration as many as 176 men and 9 women were admitted for this purpose, of whom 39 men and 2 women were returned for trial as not being insane.

At the Khanka Hospital, in which there is accommodation for 640 patients, there has been an average of 1,000 patients in residence. It is proposed during the ensuing year to make certain adaptations with a view to reduce overcrowding. The epidemic of malaria which broke out and was traceable to a considerable area of marshy ground in the immediate vicinity of the hospital is now showing definite signs of abatement following draining and drying up of this area. The medical director is not prepared at present to give any statistics as to the effect of this epidemic on the cases of general paralysis of the insane.

Seventy-nine cases of pellagra were admitted during the year, making a total in the hospital of 175, of whom 25% were admitted from Upper Egypt and the remainder from Lower Egypt. In connection with the occurrence of pellagra the medical director propounds the following view :

“ Continued work in connection with this problem has led us to take up an entirely fresh attitude as regards the ætiology of this disease. We now regard this condition as a disturbance of metabolism, and presenting a picture very much the opposite to that of another well-known disease of metabolism—diabetes. To go further, we now believe that there is an enzyme deficiency which disturbs the sugar metabolism and that patients suffering from pellagra require dextrose. The hypertrophy of the parotid glands is then to be regarded as a compensatory hypertrophy endeavouring to replace a pancreatic deficiency. The intractable diarrhœa associated with the disorder would be explained by the inability on the part of the body to reduce carbohydrates to their end-products, and the emaciation to the failure of glycogen production and storage. The incidence of pellagra can be explained by the paucity of dextrose in the diets of countries where pellagra is rife, and the spring recrudescence of the disease would then be satisfactorily explained by the depletion of glycogen from the liver during the winter months by cold, than which factor there is none more powerful in robbing the liver of this

substance. The relation of maize to pellagra is explained by the inferiority of this cereal to all others, especially as regards dextrose. Treatment along these lines has commenced and is yielding satisfactory results."

The following case recorded is of more than usual interest:

"This was the case of a blacksmith who had been certified as suffering from insanity of an epileptic nature. Shortly after admission it was discovered that we were dealing with a case of tetanus, and upon daily injections of anti-tetanic serum (30,000 units) being given, the patient steadily improved and will soon be convalescent."

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

A QUARTERLY GENERAL MEETING of the Association was held on Thursday, May 19, 1927, at 2.30 p.m. in the Council Chamber of the British Medical Association House, Tavistock Square, London, the President, Lt.-Col. J. R. Lord, *C.B.E.*, *M.D.*, *F.R.C.P.E.*, occupying the Chair.

The several Standing and Special Committees met on the previous day at the same place. The meeting of the Council was held on the morning of the day of the Quarterly General Meeting.

LETTERS PATENT OF THE NEW COAT-ARMOUR.

The PRESIDENT said that before the official business commenced he would like members to examine the original Letters Patent granting to the Association a Coat-armour, with the Arms of the principal Officers of State who, in the King's name, authorized its issue, and the Seals of the various Heralds. It had occurred to him that there might be some members who, cherishing the traditions of the Association, might like to have a photograph of this document, and therefore he had had one prepared, and copies could be purchased for a few shillings on application to Messrs. Adlard & Son.

MINUTES.

The minutes of the last meeting, having already appeared in the Journal, were accepted as correct. They were approved and signed by the President.

OBITUARY.

The PRESIDENT said he regretted to announce the death of two members.

The late Dr. J. C. G. Reed.

One, which occurred on August 2, 1926, was that of Dr. J. C. G. Reed, who was Medical Officer at the Old Manor, Salisbury. He was not at the moment in possession of the facts of his career and death, but an obituary notice would appear in the Journal in due course.

The late Dr. Horace Eyres Haynes.

The other was that of Dr. Horace Haynes, on March 12, 1927, who was well known to many members, and much esteemed by them. He not only took a great interest in the work of this Association and in psychiatry, but was a man of wide sympathies in many directions. Quite early in his career he took up vigorously the volunteer movement, and was awarded the Volunteer Decoration. He was keenly interested in the local activities, particularly those of a charitable nature, and was a Justice of the Peace for his county. He had for many years been closely associated with the work of Littleton Hall Mental Hospital, Brentwood.

He was sure members present would wish to show their regret at the sad news