

Dr. DUNNE, in replying, suggested that some of the Irish Mental Hospitals might perhaps, with advantage, be linked up with one of the Universities, as is the practice in Vienna, thereby placing at their disposal men who were eminently fitted for research into these difficult problems.

The CHAIRMAN and many of the members expressed their gratitude to Dr. Dunne and Dr. Honan for their interesting and valuable communications.

Dr. GAVIN referred to the desirability of new lunacy legislation in the Irish Free State, as it was his opinion that some of their committal forms in use were archaic and put undue hardships on patients and relatives.

Dr. NOLAN stated that legislation was pending in Northern Ireland.

The CHAIRMAN stated that this problem of fresh legislation had been before the Association for thirty years and that, so far, they had found it impossible to get anything done.

It was then agreed to hold the next Quarterly and Clinical Meeting at Ballinasloe Mental Hospital, by the kind invitation of Dr. Mills, on Thursday, April 3, 1930.

On the motion of the CHAIRMAN, a vote of thanks was unanimously passed to the President and Fellows of the Royal College of Physicians for their courtesy in granting the use of the College to the Division for its Autumn Meeting.

This terminated the proceedings.

DIVISIONAL CLINICAL MEETINGS.

Horton Mental Hospital, Epsom.*

Divisional Clinical Meetings of the South-Eastern Division were inaugurated by a clinical meeting of the Southern Area of the Division at Horton Mental Hospital, Epsom, on April 4, 1929.

There were present 22 members and 5 visitors. Dr. J. R. Lord presided.

The CHAIRMAN, in opening the proceedings, explained briefly the purposes for which the meetings were held. They were principally two: (1) To enable medical officers of mental hospitals (whether members or not), and others, to meet informally for the examination and discussion of cases of mental disorder and any topics arising therefrom, and (2) to enable general practitioners to renew and enlarge that meagre clinical experience of mental disorders which they obtained as medical students.

The programme of the meeting was specially arranged to carry out these purposes.

The first patients which were to be shown were selected to carry out purpose (2): they were typical cases presenting no unusual features—demonstration cases of mental disorders of everyday occurrence. The remainder were cases of some special interest or difficulty, the study of which while carrying out (1) also furthered purpose (2).

It was very desirable that the medical staff of mental hospitals and neighbouring medical practitioners should become better acquainted with each other's points of view of the practice of psychiatry and also socially.

(1) He then exhibited cases showing the typical disorders of speech and train of thought in (i) acute mania, (ii) paraphrenia, (iii) katatonic excitement.

He also showed a case presenting true mental confusion, and explained that this symptom might or might not be of grave significance. Confusion might merely be attendant, for instance, on the distraction of attention occasioned by hallucinations, and the failure of apprehension, cognition and orientation which resulted therefrom. The prognosis in such cases was usually good. On the other hand, mental confusion might be significant of a deeper disorder and might be a precursor of dementia. Prof. Shaw Bolton points this out in an interesting contribution to the Mott Memorial book on "The Role of Mental Confusion in Prognosis," in which he lays down the dictum, "No mental confusion—no dementia."

Dr. Lord went on to remind them that the first and central fact of psychology was the Cartesian dictum, "I know myself knowing; I know myself feeling; I know myself willing or striving," and that it was the perceiving mind or "I" which established order out of that mass of presentations called by William James "buzzing booming confusion." Dependent on the severity of the cortical

* Inadvertently omitted from July, 1929, number.

associational lesion there would be first mental confusion and then the fading out of "I." Mental confusion without hallucinations or other distressing elements was a grave symptom suggesting an organic lesion. The case demonstrated he thought was of that nature.

(2) *The Treatment of Epilepsy by Belladonna*, by Dr. I. Frost.

The following reasons were given for the use of belladonna in the treatment of epilepsy: Certain epileptics come into the category of vagotonics; excluding these, many epileptics show a fall of systemic blood-pressure prior to a seizure; and before the introduction of bromides, belladonna was used in the treatment of epilepsy by Trousseau and other great clinical masters, and was found to have a marked and sometimes almost miraculous effect.

Three cases were shown. The first had a well-sustained average of 92 major fits per month; following the use of belladonna in the last month only one fit occurred. The second had an average of 54 fits per month; these were reduced to 4 fits. The third case had one fit every two or three days; she had now gone twenty-one days without a seizure.

It was not suggested that these examples proved the case in favour of belladonna; but they were described as suggestive, and were mentioned in order to excite the recollections of those who might have seen this drug in use formerly.

There was also a general improvement in the temper of patients in the intervals between the fits. Much of the effect was admitted to be due to suggestion, for it is known that even true epileptics may exhibit added hysterical features.

The whole epileptic ward had lined up for blood-pressure examination on hearing that a new treatment was to be tried, in hopeful and expectant attitude with increased contentment, as shown by a big fall in acts of destructivity. Dr. Frost admitted that this must have helped considerably the treatment he had commenced.

Dr. LORD pointed out that this was all to the good in the cure of the disordered mind.

Reference was also made to cases that had been put on strychnine alone, and who had either benefited or at least had shown no ill-effects; also to a case in which the injection of pilocarpine was followed by a fit.

Dr. P. K. McCOWAN criticized the *rationale* of the treatment. None of the cases had shown any appreciable alteration in blood-pressure. He considered that the dramatic nature of the improvement was strongly in favour of a suggestive effect, and thought that the cases shown were not true epileptics.

Dr. FROST, in reply, said that belladonna might prevent the fall of blood-pressure which preceded a fit, a result which would not be detected by ordinary blood-pressure examinations.

Dr. WALK suggested that in cases where there was a superadded psychic element any remedy that caused the fits to cease for even a short period might break a vicious circle of physiogenic and psychogenic factors, and thus produce a more lasting result than in cases where the effect was purely physical.

Dr. T. P. REES stated that he had treated a number of cases with belladonna; the results had varied and were on the whole disappointing.

(3) Dr. G. F. PETERS showed a case of *Seven Months' Pregnancy in a Post-Encephalitic who also suffered from Syphilis*.

The patient had a history of diplopia and "influenza" four years previously, and from that time had been getting more depressed, had taken to drink, and neglected her home and family. On admission to Horton in February last she showed a well-marked Parkinsonian facies; she was seven months pregnant. Serological examination of the blood gave a strongly positive Wassermann reaction; the cerebro-spinal fluid was normal. She showed general rigidity and a Parkinsonian gait; in the right eye there was absence or diminution of various pupillary reflexes, and the right pupil was larger than the left. The vision of both eyes, as tested by Snellen's types, was $\frac{6}{6}$, and both fundi were normal in appearance. Movements of emotional expression were good, but voluntary movements of expression were absent or impaired. There was an occasional tremor of the right arm and hand when using them. The right ankle-jerk was less than the left, and there was an extensor Babinski response on both sides. The knee-jerks were equally increased. She had had four previous pregnancies, all of which had been normal, and the last one was in 1924. In the course of an earlier examination a "crossed" tendo Achillis jerk was reported, but this could not be obtained at the demonstration.

In the discussion which followed, the exhibition of tincture of stramonium m_x three times a day was suggested, in addition to the intravenous injection of neokharsivan already being given, and a favourable outlook for the pregnancy and parturition was generally acceded.

(4) Dr. W. D. NICOL demonstrated (a) a group of three cases in which *General Paralysis was superimposed on an Existing Psychosis*. Malarial treatment had only led to physical improvement in these cases and had not cured either primary or secondary mental disorder.

Dr. LORD pointed out that if Dr. Nicol's assumption was correct then it would have an effect on the results of malarial treatment as statistically stated.

(b) A case of *Huntington's Chorea with Syphilis*.

(c) A case showing *Extreme and General Choreo-Athetosis with Dysarthria and Total Inaccessibility*.

Dr. LORD said that it was possible that the mind in the last case might be quite clear. Wilson's disease had been suggested by Dr. Golla in 1925, but the diagnosis was by no means certain.

(5) Finally Dr. J. J. LAWS opened a discussion on the *Pathological and Psychological Significance of Cranial Hair Rubbing and Picking*, and demonstrated seven typical cases.

Dr. LORD remarked that in his experience such cases were much less common than formerly. Out of nearly 2,000 cases in that hospital only 20 hair-pickers could be found. They were all schizophrenics, except two melancholics, and these had some schizophrenic symptoms. Hair-picking might be a sign of incurability due to a degeneration of the supragranular layers of the prefrontal convolutions and a subsequent release from control of an infragranular layer activity of an early phyletic character. As to the reason "why" of hair-picking the text-books were silent. Kraepelin confessed it was unknown.*

The meeting then terminated and tea was provided by the Chairman.

Leavesden Mental Hospital, Watford.

A Clinical Meeting was held at the above Hospital on December 13, 1929, by kind invitation of the Medical Superintendent, Dr. R. M. Stewart.

Six members, including Dr. J. R. Lord, who was in the chair, and four visitors were present.

Dr. G. de M. RUDOLF showed a series of adult hydrocephalic and microcephalic cases and gave an account of the cerebro-spinal fluid pressure in these cases. The pressure in the hydrocephalic cases tended to be higher than amongst the microcephalics. Details of the investigation will be published later. Dr. Rudolf suggested that the administration of hypertonic saline solution to young hydrocephalics might be of value by reducing the pressure of the cerebro-spinal fluid at an early stage.

Dr. Rudolf demonstrated two other cases, one patient able to calculate the day of the week when given the date, and the other able to state from memory the number of words of any hymn. This patient also knew many of the psalms and collects.

Dr. R. M. STEWART exhibited a case of congenital diplegia with bilateral sixth nerve palsy. The patient also suffered from talipes equino-varus.

Dr. C. E. GALLAGHER described a pair of male uniovular twins. They resembled one another very closely, even to the arrangement of the teeth and the thumb-prints.

Dr. R. M. STEWART gave an account of the clinical and pathological features of epiloia or tuberosc sclerosis, demonstrating a case of the disease. Much interest was expressed by the meeting.

Other cases shown included an unusual type of a post-encephalitic condition. Rhythmical involuntary movements of the jaw, lips and hands were present, but there was marked rigidity with hyper-extension of the neck. The head was retracted so much that the patient's face almost assumed the horizontal, and she guided her footsteps by watching the ceiling.

Dr. R. M. STEWART demonstrated a case of double athetosis. This patient, at one time under the care of Sir William Gowers, had taught herself to pick up articles, to feed herself, to sew, etc., with her feet.

* Oswald said it was due to toxic irritation of the scalp.—EDS.