

## THE MAUDSLEY LECTURE.

The Eighth Maudsley Lecture was delivered by Lt.-Col. EDWIN GOODALL, C.B.E., M.D., F.R.C.P. It was entitled, *Dealing with Some of the Work done to Elucidate the Pathology of Disease Falling to be Considered under the Rubric 'Insanity.'*

The PRESIDENT said he had first to announce apologies which had been received from a number of eminent neurologists and psychiatrists and others for their inability to be present. They included Sir Humphry Rolleston, Sir John Rose Bradford, Sir James Berry, Sir William Willcox, the Rt. Hon. Neville Chamberlain and others. A letter had been received from a very old member of the Association, Dr. G. E. Shuttleworth, who was approaching his eighty-fifth year, and whom they would have liked to see present.

The privilege of introducing the Maudsley Lecturer to the Association and its welcomed guests had fallen to him for the second time. The first of the Lectures was delivered in 1920, by Sir James Crichton-Browne, and though that gentleman's successors might not all have been able to emulate him in elegance and nicety of diction, or reached his rare heights of eloquence, yet their utterances on those occasions had not fallen below his in interest and importance; they had ever been substantial pronouncements illuminating those subjects which were so near the heart of the Founder of the Lectures. The Lectures had been alternately popular and scientific, and the popular Lecture of last year, delivered by Prof. George M. Robertson, was still fresh in their minds. For this year's scientific Lecture members would agree that the Council made a wise choice in inviting Lt.-Col. Edwin Goodall to do honour on this occasion to the name of Henry Maudsley, for as a pathologist, research worker, commentator and clinician, Colonel Goodall long ago attained a place in the foremost ranks of British psychiatrists. It was with great pleasure he called upon him to deliver the Eighth Lecture. (*Vide p. 361.*)

On its conclusion the lecturer received the cordial congratulations of the President on a most important pronouncement in regard to subjects which were about to receive much greater attention from the Association than they had been given by that body for some years, namely, research and clinical psychiatry.

A vote of thanks was proposed by Dr. R. Percy SMITH in a speech eulogistic of Col. Goodall's life's work and career.

It was seconded by Dr. T. C. GRAVES, and carried with enthusiasm.

Tea was afterwards served in the restaurant.

## SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division was held, by the courtesy of Sir George Wyatt Truscott, Bt., and other members of the Visiting Committee, at the City of London Mental Hospital, Stone, near Dartford, Kent, on Thursday, April 14, 1927. There was a large attendance of members and the invitation had been most kindly extended to a number of relatives or friends of members. In addition to Sir George Wyatt Truscott, Bt., the City was represented by A. C. Stanley-Stone, Esq., C.C., and Walter Fortescue, Esq., C.C.—both members of the Visiting Committee. The meeting was graced with the presence of Mrs. Waller, Mrs. Robinson and Miss Edith Lord, and among other guests, the Rev. R. W. H. Dalison, the Rev. L. Dudley Brown, and Messrs. T. M. Cuthbert and M. B. Savory.

The members were shown round the hospital and grounds and were then entertained to luncheon, at the conclusion of which Sir GEORGE WYATT TRUSCOTT welcomed the S.E. Division of the Royal Medico-Psychological Association in an extremely cordial and entertaining speech. He touched on the fact that the City was ever ready to encourage such forward movements in the medical treatment and humane care of the mentally afflicted, as the Royal Medico-Psychological Association stood for. As representing the City he was fortunate in having present with him Mr. A. C. Stanley-Stone, Senior Commoner of the City of London, and Mr. Walter Fortescue. He recalled the able work done in the past by Lt.-Col. Ernest White, and more recently by the late Dr. Robert Hunter Steen, and paid a well-earned tribute to the work of Dr. W. Robinson, the present Medical

Superintendent. Lt.-Col. J. R. LORD, the President of the Association, replied, and proposed the health of their hosts, coupling it with the names of Sir George Wyatt Truscott and Mr. A. C. Stanley-Stone. Mr. STANLEY-STONE replied in a very witty and amusing vein, paying tribute to his colleague, Mr. Fortescue, on his supervision of the hospital farm, with a special reference to the prize herd of pigs.

The President (Lt.-Col. J. R. Lord, *C.B.E.*) presided at the meeting which followed at 2.30 p.m.

The minutes of the last meeting, having appeared in the Journal, were taken as read. They were confirmed and signed by the President.

Dr. Noel Sergeant was re-elected Honorary Divisional Secretary, and Drs. Hubert J. Norman, James R. Whitwell, R. C. Turnbull, N. R. Phillips and E. Casson were elected Representative Members of the Council.

Drs. James R. Whitwell, E. Casson and James Flind were elected Members of the Divisional Committee of Management.

The following candidates were unanimously elected Ordinary Members of the Association:

MARK FOOTERMAN, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Hill End Mental Hospital, St. Albans, Herts.

*Proposed by* Drs. W. J. T. Kimber, E. D. T. Roberts and Noel Sergeant.

HUGH ARROWSMITH GRIERSON, M.C., M.B., B.S.Lond., Medical Officer, H.M. Prison, Brixton, S.W. 2.

*Proposed by* Drs. W. Norwood East, John J. Landers and Noel Sergeant.

ELLIS STUNGO, L.R.C.P.&S.Edin., L.R.F.P.S.Glasg., 50, Northgate, Regent's Park, London, N.W.

*Proposed by* Drs. F. Dillon, F. R. King and Bernard Hart.

It was left for the Secretary to arrange the date and place of the Autumn meeting.

The Secretary was instructed to apply for power to elect Representative Members by show of hands.

#### PAPERS.

"Prognosis in Mental Disease," by Dr. T. D. POWER, Assistant Medical Officer, Essex County Mental Hospital, Brentwood.

The PRESIDENT thanked Dr. Power for his suggestive paper. The subject was an immense one, and next to treatment, was of the greatest practical importance. The prognosis in mental disorder would only be made more reliable by more systematized clinical examination of these cases. He had pointed that out in his Presidential Address, which strongly advocated team work where possible in mental institutions.

He had not time to discuss the oft-debated question, "What is recovery?" He thought, however, that much confusion arose in confusing recovery from insanity in the legal sense with recovery from mental disorder. In practice these were not parallel terms. He was one of those who held that insanity was a legal term. According to the law everybody was sane, however mad he might be, until the law pronounced him insane. Similarly, the mere breaking of the certificate of insanity made a person legally sane. Thus a recovery-rate in regard to legal insanity or certifiable states of mind was a different matter from a recovery-rate in regard to a diseased mind, which might not be certified or certifiable. This difference would be emphasized when it becomes the practice to admit voluntary patients to the public mental hospitals. As to whether there was a state of mind which could be called insanity in a medical sense, he was not quite sure. He had more than a suspicion that there was such a state which might be known as "the dethronement of the reason," the difficulty was to define it.

The more general acceptance of Breuler's teachings of the syntonoid and schizoid types of reactions had considerably clarified the dementia præcox question. His (the speaker's) experience was that the latter type responded to treatment more readily than the former, and recoveries resulted in a good number of cases. He could not but feel that though many of the manic-depressive type of cases recovered and remained well for long periods (well enough anyhow to retain a position in the outside world), this was not as much a response to treatment as in the schizophrenic. At the same time he thought there was a good deal of truth

in Prof. G. M. Robertson's statement that when the better brain broke down mentally there occurred a manic-depressive case, and the brain not so good became that of a case of dementia præcox. In the former there was a constitutional functional disorder, the basis and nature of which largely eluded them. Treatment in those cases was limited largely to the physical state. In the latter case we now knew more of the nature of the disorder, which was a mental disintegration to which treatment could be definitely directed in addition to dealing with bodily symptoms. He was glad the speaker managed to introduce the subject of occupation therapy and distinguished it from mere instruction in handicrafts. He thought that the first occupational therapist (in the former sense) in England had been appointed at Horton and the results of her labours had been very encouraging.

The discussion was continued by Drs. BOYCOTT, E. CASSON, E. MAPOTHER, N. R. PHILLIPS and NOEL SERGEANT.

#### A DISCUSSION

on "The Induction of Abortion in the Treatment and Prophylaxis of Mental Disorder," introduced by Lt.-Col. J. R. LORD, C.B.E., M.D., F.R.C.P.E. (For opening remarks, *vide* p. 390).

Dr. W. A. DUNCAN (Hellingly) said that in only two cases of insanity had he found it necessary to induce abortion. One was a case of eclampsia and the other a severe case of chorea. In the latter case the chorea cleared up wonderfully soon afterwards.

Dr. A. N. BOYCOTT (St. Albans) said that the question of inducing abortion in cases of insanity or threatened insanity should be dealt with in the same way as it would be in the diseases in which it was recognized that the inducing of abortion would probably save the life of the patient. These include vomiting of pregnancy, chorea, albuminuria, eclampsia, cancer of the cervix and contracted pelvis. It was doubtful whether the induction of abortion would save an insane woman's life or even help to cure her insanity, but it was quite possible that in some acute cases of insanity the condition of the patient might be so critical that it might be considered that the induction of abortion would save her life. The question of saving the life of the child should not have any weight in the decision. As regards the question of inducing abortion in cases of insanity where the bodily condition of the patient was fairly good or in cases in which it was feared by the patient or her relatives that insanity was threatened, it did not appear that it would be justifiable to induce abortion only on a mere supposition that it would help to alleviate or cure the insanity or obviate the threatened insanity.

Dr. E. MAPOTHER (London) stated that he had never known a case of severe psychosis where the induction of abortion was seriously considered for the purpose either of saving life or terminating the mental symptoms. In saying this he was, of course, referring to the cases of many colleagues as well as himself, and he believed that his own experience would probably be that of most of those present. He had not seen cases where induction of abortion had been performed merely on account of the occurrence of a previous attack and the possibility of a recurrence. Recently, however, the question was raised in the case of a patient who had been as a voluntary boarder in Bethlem Hospital during a previous attack. She was pregnant at that time, developed an obsessional state, which had persisted practically unchanged through that pregnancy, into a second pregnancy existing when she was seen. There seemed no such probability of an exacerbation as would justify interference. Personal views concerning the ethical aspects of abortion were entirely independent of those which one held as a psychiatrist, while the law remained in its present condition. This hardly seemed the place for the discussion of the ethical aspects. The views of some might come nearer than those of the President to what he had termed the Teutonic standpoint.

Dr. R. C. TURNBULL (Colchester) said that two cases had been brought to his notice comparatively recently, in which it was proposed to induce abortion in order to prevent an attack of insanity at childbirth. In both these cases he gave an opinion that the induction of abortion was not justifiable, and in both cases labour had taken place under normal conditions without any undue mental disturbance. He also had knowledge of a case of acute anxiety melancholia associated with pregnancy where abortion had been induced in the hope

that the operation would prevent the certification of the patient, but in spite of that operation it had been necessary to certify the patient. That patient's mental condition, instead of being improved by the operation, became definitely more acute, with the development of definite delusions of unworthiness connected with the nature of the operation performed.

Dr. A. HELEN BOYLE (Hove) remarked that two difficulties met one in regard to the question of the induction of abortion as a preventive measure in patients who had had attacks of insanity connected with one or more previous pregnancies. Firstly that abortion was in itself a disturbing event, and might be followed by mental trouble as at delivery at full term and for much the same reasons. Secondly there was in many cases a definite mental conflict aroused by the interference with pregnancy, most women having a feeling of guilt in regard to it, even though they might greatly have desired it to be done.

Dr. G. W. SMITH and Dr. NOEL SERGEANT also gave their experiences.

Other members, in informal conversations, expressed their disapproval of abortion as a preventive measure in recurrent cases of mental disorder.

The PRESIDENT, in concluding the discussion, said that if the views on this subject expressed by various speakers at that meeting were representative of the views of the Association, then he thought it might go forth that in the opinion of the Association the weight of evidence told definitely against the growing practice of inducing abortion for the prevention of mental disorders, and that those practitioners who favoured it might be unwittingly doing harm to the social organism. Fear of exposure, shame, depression, even misery following the breaking of the moral law should not be confused with the symptoms arising from the disordered mind; such were the reactions of the normal mind—in fact were direct evidences of it. He was glad he had been instrumental in bringing the subject before the notice of the Association, for he saw great danger ahead for both the profession and the community unless some authoritative opinion in the matter was forthcoming and heed given to it.

Members were then entertained to tea at the kind invitation of Dr. Robinson, and this concluded a most instructive and enjoyable meeting.

#### SOUTH-WESTERN DIVISION.

THE SPRING MEETING of the Division was held, by kind invitation of Dr. T. S. Good and the Committee of Visitors, at the City and County Mental Hospital, Littlemore, Oxford, on Thursday, April 28, 1927.

Twenty-seven members were present at the business meeting. Letters of apology were received from the President (Lt.-Col. J. R. Lord), Lt.-Col. E. Goodall, Drs. Eager, Peachell, Rutherford, Barton White and others.

Dr. J. G. Soutar was voted to the Chair.

The minutes of the last meeting were read, confirmed and signed by the Chairman.

Dr. W. Starkey was elected Divisional Secretary, and Drs. R. Eager and J. G. Soutar Representative Members of Council. Drs. W. F. Nelis and T. S. Good were elected members of the Committee of Management in place of Drs. N. R. Phillips and J. Rutherford, who retire in rotation.

The date of the Autumn Meeting was fixed for Thursday, October 27, 1927, the place to be arranged by the Divisional Secretary.

A circular letter from the General Secretary *re* proposed Clinical Meetings was read and discussed. The meeting expressed its general approval of the suggestion, but decided that any further action should be deferred until after the May meeting of Council.

The CHAIRMAN referred to the suggestion made at the last Quarterly meeting of the Association that a Vice-President should be appointed for each Division, who should also be Chairman of the Division. He was strongly in favour of the proposal, and urged that, if approved at the General Meeting, such would be in the interest of the Division.

During the morning members were given the opportunity of inspecting the whole of the Institution, and saw many features of interest, including an exhibition of work done by the patients.

The members and visitors, who included the Chairman of the Visiting Committee and several members of the consulting staff, were most hospitably entertained to lunch in the recreation hall.