

The **DIVISIONAL SECRETARY** intimated that the revised arrangements for the **Final Examination in Mental Nursing of the General Nursing Council for Scotland** were working smoothly.

There was nothing further to report regarding the **Asylum Officers' Superannuation Act Amendments**.

Dr. **MALCOLM BROWN** read a paper on "The Age-Incidence of Syphilis in Asylum Practice," which was discussed by Dr. **HAMILTON C. MARR** and Dr. **D. K. HENDERSON**.

Members then broke up into groups and were shown over the hospital by Dr. **Dryden** and his assistants.

Members were entertained to lunch, after which Dr. **HOYCHKIS** expressed the cordial thanks of the Division to the **Glasgow District Board of Control** and to Dr. **Dryden** for the arrangements made in regard to the meeting and for their kind hospitality.

On the meeting resuming Dr. **A. R. MARTIN** and Dr. **MALCOLM BROWN** communicated a paper, read by Dr. **Martin**, on "The Treatment of General Paralysis by Tryparsamide," and Dr. **T. M. DAVIE** read a short paper on "Tryparsamide Therapy in General Paralysis." These papers were discussed by Drs. **DOUGLAS McRAE**, **D. K. HENDERSON**, **RAE GIBSON** and **McALISTER**.

Dr. **MARTIN** presented a case of general paralysis showing improvement following treatment by tryparsamide, and a case of general paralysis with focal symptoms. Dr. **ROBB** presented a case of encephalitis lethargica with the lesions more marked on one side.

A vote of thanks to the **Chairman** terminated the meeting, after which members were kindly entertained to tea.

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#### IRISH DIVISION.

THE **AUTUMN MEETING** of the **Irish Division** was held in the **Royal College of Physicians of Ireland**, by the kind permission of the **President and Fellows**, on **November 4, 1926**.

Dr. **D. L. Kelly**, **Inspector of the Free State Mental Hospitals**, presided.

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

The meeting proceeded to consider the report of the deputation to the **Minister for Local Government & Representation upon the General Nursing Council**.

The members of the deputation, Dr. **D. L. Kelly**, Dr. **J. O'C. Donelan** and Dr. **R. R. Leeper**, **Hon. Sec.**, reported that they had been received by the **Minister for Local Government** and had urged the claims for representatives of the **Division on the General Nursing Council**. The Deputation had been received in a friendly spirit, and the **Minister** had recognized the justice of the claims, and had promised, when the occasion arose, to meet them.

The meeting then discussed the position of mental nursing in the **Free State**, and the **Advisory Committee** appointed by the **Division** to tender their services to the **General Nursing Council** were authorized to express the views of the **Division** fully to the **General Nursing Council** at their meeting, which was summoned for the following day, **November 5, 1926**.

It appeared that the arrangements for the holding of examinations in the **Free State** for the **Certificate of the General Nursing Council** had not been completed, and that no examinations for mental nurses had, as yet, been held.

The meeting next heard a paper by Dr. **ROBERT THOMPSON** on "The **Ætiology, Psychopathology and Treatment of Exhaustion and Paranoid States**."

Dr. **Thompson's** paper gave rise to an interesting discussion.

Dr. **J. O'CONNOR DONELAN** agreed with the statement of Dr. **Thompson** regarding the physical origin of many of the psychoses, and believed that further research would reveal other physical causes at present unknown. He did not agree with Dr. **Thompson** that the bromides were of such therapeutic value as suggested. In his experience the bromides, though often reducing restlessness, seemed to aggravate the depression and retard recovery. He still believed that there was a useful sphere for the administration of sulphonal. Years ago he had experimented with this drug and had found all round good results. It was slow in action, but induced prolonged sleep and had a soothing effect. He always, however, prescribed each dose separately as required, and did not approve of continuous

administration. He believed that, above and beyond all these measures, the best routine treatment in dealing with acute cases was the immediate clearing out and antisepticizing of the alimentary canal, and he had seen great improvement follow this course. He usually ordered calomel, together with other intestinal antiseptics. As regards paranoia he looked upon it as an inborn defect, and he held out very little hope for these patients. He knew of many cases that were able to conceal their delusions and were thus able to effect their discharge. In one remarkable case, where no symptoms could be discovered for six months, the patient wrote a long letter, full of the most exalted and paranoid delusions, to the head attendant the day following his discharge.

Dr. J. MILLS believed that something more than physical treatment was required to effect a cure in exhaustion cases. He had often seen patients with a remarkable physical improvement—the result of the clearing out of the bowels and the administration of good food and tonics—show no sign of mental improvement until some chance psychological stimulation seemed to arouse them. Favourable results, he did not think, would be obtained in exhaustion cases by tonic treatment alone, but it acted as a very useful basis. He considered that paraldehyde was a most valuable and harmless agent for inducing sleep, and he regarded sulphonal as a wholly unsatisfactory drug. He had seen a series of severe epileptiform fits follow its use, and had noted physical and mental deterioration to result from its prolonged administration, but he considered chloralamide not to be depressing or injurious in any way. He regarded influenza as the most potential causative toxin in exhaustion psychoses, and stated that, many years ago, he heard Sir Thomas Clouston state that influenza was the most potent nerve poison known to civilization. As regards paranoia, his experience, perhaps, had been unfortunate, but he held a most pessimistic view of these patients. They were, to be like the poets, "*nascitur non fit.*"

Dr. L. GAVIN stated that he had worked in a hospital, many years ago, where a wholesale administration of sedative drugs was practised in every case, and the results were, in his opinion, entirely unsatisfactory. He could not share the author's appreciation of bromides. Several patients had begged him to stop their bromide on account of the marked depression it was producing. He believed, with Dr. Thompson, that the main line of attack in these cases should be psychotherapy combined with the administration of tonics, such as iron and arsenic. He also agreed with Dr. Thompson that one should, if possible, try other forms of treatment before certifying paranoid patients. He thought that many such patients at present in mental hospitals and suffering from harmless delusions might be capable of useful work under the supervision of friends in the outside world.

Dr. H. R. C. RUTHERFORD discussed the psychogenic and physiogenic factors in the aetiology of mental disease, and stated that both were, probably, always present, though varying in proportion in each case. One physiogenic factor he thought of great importance was the defective functioning of the ductless glands. By means of small doses of thyroid one could activate the adrenals and thus reach the sympathetic nervous system, which, in his opinion, was probably always involved in mental disturbances. He regarded this treatment as a most useful line of attack in cases of paranoia. He believed in the efficacy of small doses of bromide, and considered that a search should be made for septic foci in every case.

Dr. G. H. KEENE said that in the year 1902 he had worked with the late Dr. Conolly Norman, who placed very little confidence in drugs, but relied upon good nursing. After this he went over to England and worked in a hospital where sedatives, such as sulphonal, were constantly administered. He then went to Buda Pesth, where hydrotherapy was in full swing. As regards the practical results, he had never been able to see very much difference in these three forms of treatment. He had seen some marvellous instances of spontaneous cures in long-standing and apparently hopeless cases, and he remembered one dangerous paranoiac who recovered completely for several months while suffering from a carbuncle, but relapsed immediately this was cured.

The CHAIRMAN stated that he had been greatly interested both by the paper and the discussion. He was not now actively engaged in the medical treatment of the insane and he had to view this work from an administrative standpoint. He had recently visited the continent, and was satisfied that there were as good clinical psychiatrists in Ireland as in any centre he had visited. He was greatly

pleased with the work that was being done in the Free State mental hospitals. He wished to state that, in the case of medical vacancies in the Service, the names of selected candidates for these appointments now went before the Minister for Local Government, and that he, Dr. Kelly, in his advisory capacity would always advocate the claims of those who had proved themselves to be active and capable clinical workers.

Dr. THOMPSON having replied, the proceedings terminated.

#### EDUCATIONAL NOTES.

*The Maudsley Hospital, Denmark Hill, S.E. 5 (University of London).*—Lectures and Practical Courses of Instruction for a Diploma in Psychological Medicine, Course X, 1927.

Part I commences on January 4, 1927.

(1) Twelve lectures on the Physiology and Anatomy of the Nervous System. By F. Golla, M.D., F.R.C.P.

Practical Instruction and Demonstrations: Physiological Chemistry. Demonstrator, S. A. Mann, B.Sc.Lond., F.I.C.

Anatomy of the Central Nervous System. Demonstrator, Charles Geary.

Methods of Physiological Psychology. By F. Golla, M.D., F.R.C.P.

(2) Four lectures on the Histology of the Nervous System and the Endocrine Organs. By C. da Fano, M.D. Followed by Practical Instruction in Histological Methods.

(3) Eight lectures on Psychology. By Henry Devine, M.D., F.R.C.P. Followed by Course of Practical Instruction.

Part II will follow in March, 1927, and will include lectures and demonstrations on the following subjects. (A detailed time-table will be issued later.)

(1) Eight lectures on the Psychoneuroses. By Bernard Hart, M.D., F.R.C.P.

(2) Eight lectures on Morbid Psychology. By Edward Mapother, M.D., F.R.C.S., M.R.C.P.

(3) Four lectures on the Pathology of Mental Diseases. By F. Golla, M.D., F.R.C.P. Followed by four demonstrations in Pathological Anatomy, by Charles Geary.

(4) Two lectures on the Legal Relationships of Insanity and Treatment. By C. Hubert Bond, D.Sc., M.D., F.R.C.P.

(5) Six lectures on the Practical Aspect of Mental Deficiency. By F. C. Shrub-sall, M.D., F.R.C.P.

(4) Four lectures on Crime and Insanity. By W. Norwood East, M.D.

(6) Three lectures on Therapeutics. By A. A. W. Petrie, M.D., F.R.C.S., M.R.C.P., D.P.M.

(8) Six demonstrations in Clinical Psychiatry. By Edward Mapother, M.D., F.R.C.S., M.R.C.P.

(9) Twelve Clinical Demonstrations in Neurology. By F. Golla, M.D., F.R.C.P., and F. M. R. Walshe, D.Sc., M.D., F.R.C.P.

(10) Two lectures on Abnormalities of the Fundus Oculi. By R. Foster Moore, M.A., F.R.C.S.

(11) Four demonstrations with Practical Instruction in Laboratory Methods. By S. A. Mann, B.Sc.Lond., F.I.C.

Posts as voluntary clinical assistants at the Maudsley Hospital may be granted without fee to practitioners of both sexes specializing in Psychological Medicine. These appointments can be either for whole or part-time work in wards, outpatient department or laboratories as desired. They can be held in conjunction with attendance at either part of the course for the Diploma in Psychological Medicine. Such an appointment will satisfy the requirements of the various examining bodies in respect of clinical experience of mental disorders for the Diploma in Psychological Medicine or for the M.D. in Psychological Medicine; its necessary duration depends on whether it is whole or part time. There are various other opportunities for clinical study, also without fee, to all attending the course. Applications and inquiries regarding these clinical facilities should be made to the Medical Superintendent of the Hospital.