

## Part IV.—Notes and News.

### THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

#### QUARTERLY MEETING.

THE Spring Quarterly Meeting of the Association was held at the British Medical Association House, Tavistock Square, London, on Thursday, May 21, 1931, the President, Dr. T. Saxty Good, M.A., occupying the Chair.

The minutes of the last meeting, having already been published in the Journal, were accepted as read and approved.

#### OBITUARY.

THE PRESIDENT said there was the usual sad duty to perform, namely, to announce the death of several members. He asked Dr. Lord to speak on this matter.

Dr. J. R. LORD remarked that it was always a sad duty at the commencement of meetings to announce the deaths of some members whom their fellows both loved and respected.

Since the last meeting the Association had been notified of the death of Dr. Owen McCarthy, which took place on November 6, 1930, that of Dr. William Donaldson, on April 4, 1931, and that of Dr. Walter Smith Kay, on April 2, 1931.

Dr. McCarthy was Resident Medical Superintendent of Cork District Mental Hospital, and his unexpected death was a great shock to a wide circle of friends, not only in Ireland, but also in this country. He was educated in Cork City, and was a student of Queen's College, and of the Royal College of Surgeons of Edinburgh. He qualified in 1900, and was appointed Assistant Medical Officer at the Mental Hospital, Cork, a year later. He fought brilliantly in the war from 1915 to 1917. In 1922 he was elected Medical Superintendent of Cork Mental Hospital. In the same year his position in psychiatry was recognized by his appointment as Lecturer in Mental Diseases at Cork University College. Dr. Leeper would be better able to speak of Dr. McCarthy's personal characteristics. He was a man of hospitable and genial disposition, very keenly interested in his institution and in the welfare of all his patients. During his period of office he initiated one great reform, namely the training, for the first time in Ireland, of female nurses to nurse male patients. His funeral, on November 9, was largely attended by members of the legal and medical professions, representatives of his County Council, and a great number of his friends and of the general public.

Dr. Donaldson was a neighbour of the speaker for many years, and he too was a genial Irishman, full of sympathy for everybody in distress. He was an illustrious student of Trinity College, Dublin; he graduated in 1883, and joined the staff of Cane Hill Mental Hospital. He was subsequently appointed Superintendent of the Manor Mental Hospital, and for a short time, while it was used for military purposes, he was its officer commanding, with the rank of Lieutenant-Colonel. Knowing him as he, the speaker, did, he was sure it was his great output of energy which led to his breakdown. After the war he returned as Medical Superintendent, but shortly after retired and went to live in Dublin. He never knew Dr. Donaldson say an unkind word of anybody; he always saw the happy side of things. He personally regretted the loss of Dr. Donaldson very much.

Dr. Kay's death occurred suddenly in London, at the age of 76, and was also deeply regretted. Dr. Kay was educated at Edinburgh High School, where he achieved many distinctions. He was a retired Medical Superintendent of the

South Yorkshire Mental Hospital at Sheffield. Prof. Robertson, who was a personal friend, had some important news to convey.

Dr. LEEPER said he had only to tell the members that Dr. McCarthy was one who devoted his life to his institution. The speaker was acting as Chairman at a meeting of the Irish Division when he received a telegram telling him that Dr. McCarthy was dead. It was a great shock to all at the meeting, as he had the interests of the Association so much at heart. He was taken away when there was about to be accomplished a much-needed extension of the mental hospital at Cork. Many times he had told the speaker that the constant anxiety of his work prevented his attending meetings as often as he would have liked. He had found Dr. McCarthy very anxious to help the Association in every way he could. He was sure all present would agree that members had lost a very able colleague.

Dr. WHITWELL said he had been probably one of Dr. Kay's oldest and closest friends; they first met in 1887, when the speaker was pathologist to Wadsley Asylum, of which Dr. Kay became Superintendent, and from that date they never lost contact with each other. For many years they took their holidays abroad, and they had travelled many thousands of miles together. On the evening before he died the speaker dined with Dr. Kay at the Constitutional Club, and he was waiting for his friend to come to him at the Royal Societies' Club when a message arrived stating that he had passed away. He was a great friend and most conscientious, both as a man and as a doctor.

Prof. GEORGE M. ROBERTSON said that Dr. Kay had left £5,000 for the Chair of Psychiatry at Edinburgh University, thus showing the great interest he had in his specialty.

A resolution of condolence was carried by members rising in their places.

#### THE ANNUAL MEETING.

The PRESIDENT reminded members of the Annual Meeting in Dublin, commencing on July 7, and said he hoped it would be a great success.

#### ELECTION OF NEW MEMBERS.

Dr. Russell and Dr. MacGrath officiated as scrutineers for the ballot, which was taken for all the candidates *en bloc*. They were all elected unanimously, as follows:

PEARSON, KATE YOUNG, M.B., Ch.B. Edin., Assistant Medical Officer, Rampton State Institution, Retford.

*Proposed by* Drs. Wm. Rees Thomas, C. H. G. Gostwyck and D. B. M. Lothian.

ROPER, WILLIAM FRANCIS, M.B., B.S. Lond., M.R.C.S., L.R.C.P., Medical Officer, H.M. Prison, Liverpool. Address: 21, Walton Park, Liverpool.

*Proposed by* Drs. H. T. P. Young, J. J. Landers and S. W. Davies.

PARKER, WILLIAM PATRICK HUGH, L.R.C.P.&S.I., Assistant Medical Superintendent, Mental Hospital, Toowoomba, Queensland, Australia.

*Proposed by* Drs. W. F. Samuels, R. Worth and G. W. Shore.

MOODIE, WILLIAM, M.D., M.R.C.P. Lond., D.P.M., Medical Director, Child Guidance Clinic, 1, Canonbury Place, London, N. 1.

*Proposed by* Drs. Edward Mapother, J. S. Harris and Thos. Tennent.

GILL, SAMUEL ERNEST, M.D. Lond., D.P.M., Commissioner, Board of Control. Address: 89, Coombe Road, Croydon.

*Proposed by* Dr. Thos. S. Good, Sir Hubert Bond and Dr. A. Edward Evans.

CLEGG, JOHN LEONARD, M.B., Ch.B. Liverp., D.P.H., Assistant Medical Officer, South Yorkshire Mental Hospital, Sheffield.

*Proposed by* Drs. W. Vincent, F. T. Thorpe and E. M. Sykes.

GARROD, MARJORIE, M.R.C.S., L.R.C.P., Hon. Medical Registrar, Tavistock Square Clinic. Address: "Bankcroft," Douglas Road, Harpenden.

*Proposed by* Sir Hubert Bond, Drs. J. R. Rees and Mary R. Barkas.

BAKER, JOHN COTTER, M.B., B.Ch. Dubl., Medical Superintendent, Stretton House, Church Stretton, Salop.

*Proposed by* Drs. T. B. Hyslop, R. Worth and G. Warwick Smith.

MALLOY, JOSEPH HOLDER, M.D. St. Andrews, Assistant Medical Officer, County Mental Hospital, Cheddleton.

*Proposed by* Drs. W. F. Menzies, W. D. Wilkins and David Henderson.

The PRESIDENT said the Council recommended as the President for 1932-33, Dr. Robert Brown Campbell, Medical Superintendent of Stirling Mental Hospital, Larbert. He had been Secretary of the Scottish Division from 1910 to 1920, and was Chairman of that Division in 1929-1930.

He thought it would be of interest to the members to be told of the enormous increase in the Association's activities in the matter of training nurses for the specialty. The present year's numbers exceeded those of any previous year by 56, the number presenting themselves for examination being 4,137.

#### RESIGNATION OF DR. CHAMBERS AS HON. TREASURER.

The PRESIDENT said the Council had to report with great regret that Dr. Chambers had resigned the post of Treasurer. They recommended the appointment of Dr. G. W. Smith to the vacant post, and that gentleman had consented to serve. He was sure members would wish to record their high appreciation of Dr. Chambers's great services to the Association.

#### NOMINATION OF NEW HONORARY MEMBERS.

The PRESIDENT announced that the Nominations Committee recommended that the following gentlemen be elected Hon. Members of the Association: Dr. M. J. Nolan and Dr. James Chambers.

The next point was to nominate a member to act on the Board of Control's Advisory Committee on Scientific and Ancillary Mental Health Services. The Council recommended himself (the President).

As representative on the Organizing Council for the International Congress of Local Authorities, 1932, the Council recommended Dr. Lord.

He was sure members would be delighted to learn of Sir Maurice Craig's convalescence after his illness, and would wish to congratulate him on his recovery.

#### PAPER.—“Mental Disorders Associated with Pernicious Anæmia.” by Dr. NORMAN PHILLIPS (Northampton) (*vide* p. 549).

Prof. GEORGE M. ROBERTSON said he had listened with very great interest to this paper, and was very glad the subject had been raised at the meeting. During his life he had seen many cases of chronic mental disorder develop during the course of pernicious anæmia, and many who, coming in with pernicious anæmia, also had chronic mental disturbance; but recently he had seen a case of the blood disease in which mental symptoms developed quite early. That patient had been suffering from the ordinary symptoms of pernicious anæmia, general weakness and gastric disturbance, and indeed there was a suspicion that the man might have cancer of the stomach. Then he became somewhat enfeebled in mind, began to be suspicious, quarrelled with the daughter who had always looked after him, and gave considerable trouble. He became weak, his gastric symptoms increased, and he was placed in an ordinary nursing home in Edinburgh. After he had been there two or three days he had an acute delirious attack, following anxiety; he thought that he would be murdered. He seemed to suffer from vivid hallucinations. He did not realize where he was; he was noisy and delirious, and had to be removed from that nursing home and placed in one of the nursing homes for nervous and mental cases. The speaker first thought it might be general paralysis of the insane, as he had certain suggestive nervous symptoms; then he thought it might be a case of early senility, but routine physical examination disclosed that he had pernicious anæmia. He, Prof. Robertson, was called in because of the onset of these mental symptoms, which at that stage were obscuring the physical symptoms. The delirious condition quickly passed off under appropriate treatment, but the man was still disoriented; he did not know where he was or realize the lapse of time, though he knew who he was himself. One symptom which was marked—it was not mentioned in Dr Phillips's paper—was amnesia; there was considerable lack of the power of attention. The anxious

and suspicious symptoms passed off, and were followed by those of mild elation, so that the patient became domineering and dictatorial.

When it was found that he was suffering from pernicious anæmia, he was at once put on liver treatment, and soon thereafter began to improve, both mentally and physically. In six weeks' time he had left the nursing home perfectly recovered, and was in better health than he had been for years. In that case the later symptoms were those of acute toxic insanity: he was confused, had amnesia, etc. Yet all the symptoms passed off quickly and completely, with very little recollection on the patient's part that he had passed through such an illness.

Dr. M. J. NOLAN said he would like to refer to a similar case to the one alluded to by Prof. Robertson, that of a patient who came under the speaker's care last year. She was one of the officials at the mental hospital. She was suffering from pernicious anæmia; she developed acute mental symptoms, which ran a course similar to that just mentioned. She was put upon liver treatment, and in a few months she was well, physically and mentally, and took up her work as before.

Dr. W. F. MENZIES said he rose to draw attention to a useful instrument which had been designed by Dr. Molloy, an assistant at his, the speaker's, hospital—a refractometer, which permitted of the rapid differential blood estimation of a blood-smear without doing an actual count. One could thus get the blood of all new admissions quickly examined.

In the last few years there had been only four cases of pernicious anæmia. Two of them died. In one the condition would never have been detected had not a routine examination of the blood been done, for the hæmoglobin was 78%. There seemed to be no association between the severity of the mental manifestations and the physical condition. One man died of a slow form of delirium, although his blood was restored nearly to normal. One woman, whose red cells were 1,800,000, went home, still somewhat ill, with a raised temperature, but physically much improved.

Sir HUBERT BOND, *K.B.E.*, said he wished the Association could have more papers like this; such contributions were very interesting to listen to, and were very informing and practical.

The lesson to him was that the mental symptoms, once they occurred, dominated the picture, and might put the observer off the track. And did not this paper point to the great importance of a systematic physical examination of all patients? The physical examination should not be restricted to what appeared to the observer to be the salient points, but should be uniform and complete, then these conditions would not be missed. It would be very sad if one knew the number of admissions in each year who had not received a thorough physical examination; it would cause some hanging of heads. He had been delighted to learn from Dr. Menzies that the blood examinations had been simplified by means of the instrument that gentleman mentioned. It was the more important to make these blood examinations when it was realized what could be done for blood diseases. Members were elated about new admissions, but there was also the mass of people who were semi-permanent residents. A complete examination was supposed to be done on these patients once a year. If examination could be thorough in each case, then in the course of time—and not a very long time—the specialty could render to general medicine a mighty help, and the special branch would be looked up to as an unsuspected source of information, even by some people who at present were not above uttering a little sneer now and then.

Dr. DOUGLAS McRAE asked whether he had heard aright that in the first patient there was a slight mental improvement which enabled Dr. Phillips to administer the liver extract. Up to that time, he believed, she had resisted taking the liver. It was therefore at least arguable that the liver was given while she was improving on the other treatments—quite a number of treatments had been given! Great credit had been given to the liver treatment, and not much to the other treatments. It was within the experience of all the members that cases coming to the institutions recovered under tonic and other treatments, and got well within three months.

One got cases showing periodical bouts of pernicious anæmia, lasting six to nine months, and then recovering. In 6 cases of pernicious anæmia no results were seen from liver treatment; that was the other side of the picture. In days gone by many cases of pernicious anæmia were temporarily cured by iron treatment.

Dr. LORD said he was sorry that Dr. Ford Robertson had not been able to attend

the meeting. He, working in collaboration with colleagues in Southport, had found that pernicious anæmia was due to some elaborated septic process. He took it that, so far as the mental symptoms were concerned, it might be the case that pernicious anæmia depressed the liver function, and that might produce the mental effects which had been observed. On the other hand, septic absorption might poison the brain and also the liver, or in any case might lower the liver function. If Dr. Shaw had been present he would probably have said that many years of experience had led him to the conclusion that a healthily-functioning liver was a very important aid in preserving a normal brain; he had done considerable research work on this subject, as readers of the *Journal of Mental Science* would know. If suspiciousness, a hasty temper and irritability were due to loss of liver activity, surely that was a condition known to many people—the mental state “the morning after the night before.” And if a little extract of liver was likely to relieve that condition, it might well be recommended as a morning “cocktail.”

The reason he rose was to support what Sir Hubert Bond said, as it was the message to the Association in the speaker's Presidential Address, namely, the importance of team work, and of a complete and careful examination of patients in a mental institution, however severe the mental symptoms might be. He had sketched a system by which this could be done without any considerable increase in the medical staff.

When Dr. Menzies interposed in the discussions it was always with something practical, and it would be valuable if some further information could be given as to the system of blood examination which had been introduced at Cheddleton; he would be glad to insert it in the Journal.

With regard to the chronicity of mental symptoms, he thought it was the experience of the Birmingham and also of American workers, that it was not fair to the patient to assume chronicity of mental symptoms until three years had elapsed. There were 600 cases of this type on record from Birmingham Hospital. Surely it must take three years for the delicate bio-chemistry necessary for normal mental health to be restored after many years of toxic poisoning, particularly in elderly people, whose intestine was a laboratory for the cultivation of various strains of bacteria.

Dr. A. G. SHERA said he would like, as a pathologist, to add his congratulations to Dr. Phillips on his extraordinarily interesting paper. When one reflected on the condition of research in relation to the somatic side of mental disease as it was now, in comparison with fifteen, even ten, years ago, one saw that the question was now full of hope, particularly in respect of such researches as Dr. Phillips had reported to-day.

He had always been interested in pernicious anæmia, and many cases of it came his way from the general point of view. His impression was that mental symptoms in association with this disease must be rare.

With regard to early diagnosis, there was another instrument, probably similar to that referred to by Dr. Menzies, which the speaker had been using for about a year, namely, Dr. Eve's halometer. A blood film was placed on the end of a camera-like box, which contained two reflecting mirrors and a small lamp, and there were two haloes. By means of a lever one could measure the haloes, which were in inverse proportion to the size of the red cells. It was claimed that megalocytosis, which was present in pernicious anæmia, could be shown by it. Borderline cases caused a good deal of doubt; he would not care to diagnose an unknown case by means of that instrument alone. Still, it helped one to do a preliminary sorting of cases, and occupied only a few minutes.

Another interesting point was the good effect of blood transfusion in these cases. In severe pernicious anæmia he always pressed for a blood transfusion to be done, as he was sure it shortened convalescence, and it should produce an equally good effect on the mental symptoms. He had heard it argued that hydrochloric acid was essential to the amelioration of subacute combined degeneration; that view was strongly held in certain medical quarters.

The question of the presence of streptococci in the fæces as a characteristic of pernicious anæmia was a new one to him; he wondered whether a particular type of streptococcus was essential, or whether it was a matter of a large numerical increase in the normal streptococci of the intestine, due, no doubt, to the achlorhydria.

If this paper showed one more way of attacking mental disease, Dr. Phillips was to be very heartily congratulated.

Dr. HAMILTON MARR said he was very much struck with the similarity of the mental and physical symptoms described by Dr. Phillips in these cases to those of untreated myxœdema. Fresh liver treatment reminded the speaker of the original treatment for myxœdema; the thyroid was chopped up and given with bread and butter, and the best results he had seen in myxœdema were obtained in that way. He did not know whether it was correct, but his Professor of Anatomy had the idea that the most indigestible thing in the world was liver. Therefore, if liver could be given to patients in a more digestible form, it might be advantageous. He did not know what actual substance in the liver was responsible for the cure of pernicious anæmia.

The PRESIDENT said this was a Medico-Psychological Association, and the members had been occupied this afternoon in making a physical diagnosis and also talking about confusional states; yet none had advanced any reason why a case of pernicious anæmia should have confusion—a symptom which was always associated with a toxic condition. Why should people with pernicious anæmia have such mental symptoms as delusions of persecution, and why, on going into general hospital wards, should one see a number of cases of pernicious anæmia who were lethargic and had no interest in anything except keeping themselves alive? There might be some benefit in discussing why there should be mental symptoms associated with any physical disease.

He was not belittling Dr. Phillips's paper; he, as a mental physician, had been able to improve both the physical and the mental state. The other side of the profession labelled the case reported first as neurasthenia, then as hysteria, though they were not the same disease, nor had they the same symptoms. He asked how many members, having had some awful disease and feeling very ill, would, if bidden to "pull themselves together, then it would cease," become annoyed, *i.e.*, paranoid. He would still like to know a little more why mental symptoms occurred in these cases of physical disease.

Dr. NORMAN PHILLIPS, in reply, said he had been much struck by the kind way in which his paper had been received. He was referring especially to Sir Hubert Bond, who was always encouraging mental hospital medical officers in their research work.

The President had spoken about the reason why mental change should occur in such a disease as pernicious anæmia. The cause of pernicious anæmia was not known, but the speaker considered that the fact of the accompanying change being of the toxic variety pointed to pernicious anæmia having a toxic origin. There was a deficiency of hydrochloric acid in the stomach of these patients.

Dr. Shera asked about streptococci which might be present in the intestine. He could furnish Dr. Shera with a full report on that point, but there was not time to do so now.

Dr. Douglas McRae seemed inclined to throw doubt or cold water on the work, but if that gentleman read the *Journal of Mental Science* he must see that the liver treatment of pernicious anæmia had been producing extraordinarily good results.

He cordially thanked the other speakers for what they had said.

PAPER.—"Anti-malarial Work at the Central Mental Hospital, Tanjong Rambutan, Federated Malay States," by Dr. WILLIAM FREDERICK SAMUELS (*vide* p. 555).

Dr. LORD said that the reader of this paper had built and established, mainly as a result of his own initiative and energy, a mental hospital well up to European or British standard, and in this effort he had received very little practical sympathy from the Government authorities. The work had been done mainly by natives, whom Dr. Samuels had educated up to it. It was now an active centre for medico-psychological teaching. The paper just read gave a very good illustration of Dr. Samuels's resourcefulness. He was a most enthusiastic worker.

Dr. SAMUELS, in reply, expressed his pleasure at hearing the remarks of Dr. Lord. It was almost an impertinence for him to have come and read a paper of this description, which might be said to deal with forestry rather than medicine,

but he thought there might be some interested in hearing about the difficulties which sometimes had to be encountered.

PAPER.—“**Terminal Uræmia**,” by Dr. A. GEOFFREY SHERA (*vide* p. 573).

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#### SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division was held by the courtesy of the Visiting Committee and of Dr. F. R. P. Taylor, at the East Sussex County Mental Hospital, Hellingly, on Thursday, May 7, 1931.

Between 11.30 a.m. and 1.30 p.m. members and visitors were taken in parties on tours of inspection of the hospital and grounds.

At 1.30 p.m. members and guests were entertained to lunch, at which Dr. Taylor presided.

After Dr. TAYLOR had proposed “The King,” Dr. SERGEANT proposed a vote of thanks to Dr. Taylor and the Visiting Committee, which was carried by acclamation, and to which Mr. GODWIN KING, the Chairman of the Visiting Committee, and Dr. TAYLOR replied.

The meeting was held at 2.30 p.m. The minutes of the last meeting having been published in the Journal were taken as read and confirmed.

It was decided to hold the autumn meeting at Springfield House, Bedford, at a date to be announced later, and the date and place of the Spring Meeting, 1932, were left to be arranged by the Secretary.

The following was unanimously elected an ordinary member of the Association :  
ROACHSMITH, CHARLES EDWARD, M.R.C.S., L.R.C.P., D.P.M., Assistant Medical Officer, Napsbury Mental Hospital, St. Albans.

Drs. Bower, Devine, Norman, Rice, Roberts, Robinson, Collins, Paddle and Boyle were elected members of the Divisional Committee of Management, and Drs. Bower, Collins, Devine, Rice, Roberts and Taylor Representative Members of Council ; Dr. Taylor was elected Divisional Chairman, and Dr. Sergeant Hon. Divisional Secretary.

Dr. NOLAN read a paper on “**The Modern Treatment of Mental Out-Patients**,” which elicited remarks from Drs. TAYLOR, SMITH, MACAULAY, SERGEANT, BAIRD, COLLINS and HAYNES.

Dr. SHERA read a paper on “**Four Cases of General Paralysis Treated with Intrathecal Neo-salvarsanized Serum**,” which was followed by an extremely interesting demonstration of the four cases mentioned.

Members and guests were then entertained to tea.

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#### SOUTH-WESTERN DIVISION.

THE SPRING MEETING of the South-Western Division was held, by kind invitation of the Committee of Visitors and Dr. T. Saxty Good, *O.B.E.*, at the Oxford County and City Mental Hospital, Littlemore, on Thursday, April 30, 1931.

The following members were present : Drs. E. Barton White, M. L. M. Northcote, Bertha Mules, Annie S. Mules, J. J. O'Reilly, A. T. Waterhouse, W. R. Dawson, J. L. Baskin, P. K. McCowan, J. D. Thomas, F. M. Stewart, N. R. Phillips and S. E. Martin. Drs. T. Gilchrist and P. Havard attended as visitors. Apologies for absence were received from Drs. F. Dudley and Donald Ross, and others.

Dr. Barton White was in the Chair.

The minutes of the last meeting were confirmed and signed.

Dr. S. E. Martin was elected Hon. Divisional Secretary and Drs. Barton White and McGarvey Representative Members of Council.

Dr. Barton White was elected Divisional Chairman.

Drs. T. Saxty Good and C. F. Bainbridge were elected Members of the Committee of Management.