

careful clinical work that advance in curative treatment of mental disease was possible.

A vote of thanks was accorded to Dr. Leeper for his hospitality. The HON. SECRETARY, in reply, stated that the Division had re-elected him for the eighteenth year, and he only wished he could have served them better.

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DIVISIONAL CLINICAL MEETINGS.

**City Mental Hospital, Gosforth, Newcastle-upon-Tyne.**

The second clinical meeting of the Newcastle-on-Tyne Area was held at the above hospital on Wednesday, April 18, 1928.

Present, thirteen members. Dr. H. D. MacPhail presided.

Dr. MACPHAIL opened a discussion on schizophrenia, in which he dealt with the subject from the psychological point of view, the object of the discussion being to correlate psychological theories with clinical findings as discovered in actual cases. Most members took part, and many useful and instructive points were raised.

Dr. J. BRAITHWAITE opened a discussion on the position of the endocrines in mental disorder. He dealt with the question from the points of view of both mental deficiency and mental disorder, referring to the cases of defect due to thyroid and pituitary abnormality, and discussing the probability of mongolism being attributable to endocrine imbalance. In dealing with the psychoses he emphasized the importance of underlying physical causes, and drew attention to the fact that disorder resulting from endocrine defect is usually to be found at periods of established endocrine instability. He outlined the changes found at the periods of adolescence, child-bearing and climacterium, and indicated the endocrine alterations which were so often associated with these mental features. He also referred to the pathological findings in schizophrenia, and made special reference to the work of Mott. He gave the results of treatment in a limited number of cases of psychoses associated with adolescence, climacteric and the puerperal period.

Dr. J. P. STEEL gave his experience of endocrine therapy in a great variety of clinical cases, indicating that very striking results could be got in the treatment of certain physical conditions which were common enough in mental hospital patients; he also gave the results of treatment in the psychoses. He emphasized the importance of using only reliable preparations, and said that quite small doses of some preparations were efficacious, while others gave very uncertain results. He gave a number of practical points in the details of carrying out treatment.

Dr. R. E. ILLINGWORTH gave the results of his experience. He apparently got the best results in puerperal cases, and found thyroid extract to be most generally useful. This latter experience was endorsed by several speakers.

Dr. F. BACK gave details of a case of epilepsy with pituitary deficiency in whom endocrine therapy in the form of anterior pituitary tablets had been used without benefit. He exhibited graphs co-ordinating the results of treatment, and especially showing how the fits declined in number with the decrease in the weight of the patient from dieting.

Several other members gave their experience, and asked for opinions as to certain phenomena which had occurred in the course of therapy. Very helpful information was given in answer to such queries.

The general opinion appeared to be that endocrine therapy was a useful method, and one which in many cases hastened recovery.

**Dorset County Mental Hospital, Herrison.**

The first Clinical Meeting of the Dorchester area was held at the above hospital on April 30, 1928.

There were five members present. Dr. P. W. P. Bedford presided.

The CHAIRMAN showed a number of old-standing secondary dementions who were being usefully employed on raffia work, etc., in the Department of Occupational Therapy. Some of these patients had been sitting idle for years and had been

looked on by many as unemployable. A display was given of the work of this department—shell flowers, raffia work, leather work, stools, mats, baskets, silvered bowls, etc.

Dr. J. A. ROBERTSON showed some cases of general paralysis who were receiving tryparsamide treatment. The clinical results were good, with some serological improvement in all cases treated.

Dr. J. J. O'REILLY demonstrated two cases of post-encephalitic Parkinsonianism, with copious clinical notes and remarks on the abnormal posture of the head based on the work of Kraus.

Dr. G. W. T. H. FLEMING demonstrated the colloidal paraffin and gum-mastic reaction in the cerebro-spinal fluid; the original and modified forms of the Boltz test; the Meinicke micro-reaction for syphilis; and pathological specimens. He also showed two cases treated with tryparsamide and metallic bismuth, one of which showed very marked clinical improvement.

#### Rainhill Mental Hospital, near Liverpool.

A Divisional Clinical Meeting was held at the above hospital on May 2, 1928.

Present: Twelve members and eleven visitors. Dr. E. F. Reeve presided.

Dr. A. POOL, of Rainhill Mental Hospital, read a paper by Dr. G. A. Watson and himself on "A Correlation of Clinical and Pathological Findings in Two Cases of Epidemic Encephalitis" (*vide p. 400*).

Dr. DOUGLAS BIGLAND (Liverpool) thanked the Chairman for the privilege of being present at the meeting, and congratulated Dr. Pool and Dr. Watson on their excellent work—well worthy of the Rainhill tradition. Particularly interesting was the attempt to correlate physical signs with pathological findings. The changes in certain cranial nerve nuclei might account for a fine tremor, *e.g.*, of the tongue, but could hardly be held responsible for coarser tremors. Similar lesions in similar situations, *e.g.*, in progressive muscular atrophy, were responsible only for fibrillary tremors. The explanation of extra-pyramidal rigidity was also criticized.

Dr. W. F. MENZIES (Cheddleton) said it had been a great pleasure to all to hear this paper. It was rare that one could see so clearly the appearances of the nerve-cells in encephalitis lethargica, and hear so fully described the exact divergences from the normal, detailed by one of the none too numerous band of histologists who really did know the characters of a cortical neurone under every conceivable condition of health and sickness. They all agreed that Dr. Watson was one of the greatest of living authorities in this regard. It was rather a pity that the two cases described were not purer in type—a pity, from the point of view of providing Dr. Pool with a theory of the anatomy of the nervous system. One would learn more from, say, a case of pure Parkinsonianism, in which, during life, there had been no recognizable intellectual defect, but only a muscular difficulty of expression, and where, after death, the lesions were limited to, say, the substantia nigra. Perhaps Dr. Watson would say that if all cases were adequately examined it would be found that none of them were pure. As to that he was not competent to judge, but he did think that if Dr. Pool's explanation of the symptoms could be accepted the mysteries of the hypothalamic region would be well forward towards solution. Unfortunately the matter was not so simple. Many schools of neurology had played with the idea of the dual innervation of muscle-fibres since Ramsay Hunt took up the theories of Boeke, Langelaan and others, and formulated his paleokinetic and neokinetic theory in answer to Sherrington's common final path. How easy things would be if it could be accepted that the sympathetic was the effector of tonus, as Hunter endeavoured to show. But the results had not been confirmed, and surgeons who had performed extensive sympathectomies of the grey rami had experienced only disappointment. Then direct observations upon the innervation of muscle-fibrils had failed to solve the problem even in the hands of such careful observers as Garven and Korenchevsky. Neither the ordinary fibrils nor the muscle spindles appeared to have any exclusive form of nerve-endings, whether sympathetic or somatic.

As to the central connections of the afferent sympathetic they were completely at sea, but regarding the efferent his personal leaning was towards agreement with Ranson that possibly the fibres ran in all columns of the cord. There was

far too great a tendency to confuse the influence of the extra-pyramidal tracts, ponto-spinal, vestibulo-spinal, tecto-spinal and rubro-spinal, with that of the sympathetic. Undoubtedly there was in the hypothalamic region a whole series of switch-over junctions between cortical and subcortical motor mechanisms; but a very much larger series of cases would have to be examined and a very much larger number of laboratory experiments performed before they could have any adequate comprehension of the significance of what was roughly called the thalamic syndrome, which was only the starting-point of their knowledge of basal mechanism.

Dr. J. GIFFORD (Winwick) expressed appreciation of the thoroughness of method exemplified in the paper and hoped that further cases would be similarly dealt with. In a series of certified patients with this disease which was closely observed, he agreed that they were "flexed," but not fully fixed. The fixity was largely apparent only, for even after four years of chronicity the attitudes of flexion could be corrected by the patient on a sharp word of command or under encouragement, although the patient found it impossible to maintain this erect attitude. In sports, races, or where keenly interested, as in a game of football, these encephalitics performed astonishing feats of muscular activity with co-ordination. In addition to the salivary dribbling there was (in a proportion of cases say 1 in 4)—a nasal discharge, often intermittent, but at times profuse, and accompanied by nasal and labial irritation, which led the patient to rub or pick at the nose; this responded sluggishly to treatment. In one case there occurred a terminal wasting of the nostrils, neurotrophic in nature, with its resultant ugly deformity. Mentally some cases showed congenital deficiency and stigmata of degeneration, others presented undoubted attitudes and muscular eccentricities (mannerisms), resembling those of true dementia præcox. The histopathology before them to-day suggests a chameleon-like nervous distribution, and confirms an earlier suspicion that Parkinsonianism had not the same incidence and course in all encephalitics. They would like to see a histopathological correlation of cases of true dementia præcox alongside encephalitic cases with præcox features.

Dr. Pool, in reply, thanked on behalf of Dr. Watson and himself, those who had expressed their appreciation of the paper and subject by numerous helpful suggestions and criticisms. The tremors of the tongue, lips and eyelids described were of the fibrillary and not of the clonic variety, and were thus consistent with the nuclear lesion.

The criticisms voiced by Dr. Menzies and another speaker in which they pointed out the complete failure of surgery to afford any relief of symptoms by sympathetic ramisection were dealt with. The intricacy of the connections of the sympathetic nervous system, both pre- and post-ganglionic, was pointed out, illustrative of the fact that it would require a very extensive piece of surgery to sever all the fibres of sympathetic origin to any one muscle group. The fact that puncture glycosuria could be effectively controlled where a group of sympathetic fibres (glycogenetic nerves) allowed of *complete* access was suggestive, and tentatively confirmative of the hypothesis of release of a lower sympathetic reflex arc.

Dr. C. B. BAMFORD, of Rainhill Mental Hospital, read a paper on "Recent Observations on Treatment of General Paralysis" (*vide* p. 496).

#### **Stafford County Mental Hospital, Burntwood, Lichfield.**

A Divisional Clinical Meeting was held at the above hospital on Wednesday, June 6, 1928.

Present: Ten members. Dr. William Reid presided.

Dr. TAYLOR showed the temperature charts of seven cases of early or established pulmonary tuberculosis in which a graduated series of injections of Beraneck's tuberculin had been employed. A steadying of temperature after each injection was usual. A gain of weight was observed, and improvement, even with the disappearance of physical signs in some cases. Mentally, certain cases became quieter and brighter. Diagnosis of the disease in the insane was so difficult that he acted on a variation of one degree between the a.m. and p.m. temperature.

Dr. B. H. SHAW advocated taking swabs from the naso-pharynx for finding the bacillus. He found that epileptics who were tubercular showed a rise of temperature after a fit, by auto-inoculation from their focus of the disease.

Dr. G. W. FORSYTH stated that he had most help in diagnosis from X-rays and the

sputum. In regard to tuberculin, it should be dropped if the temperature rose above 99°.

Dr. TAYLOR showed several pathological specimens of general interest.

A visit was paid to the male and female sun-rooms, where several cases of pulmonary tubercle and one of surgical tubercle were being treated.

#### South Yorkshire Mental Hospital, Wadsley, Sheffield.

A Clinical Meeting (Leeds area) was held at the above hospital on June 20, 1928. Ten members and thirteen visitors were present. Lt.-Col. W. J. N. Vincent, C.B.E., M.B., presided.

Dr. Arthur Hall, Professor of Medicine, University of Sheffield, and Prof. J. S. C. Douglas, Dean of the Faculty of Medicine, University of Sheffield, expressed their regret at not being able to be present. It is regretted that Dr. Elizabeth Sykes was ill and unable to attend.

The CHAIRMAN welcomed the visitors and explained the objects of the Clinical Meetings, which were held under the auspices of the Royal Medico-Psychological Association, and expressed the hope that there would be further meetings from time to time. In the absence of Prof. Hall, he gave a few details of cases of encephalitis lethargica received into the hospital, and made a few remarks upon their treatment, and also showed some cases of Parkinsonianism.

Dr. J. M. MATHIESON gave a brief *résumé* of the treatment of general paralysis by induced malaria and the results obtained at Wadsley. He described contraindications, clinical symptoms, and dangers and complications occurring during the course of the rigors, or shortly after their cessation. He divided their remissions into two classes; first, remissions where the patient has been able to resume civil life and adapt himself to social conditions; second, remissions where the patient becomes a useful member of the hospital community. Out of 92 male cases the remissions of the first variety numbered 35, or 38%, of the second variety 17, or 18.4%, unimproved 18, or 19.5%, and died, 23, or 25%. The deaths included all cases that have died since treatment both inside and outside the hospital, and malaria had only been directly responsible for 5 of those, or 5.4%. In the 18 female cases there have been 5 remissions of the first variety, or 27.7%; two of the second variety, or 11.1%, 6 unimproved, or 33.3%, and 5 deaths, or 27.7%. Ten cases which had been discharged from the hospital for periods varying from twelve months to four years were present at the meeting and were interviewed by the members and visitors.

Dr. F. T. THORPE read a brief communication on the Meinicke micro-reaction for syphilis, and gave the results of a series of tests which had been carried out by him at Wadsley. He said: "Although the Wassermann still reigns supreme as the diagnostic test for syphilis, there has been a growing tendency in recent years to utilize the technically simpler flocculation reactions, the reliability of which is repeatedly demonstrated by various observers. In fact, a consensus of opinion seems to indicate that a combination of the two reactions is the ideal method whereby the number of false readings is reduced to a minimum. It is certain, however, that the simple flocculation test is better adapted for the systematic examination of a large number of cases, and Meinicke's recent micro-reaction would appear to be the one most admirably suited for this purpose. I have performed Meinicke's test on the blood of all new admissions for the last twelve months, verifying positive and doubtful results by the Wassermann, and there has been a high percentage of agreement—94% in a series of 100 cases. In common with other workers I can confidently recommend this test for routine use, particularly in a mental hospital. The advantages are:

- "(1) Venous puncture is unnecessary.
- "(2) The technique is simple.
- "(3) The results are definite.
- "(4) Its reliability compares favourably with the Wassermann.

"One can scarcely over emphasize the necessity for a blood examination of every new admission into a mental hospital, as it is in those early cases of general paralysis with few clinical signs that the best results are obtained from malarial therapy. As Dr. Meinicke so aptly puts it, the blood examination for syphilis should be done with the same regularity as the examination of urine for albumen and sugar."

A positive reaction was shown under the microscope. The visitors were interested in some excellent slides showing spirochætes in the cortex of a brain of a general paralytic, stained by Jahnel's method, and also some slides showing what appeared to be degenerated spirochætes in a preparation taken from the cortex of a general paralytic who had been treated by malarial therapy, but who had died from abscess of the lung—this preparation was also stained by Jahnel's method.

In conclusion some cinema pictures of cases of dementia præcox showing stereotyped movements were thrown on the screen.

Tea was served at the end of the meeting.

#### **Middleton Hall Private Mental Hospital, Middleton St. George, Durham.**

The third Clinical Meeting of the Newcastle-on-Tyne area was held at the above hospital on Wednesday, June 27, 1928. Present, five members. Dr. J. W. Astley-Cooper presided.

Dr. T. C. BARKAS read an interesting paper by Dr. J. W. Astley-Cooper describing two cases of anxiety hysteria with conversion symptoms which were treated and cured in 1917. Two similar cases were being treated at present, in a similar manner, after eight and ten years' neglect respectively, but while very considerable benefit has followed, a cure had not been, and possibly will not be, obtained.

The object of the paper was mainly to show how the resistance to the stimuli causing the patients' symptoms had in the latter cases become so weakened that almost any stimulus, even remotely associated with those originally responsible for the hysterical manifestations, was now capable of bringing these about, and to encourage a discussion on the failure of such resistance and the further treatment of these particular cases.

Dr. M. A. ARCHDALE spoke shortly on the treatment of psycho-neuroses at his out-patient clinic.

Tea was kindly provided by Mrs. Astley-Cooper.

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#### EDUCATIONAL NOTES.

*The Tavistock Clinic for Functional Nervous Disorders*, 51, Tavistock Square, W.C. 1.—Dr. Ira S. Wile, Neuro-psychiatrist in charge of the Children's Department of Mount Sinai Hospital, in New York, will give a Course of five lectures on "The Problem Child," from Monday, July 2, to Friday, July 6, 1928, at 8 p.m. each evening: July 2—General Nature of the Problem; July 3—Physical Problems; July 4—Intellectual Problems; July 5—Emotional Problems; July 6—Social Problems.

Each afternoon, at 5.30 p.m., Dr. Wile will conduct a Demonstration Clinic, with patients. Those who take tickets for the above Lecture Course in advance will receive a ticket available for one specified Demonstration.

As accommodation is limited it is very desirable that application for tickets for the Course should be made without delay. At the same time applicants should state which day they prefer for attendance at the Demonstrations, giving, if possible, a second choice.

Fee (Lecture Course and One Demonstration), one guinea. Tickets should be obtained in advance from the Hon. Lecture Secretary at the Clinic.

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#### ST. AUDRY'S HOSPITAL, MELTON.

##### OPENING OF THE NEW NURSES' HOME.

On Saturday, May 19, 1928, the New Nurses' Home at St. Audry's Hospital was formally opened by Lady Cranworth in the unavoidable absence of Lady Bristol.

There were present Mr. L. G. Brock, C.B., Chairman of the Board of Control (*vide* p. 516), Mr. F. L. Bland (Chairman), Mr. W. R. Hustler (Vice-Chairman), other