

In another respect Major Eager's experience coincided with his own, namely, that cases which appeared to be so demented that they might readily be taken for dementia præcox, did recover completely. Many of those present who saw such cases might think they were entirely irrecoverable, but eventually they did get quite well.

With regard to Major Eager's reference to exhaustion psychosis, he would like to know whether that gentleman regarded this psychosis as really due to exhaustion. These cases were so diagnosed when possibly most of them had some psychopathic constitutional tendency.

Dr. Prideaux had made reference to hypnotism in the treatment of these cases. He, Col. Mott, had not preached hypnotism; he preferred to arrive at the result he wanted by means of counter-suggestion and other methods than hypnotism. Whether success or otherwise was attained depended entirely on the personality of the individual and the interest he took in the work. No doubt hypnotism, when practised by a strong personality, would give good results, just as others obtained favourable ones by counter-suggestion.

Prof. MARINESCO (of Bucharest) gave a microscopic demonstration.

#### IRISH DIVISION.

THE SPRING MEETING of the Irish Division was held at the Stewart Institution on Thursday, April 4th, by the kind invitation of Dr. Rainsford.

*Members present:* Dr. Drapes, Dr. Nolan, Dr. J. O'C. Donelan, Dr. Redington, Dr. Gavan, Dr. Mills, Dr. D'Arcy Benson, Dr. Rutherford, Dr. Costello, Dr. Leeper (Hon. Secretary).

Dr. Nolan having been moved to the chair,

Letters of apology for unavoidable absence were received from Dr. Hetherington, of Londonderry, and Dr. T. A. Greene, of Carlow.

Letters of thanks for the expression of sympathy from the members of the Irish Division were received from Mrs. Graham, widow, and also from Dr. Samuel Graham, of Antrim Asylum, on the part of the relatives, of the late Dr. W. Graham, of Purdysburn House, Belfast.

A letter was read from Dr. Cole, Hon. Secretary Parliamentary Committee of the Association, stating that a Sub-Committee to consider amendments of the English Lunacy Law was appointed, and, at the meeting of the Parliamentary Committee on February 21st, Dr. Cole was directed to write to the Divisional Secretaries in Scotland and Ireland to suggest that, if the Division deemed it expedient, members of the Parliamentary Committee in their respective divisions might be formed into committees to consider the promotion of changes in lunacy legislation in their countries, such committees to have the power of co-opting others interested in the subject and to be deemed Sub-Committees of the Parliamentary Committee, to which Committee they would in due course report. The Chairman stated that this was a most important letter and one in which most of the members in happier and more settled times would be keenly interested. Dr. Rainsford and Dr. Drapes also stated that they were much interested in the matter, and upon some discussion the Hon. Secretary was directed to place the matter on the Agenda as a primary subject for the consideration of the Irish Division at the next meeting in July.

The Meeting next proceeded to elect an Hon. Secretary and two Representative Members of Council for the ensuing year.

On a ballot being taken, the CHAIRMAN announced that Dr. Leeper had been elected Hon. Secretary, and Dr. Mills, of Ballinasloe, and Dr. Nolan, of Downpatrick, had been elected as Representative Members of Council for the ensuing year. Dr. Rainsford and Dr. Gavin were elected Examiners for the Certificate of the Association in Mental Diseases.

The following dates of meetings were fixed for ensuing year:

*Autumn Meeting:* Thursday, November 7th, 1918.

*Spring Meeting:* Thursday, April 3rd, 1918.

*Summer Meeting:* Thursday, July 3rd, 1918.

It was decided to accept the kind invitation of Dr. Nolan to hold the Summer Meeting of the "Irish Division" at Downpatrick on July 4th.

Dr. RAINSFORD next read his communication on "A Review of the Admissions

of Imbeciles of the Mongolian Type during the last Twenty Years," and exhibited several most interesting cases showing the physical and mental symptoms of this condition.

A REVIEW OF THE CASES OF MONGOLIAN IMBECILITY ADMITTED TO THE STEWART INSTITUTION DURING THE PAST TWENTY YEARS.

THE subject of Mongolian imbecility is one that has always greatly interested me. Possibly the fact that I know so little about it has been one of the causes for this interest; at the same time one recognises that there must be some well ascertained cause—could we but find it—which results in producing a class of cases possessing such well-marked features and easily recognisable. Dr. Shuttleworth, in a paper on this subject, read before the British Medical Association in Belfast, 1909, bases his account of the affection on a study of about 350 cases seen by him in the course of an extensive experience in this speciality.

His description of the type is very clear. He says: "Without going so far as to adopt Dr. Langdon Down's theory of retrogression of ethnic type in such cases, I think we shall admit, looking at the photographs of children now commonly designated Mongoloid or Mongolian imbeciles, that though by birth members of the Caucasian (or Indo-European) family they favour in a remarkable way the features of the Mongolian race." He adds that though so designated they show striking divergences from the real Mongol or Kalmuck. In the Mongoloid, the face, though broad, has not the same prominence of cheek-bones; the hair is not usually black as in the real Mongol, though straight, wiry, and often scanty; the obliquely placed and often almond-shaped palpebral fissures, with upward and outward trend and usually far apart, the flat-bridged snub-nose, with expanded outward turned alæ-nasi, and the tendency to epicanthic folds, are the most noticeable signs of similarity. Marked flattening of the occipital region is an almost constant feature.

The shape and appearance of the hands is most characteristic; shortened, club-shaped fingers, generally blue; hand rather square and stumpy; and some observers have described an incurvation of the little finger, and sometimes relative shortness of thumb and little finger.

As regards the general appearance, the most striking feature is the strong family resemblance in the cases. I have nearly always been able, in the case of each new Mongolian admission, to see a well-marked likeness to some case or cases admitted previously, and in the photographs which I have seen in various monographs on the subject I could almost imagine that cases under my care had been taken as illustrations.

Next to the face and hands, the appearance of the tongue is most characteristic. It may be described as always large, sometimes apparently too big for the mouth, venous coloured, with marked transverse or irregular fissures, and hypertrophy of the circumvallate papillæ. So general is this, that it may be said to be pathognomonic of the fully developed Mongolian type. Deformities of palate are frequently, if not invariably, present. Dr. Fennell says the deformity he found most marked among his cases was that of a contracted vault, with the sides sloping more steeply in front, so that an anterior plateau is formed, usually, but not always ridged, on the median line.

The circulation is always defective, and the clubbing of the fingers and toes with the general cyanosed appearance points to venous engorgement dependent upon some central circulatory defect. Hence such cases are always prone to severe chilblains, and the extremities are always cold. So frequent is this here that we invariably treat all bad cases of chilblain of feet in these cases by rest in bed, the foot of the bedstead being raised on blocks, and we find that in this way the affection is speedily cured.

I have never had an opportunity—much as I have desired it—of performing a *post-mortem* on a Mongolian case. All the appearances would lead me to say that there must be some congenital valvular defect in the heart, most likely on the right side. Dr. Fennell records 3 cases of congenital heart deformity, and cases of patent foramen ovale, and defects in the interventricular septum have been described. The thymus and thyroid glands have not, as a rule, been found abnormal.

As regards the frequency with which this type is found, it is stated that in England 5 *per cent.* of all imbeciles are of this type. My record comprises about 30 cases out of all admissions (355) since 1898, a percentage of almost 8.5 *per cent.* It is said to be more common in England than in the other European countries, as in France. Among 650 children in industrial institutions only 8 were Mongols; in Germany the proportion is about 1 *per cent.*, and an eminent Italian authority states that he had seen only 20 cases in Italy in seven years.

I have not been able to ascertain from inquiry much that would help to elucidate the causation of this peculiar condition. A history of tuberculosis is most uncommon, and most of my cases have been members of a family, the other members of which have been strong and healthy, and of healthy parentage. I do not think premature birth is an important factor, nor has syphilis much bearing on the condition.

The general opinion from study of the cases by various experts seems to be that they are essentially "unfinished" children, and that their peculiar appearance is really a phase of "fœtal life." Dr. John Thomson has termed them fittingly "ill-finished," pointing out that something goes wrong in their early intra-uterine life, probably as early as the second month. Dr. Shuttleworth lays down (1) That the outstanding point is the advanced age of the mother at the birth of the child. (2) They are frequently the last born often of a long family, and that exhaustion by a long series of previous pregnancies is an important factor in causation. (3) That any depressive toxic influences may, in younger women, produce reproductive exhaustion. In fine, that the Mongolian child is brought into the world at a stage of fœtal growth below normal, and that his remarkable facial and other peculiarities are the result of this.

It is well to remember that there are undoubtedly degrees of Mongolianism, and that one must be prepared from an experience of the type to say how much or how little of such type any given case shows. This is important from the point of view of prognosis. For though some writers record cases as living to fairly advanced years, and being so developed by educational training as to be able to hold their own with the more normal members of the community, our experience here shows that few—if any—are capable of much development, can seldom do any work except of the lightest character, and seldom live beyond twenty-one years. At the same time, viewed from the mental standpoint, they are by no means the worst class of case we admit. Almost all of them possess speech, though their voices are commonly characteristically husky; they can answer simple questions, tell their names and where they come from, carry out simple directions, attend to their own wants, and do not, as a rule, demand much attendance. They have, as a rule, a musical instinct, drill and class-singing appeal to them strongly. Dr. Fennell describes them finely as children of much promise but small performance. They are never physically robust, and so are not able for any hard outdoor work, but in some cases we have found them useful for light housework, and they can run messages, and even help to look after the feebler members of the flock.

With reference to my own cases, I find that I have admitted in the last twenty years 30 cases of Mongolian imbecility out of a total admission of 355. Therefore, 8.5 *per cent.* of the total admissions were of this type. This is a higher percentage than is generally noticed by most observers. Of my 30 cases, 19 were male and 11 female, and there certainly does seem to be a larger proportion of this type among the male inmates. Of the 30 thus admitted, 4—3 males and 1 female—are still in residence here, and you will see them to-day. Of the other 26, 17 died in the institution, the causes of death being pulmonary tuberculosis, 3: bronchitis or broncho-pneumonia, 10; 2 died of tuberculous meningitis, 1 of meningitis from middle-ear disease, and 1 of heart disease. Of the remaining 9, 2 were removed home, dying of tuberculous peritonitis; 1 in a very feeble state, with feet gangrenous, the mother refusing consent to any operation; 2 taken home in last stage of pulmonary tuberculosis; 2 were removed in feeble health without any very marked lesion; 2 only went home in tolerably good health, and are, as far as I know, alive. Of the 17 deaths, the average age at death was 13½ years, and average duration of residence 35½ months, almost exactly three years.

The most dangerous time of the year for these cases is undoubtedly the first three months. The harsh north and east winds seem to try their vitality severely,

and when they get bronchitis it is nearly always fatal. The form most usual is either capillary bronchitis or broncho-pneumonia, and no treatment seems to have the least beneficial effect.

It is remarkable that, as far as I can remember, not one of these 30 cases was an epileptic, and I think epilepsy is not common among the Mongolians. None of them suffered from any form of paralysis, and, though some of them walked feebly, it was rather due to general weakness than to any deformity.

I think you will agree with me in saying that when called to see any such type of case a guarded prognosis should be given, and it is to my mind most unlikely that any well-marked case will live beyond twenty years of age. They require moderate exercise, mild but nourishing diet, and plenty of warm clothing. They should be kept during winter months in warm surroundings, and never be allowed out in very cold weather. As I have mentioned, they suffer severely from chilblains on both hands and feet. These extremities should, therefore, be kept well warmed, and if the feet get particularly bad, the chilblains having broken, they are best treated in bed, the foot of the bedstead being raised on blocks to help the venous circulation. I should mention I never found thyroid treatment of the least benefit.

The members freely discussed Dr. Rainsford's most interesting paper, and it was stated that the large numbers of Mongolian idiots observed and treated at the Stewart Institution were interesting and might be explained by the unique position of the place as receiving the patients from all over the country, there being no similar institution existing in Ireland.

The CHAIRMAN next asked the permission of the meeting to bring forward a matter of urgency that had arisen in connection with the unrest and recent conduct of the attendants in certain Irish District asylums.

A Resolution, proposed by Dr. REDINGTON and seconded by Dr. MILLS, expressing the cordial thanks of the meeting to Dr. Rainsford for his interesting paper and for his kindness and hospitality, terminated the proceedings.

#### NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Northern and Midland Division was held, by the kind invitation of Dr. Cowen, in connection with the County Asylum, Rainhill, Lancashire, on Thursday, April 18th, 1918.

In the absence of Dr. Cowen, who was unfortunately ill, Lt.-Col. E. White, was voted to the chair and presided.

The following thirteen members were present: Drs. R. Eager, Major, R.A.M.C.; B. Hart, R.A.M.C.; P. D. Hunter, Lt., R.A.M.C.; N. Lavers, Lt., R.A.M.C.; E. Mapother, Capt., R.A.M.C.; S. Edgar Martin, Capt., R.A.M.C.; E. Montgomery, Capt., R.A.M.C.; O. P. Napier Pearn, Capt., R.A.M.C.; E. F. Reeve; C. T. Street; G. A. Watson; E. W. White, Lt.-Col., R.A.M.C.; T. S. Adair; and three visitors—Capt. Benson Evans, R.A.M.C., Major Geoffrey Ramsbottom, R.A.M.C., and Dr. F. W. Thurnam. A number of apologies for non-attendance were received.

(1) The Minutes of the last meeting were read and confirmed.

(2) A ballot was taken for Wilfred Winnall Horton, M.D.Edin., Medical Superintendent, Wye House Asylum, Buxton, recommended by Drs. Legge, F. W. Mott, and T. S. Adair as an ordinary member of the Association, and he was unanimously elected.

(3) Dr. T. Stewart Adair was re-elected Secretary to the Division.

(4) Dr. J. W. Geddes and Dr. H. J. Mackenzie were elected Representative Members of Council.

(5) The arrangement for the Autumn Meeting was left to the Secretary, and the kind invitation of Dr. Geddes to hold the Spring Meeting, 1919, at Middlesbrough was cordially accepted. Dr. Street kindly offered to see what he could do for the Autumn Meeting at Haydock Lodge.

(6) Major Eager, R.A.M.C., then read a paper entitled, "A Record of the First Twelve Months' Admissions to the Mental Section of the Lord Derby War Hospital." The paper, though somewhat lengthy, was very interesting, and showed by statistical figures the movement of the cases admitted, as well as the percentages