

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Division was held, by the courtesy of Dr. W. J. N. Vincent, C.B.E., at the South Yorkshire Mental Hospital, Wadsley, Sheffield, on Thursday, October 29, 1925, at 2.30 p.m.

The members were shown round the Hospital and grounds and were then entertained to lunch, at the conclusion of which the health of Dr. Vincent was proposed. In his reply Dr. Vincent gave some interesting facts about the development of the Hospital.

There was an attendance of 22 Members and 6 guests.

Dr. Vincent was voted to the Chair and the minutes of the last meeting were confirmed and signed.

The following candidate was balloted for and elected an ordinary member of the Association:

HARRIETTE APPLEBY WILSON, M.B., Ch.B. Leeds, D.P.M., Assistant Medical Officer, West Riding Mental Hospital, Wakefield.

Proposed by Drs. J. Shaw Bolton, M. J. McGrath and J. Gilmour.

Drs. T. S. Adair, G. E. Mould and Bedford Pierce were re-elected members of the Divisional Committee.

Drs. P. B. MUMFORD and L. C. F. CHEVENS then read a paper on "Sudorific Reaction in Certain Types of Psychoses."

Dr. R. M. CLARK showed a series of stereoscopic microphotographs of spirochaetes in the brains of general paralytics.

Dr. F. BACK described three cases, illustrated by lantern-slides—one of angioma of the brain, one of hyperostoses of the skull, and one of pigmentation of an unusual character due to disease of the suprarenal glands.

The angioma of the brain occurred in an imbecile girl, *æt.* 14, who had suffered from both minor and major fits from the age of nine months, and who also had a *nævus* on the face and who died of disseminated miliary tuberculosis, including tuberculous meningitis, there being also several rows of deposits of calcium in the outer layers of the cortex, as shown in the microphotograph, and the question arises whether the angioma is causally related to these deposits, or whether they result from a tuberculous process which had gone on from infancy and flared up at the age of 14. The brain is being further investigated by Dr. Elizabeth Eaves, who examined it in conjunction with Dr. Back. The brain was asymmetrical, the weight being 37 oz., the right hemisphere—the one most affected by the telangiectases—being the smaller.

The case of hyperostoses of the skull was put forward for diagnosis. It occurred in a woman, *æt.* 89, who had had persistent auditory hallucinations and who was in a state of dementia at her death. She had had no other symptoms due to the overgrowth in the skull-bones. The extremely thick and nodular skull-cap itself was exhibited and a photograph of the interior of the base of the skull, showing large projections in all the cranial fossæ and especially in the petrous bones around the internal auditory meatus. There was no affection of the facial bones or tibiae, and the pituitary was normal. The bone resembled that seen in leontiasis ossea in that there was no distinction between the hard ivory bone of the surface, as ordinarily, and the cancellous bone in the centre, both having assumed an intermediate character, the whole bone being more or less of the same texture—thick and heavy. Microscopically there were numerous vessels surrounded by connective-tissue cells within laminae of bone, very irregular in width and contour, containing ordinary bone-corpuscles. The hyperostoses were probably inflammatory in origin. Unfortunately the Wassermann reaction was not done in this case.

The third case was of brown pigmentation of the face and hands in a school teacher, *æt.* 69, who had suffered from chronic mania with terminal dementia. On exposure to the sun erythema quickly occurred, and was followed by desquamation, which left the skin rough, scaly and pigmented brown. The condition bore some resemblance to pellagra, but there was no history of food deficiency, no exaggeration of the reflexes or spasticity of gait; there was wasting. The blood-pressure was 130 systolic, 90 diastolic. He had not taken arsenic or other drugs likely to cause the pigmentation. There was no glycosuria. The pigmentation was on the exposed parts, and there was a very clear line of demarcation on the face, as shown in the photograph, in contra-distinction to Addison's disease,

where the pigmentation is usually on the parts compressed and other covered portions, axillæ, mouth, etc. Yet at the autopsy extensive fibrosis of the suprarenals was found, there being little suprarenal tissue remaining.

The cases led to an interesting discussion, in which two similar cases of hyperostoses of the skull were cited by Drs. E. S. SIMPSON and T. W. DAVIDSON.

Dr. ELIZABETH C. EAVES (Sheffield University) then read two notes:

(1) "The Possible Significance of Stainable Fat in the Nerve-Cells in Epilepsy." Chromatolysis and the appearance of stainable fat in the nerve-cells are two conditions found in epilepsy. Numerous experimenters have found that the first condition may be brought about by fatigue. Dr. Eaves produced convulsions in decerebrate animals by faradizing the midbrain after injection of strychnine. The nerve-cells from the experimental animals showed stainable fat, whereas those from control animals exhibited none. The conclusion may possibly be drawn that in epilepsy the large amount of fat in the nerve-cells is the direct result of the convulsions.

(2) "Pathological Examination of the Ductless Glands in a Case of Mongolism." All the ductless glands were comparatively normal in size and histological appearance with the exception of the pituitary. The latter weighed about half the usual amount and showed considerable fibrosis in the pars anterior.

It was decided to hold the Spring Meeting in April at the Gateshead Mental Hospital, Stannington.

PROF. G. M. ROBERTSON ON PERSONALITY, MAGIC AND MEDICINE.

At the July graduation ceremony of the Edinburgh University Prof. G. M. Robertson, the promotor, addressing the gathering on "Personality, Magic and Medicine," said:

My first duty is a very pleasant one. It is to congratulate those who have to-day achieved the high honour of becoming graduates of this University. In a short time many will be engaged in practising medicine, and others will have scattered to distant parts of our wide Empire.

In the name of the University, I wish you all God-speed.

Your course of professional study has been a long and arduous one, and during it you "scorned delights and lived laborious days." Do not take this too literally, for promoters, like poets, enjoy a certain licence. I have no doubt that many of you, without detriment to your studies, have found time "to sport with Amaryllis in the shade." Gone, alas! are "the tangles of Neaera's hair." Since Milton wrote these lines fashions have changed.

You have all known what it is to suffer under the dark shadow of professional examinations. Such anxiety is a deadly poison to intellectual effort, but you have found an antidote in the magic of the Vice-Chancellor's touch, and of the cabalistic words which he has pronounced over every graduate. These graduation rites, however, are much inferior in picturesqueness and romance to those of a bygone age. A thousand years ago, at the famous medical school of Salerno, the Chancellor, or Rector, placed a crown of laurel on the brows of the successful graduate. Then he placed a ring on the graduate's finger. And finally, to mark the climax of the proceedings, the learned professors kissed the graduate. Even in those far-off days there were lady medicals!

No one has a good word to say about examinations. They are disliked by the professor who examines only less than by the student who is examined. They seem to be a sort of old-man-of-the-sea, of Chinese descent, who has fastened himself on the shoulders of our academic life. The Chancellor of the University, Lord Balfour, calls them "soul-killing institutions, bad for the teacher and bad for the taught." Now, if they are absolutely necessary in order to test your fitness for the practice of medicine, is it not strange that no test is applied to that which is the master-key to success as a physician, namely, "personality"? It is difficult to say what this personality is. Your patients know by instinct, as we are told in the well-known rhyme about Dr. Fell:

"I do not like thee, Dr. Fell,
The reason why I cannot tell,
But this I know and know full well
I do not like thee, Dr. Fell."