Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The usual Quarterly Meeting of the Association was held, by the courtesy of Dr. Alan McDougall and the Visiting Committee, on Tuesday, February 4, 1930, at the David Lewis Colony, Warford, near Alderley Edge, Cheshire, under the Presidency of Nathan Raw, *C.M.G.*, M.D., F.R.C.S.E., F.R.S.E.

The Council met the same morning, and the Standing and other Committees of the Association on the previous day.

(1) The Minutes.

The minutes of the meeting held on November 6, 1929, were read, approved and signed by the President.

(2) Obituary.

The President said that he had to draw attention to the deaths of two members, both of whom had lived and died in Ireland. He would call upon Dr. M. J. Nolan to say a few words regarding them.

Dr. Christopher Costello.

Dr. M. J. Nolan (Downpatrick) said that Dr. Costello died as far back as May 27, 1929, and at the time of his death was an Assistant Medical Officer at Portrane Mental Hospital, Donabate, Dublin. His death was mentioned at their previous meeting, but no particulars were then known. Dr. Costello qualified from the University College, Dublin, in 1916, and immediately joined the R.A.M.C. and served his country well for the next two years, when he was invalided out. He became a member of the Association on joining the medical staff at Grangegorman. The Irish Division mourned his death at its July meeting, and sent a message of sympathy to the bereaved relatives.

Dr. Bagenal Crosbie Harvey.

Dr. Harvey had been a member of the Association since 1886, and at his death was Medical Superintendent of Clonmel District Mental Hospital, where he was formerly an Assistant Medical Officer. He received his medical education in Dublin and at Edinburgh, and was greatly respected in the Irish Division, which learned of his death with deep regret. Under his kindly governance Clonmel Mental Hospital greatly prospered and many improvements were effected.

The Secretary was instructed to send letters of sympathy to the bereaved families. Those present stood in silence out of respect for the deceased members.

(3) Report of the Council.

The President said that many important matters had come before the Council, and since Dr. Lord had been associated with many of these he would call upon him to give a *résumé* of them.

Dr. J. R. Lord (Horton) said that the matters to which the President had referred were chiefly Parliamentary and educational.

The Mental Treatment Bill, 1929.

A sub-committee which the Parliamentary Committee had appointed to report on this Bill and to watch its passage through Parliament, had issued a report

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which, with a few emendations, had been approved by the Committee and later by the Council. The full text of the Report would be published in the next issue of the *Journal of Mental Science* (*vide* p. 324). This sub-committee had been authorized to take any action it thought fit to impress upon Parliament the views of the Association as laid down in its evidence before the Royal Commission, and in the subsequent report of the Parliamentary Committee on the Report of that Commission.

The Sub-Committee had throughout been in close touch with a Committee of the British Medical Association dealing with the same subject.

He was glad to state that the views of the two bodies were in substantial agreement and the report had been ratified at a joint meeting. The speaker thought that this was the first time in history that the medical profession had presented a united front on any important problem.

The Revision of the Regulations for the Training and Examination of Candidates for the Certificate in Mental Nursing, and of the Rules for the Conduct of this Examination.

The last time the Association in general meeting assembled heard of this matter was at the annual meeting in July last, when the Educational Committee intimated that it was about to consider a report from the Questionnaire Sub-Committee which had had under consideration a number of helpful suggestions and some criticisms emanating from the Mental Nursing Consultative Committee, and the recognized training schools as contained in a report by the speaker.

At the November meeting of the Educational Committee, the recommendations, slightly amended, of the Questionnaire Sub-Committee were adopted, and their incorporation in the Regulations and Rules for the Nursing Certificate ordered to be prepared in draft for discussion at this meeting.

The draft, with a few amendments, had been approved by both Educational Committee and Council. The occasion had been thought opportune to submit the text of the Regulations and of the Rules to a thorough revision.

The main lines of this revision had been—Regulations: (*a*) The avoidance of repetition in the text of the definition of terms; (*b*) the deletion of repetitions and redundancies; (*c*) a revised numbering of paragraphs for ready reference; (*d*) the avoidance of terms indicating gender; (*e*) the defining of terms peculiar to the revised mental deficiency nursing examinations. Rules: (*a*) A numbering of the rules to make references possible; (*b*) the deletion of repetitions and redundancies; (*c*) a re-arrangement of the directions to candidates at the head of examination papers on a more orderly plan; (*d*) the "List of Subjects suitable for the Practical Examination" was now contained in an Appendix.

Time would not permit him to describe in detail the changes in training and examination procedure sanctioned, but copies of the revised documents were at the disposal of members interested.

The chief changes in regard to training were the issue of (*a*) a list of equipment to be provided for training and examination purposes, (*b*) a card recording the satisfactory performance of certain essential nursing procedures, (*c*) evidence of at least six months' actual nursing of recent, acute and physically sick patients, and a three months' period of night-nursing.

The system of examination had been modernized, with due regard to the convenience of the training schools, the special nature of the examination, and the prime importance of the character traits of the candidates. The conduct of the written examination remained much the same, but, for the oral and practical examination, areas with local secretaries would be brought into being. The old medical coadjutors became "Chief Examiners" appointed by the Educational Committee, on the nomination of the local secretaries. The examinations would be open to inspection by inspectors appointed by the Educational Committee and who would be members of the Association.

There was much yet to be done before the revised regulations and rules could be put into force.

Increase in the Number of Examiners.

It had been thought necessary to increase the number of examiners for the written examinations owing to the steady increase in the number of candidates.

The State Registration of Mental Nurses.

The Council had considered the Report of its Special Committee on the State Registration of Mental Nurses and had unanimously adopted it. It was an important document, and he thought it should be published in the next issue of the Journal for the information of members and of the general public (*vide* 327).

He, the speaker, thought the Committee's recommendation was very sound and would commend itself to the great majority of members.

(4) Election of Ordinary Members.

The President nominated two members as scrutineers for the ballot. The following candidates were unanimously elected ordinary members of the Association :

Rees, John Rawlings, M.A., M.D.Camb., D.P.H., Deputy Director, The Tavistock Square Clinic, 14, Wimpole Street, W. 1.
Proposed by Drs. J. R. Lord, J. Ernest Nicole and R. D. Gillespie.

Simpson, Thomas Edward Norman, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, The City Mental Hospital, Fishponds, Bristol.
Proposed by Drs. E. Barton White, Herbert Smith and W. Starkey.

Bristowe, Hubert C., M.D.Lond., M.R.C.S., L.R.C.P.Lond., M.P.C., Hon. Major *R.A.M.C.*, Medical Officer, Yatton Hall Home for Feeble-Minded Children, Wrington, Somerset.
Proposed by Sir Hubert Bond, and Drs. John McGregor and E. Barton White.

Barber, Leonard, M.B., B.S.Durh., L.R.C.P.&S.Edin., L.R.F.P.&S.Glasg., D.P.M., Assistant Medical Officer, The City Mental Hospital, Fishponds, Bristol.
Proposed by Drs. E. Barton White, Herbert Smith and W. Starkey.

Lewis, Edmund Oliver, M.A.Camb., D.Sc.Lond., M.R.C.S., L.R.C.P.Lond., Inspector, Board of Control; 29, Highbury New Park, London, N. 5.
Proposed by Sir Hubert Bond, and Drs. A. Rotherham and A. Edward Evans.

Tyars, Mary Elizabeth, B.Sc., M.B., B.S.Lond., D.P.M., Assistant Medical Officer, Horton Mental Hospital, Epsom, Surrey.
Proposed by Drs. M. E. Franklin, Dorothy P. Hytch and J. Ernest Nicole.

Fenwick, Philip Cuthbert Collingwood, L.M.S.S.A., Assistant Medical Officer, East Sussex Mental Hospital, Hellingly.
Proposed by Drs. Norcliffe Roberts, E. L. Hopkins and P. Banbury.

Cooper, Hugh Astley, M.B., B.S.Lond., M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, West Park Mental Hospital, Epsom.
Proposed by Drs. Norcliffe Roberts, E. L. Hopkins and P. Banbury.

Armstrong, Robert William, B.Sc., M.D., B.Ch.Belf., D.P.M., Officer in Charge of Encephalitis Lethargica Cases to L.C.C. Mental Hospitals; West Park Mental Hospital, Epsom, Surrey.
Proposed by Drs. Norcliffe Roberts, E. L. Hopkins and P. Banbury.

Ashby, William Ross, B.A., M.B., B.Ch.Camb., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Leavesden Mental Hospital, Abbots Langley, Watford.
Proposed by Drs. R. M. Stewart, G. de M. Rudolf and R. Worth.

Sharpe, John Smith, M.B., Ch.B.Glasg., Assistant Medical Officer (Biochemist), County Mental Hospital, Stafford.
Proposed by Drs. B. H. Shaw, K. K. Drury and R. Worth.

Wilson, Henry Leonard, M.B., M.R.C.P.Lond., D.P.M., Assistant Physician, The Retreat, York.
Proposed by Drs. Isabel G. H. Wilson, Bedford Pierce and R. Worth.

(5) Paper.—"**The Why of Conduct,**" by Dr. Alan McDougall.

It may be futile to try to answer the question, Why do people do as they do?, but the attempt seems worth making, for if we could trace back the numerous "urges" that reduce conduct to one original fundamental urge we could draw the genealogical tree of the Urge Family, and put psychology on a solid basis.

We require some half-dozen different theories, and this Association is the body peculiarly fitted to produce them. For it is an Association of practical and experienced men, whose daily work brings them into close contact with many people; and it has many thoughtful members who are not yet so fully occupied with the cares of administration as to have no leisure for consecutive thinking. Without hindering either the clinical or the laboratory research work of our hospitals, might not a few of the younger members of the Association be encouraged to interest themselves in praxiology?

As an illustration of the science of praxiology I will, for the sake of brevity, dogmatically mention a notion that to me seems necessary and sufficient to explain why people do as they do.

If we observe our fellow creatures we see them to be essentially unselfish. Now, unselfishness is a very difficult thing to explain. We may attempt to overcome the difficulty by saying that a man is not an individual but a patriarch, and that he is patriotically unselfish in order to be patriarchally selfish. And certainly a large part of conduct can be explained by patriarchism. But I do not think it sufficient to explain all conduct. To do that we must go back in imagination. Imagine the moment when, putting it, perhaps, allegorically, the Good Lord God formed a morsel of protoplasm and told it so to function as would tend to ensure there always being some protoplasm somewhere on this earth of ours. Putting it otherwise: The fundamental property of protoplasm is its necessity so to function as will tend to ensure there being protoplasm. At the moment of its coming into existence that first protoplasm (call it *Z*) was in great danger of death from local catastrophe. To try to end that risk *Z* divided itself into separate bits, and these bits re-divided themselves, and by continuation of the process *Z* came to be a hollow sphere of protoplasm, eight thousand miles in diameter, that covers almost the whole earth with, as it were, a garment. Parts of it are trees, parts of it are microbes, parts are elephants, parts are fish, and parts of it are members of the Royal Medico-Psychological Association. Every part is essentially unselfish; it is striving (unknowingly) to ensure the eternal life not of itself, but of *Z*. This growth in bulk of *Z* involved the building up of much organic matter from inorganic matter. It was obviously economical that any protoplasm that died should be ingested, digested, and made protoplasm again. It was, also, to *Z*'s advantage, and therefore moral, that the stronger protoplasm should feed upon the less vigorous protoplasm. As *Z* has no central nervous system, no intelligence department, the question of relative merit could be settled only by trial. Hence arose rivalry—an urge that explains many acts of conduct. Rivalry led to the formation of alliances, also the cause of many acts of conduct.

As it is *Z* and not any particular bit of *Z* that is to survive, it is necessary in the absence of a central intelligence department that every protoplasmic cell should be ardent to do things for something outside and bigger than its particular self. Call that quality egoism. It has an enormous importance as an urge. For instance, we know from experience that the art of management of an institution is the art of giving to everyone around us an outlet for his egoism that will be useful to the institution.

The egoistic urge is so active that did it not alternate with another urge—egotism, the urge for personal comfort—a creature would work itself to death more quickly than would best promote *Z*'s welfare. So we pass from labour to refreshment, and from refreshment to labour, that profit to *Z* may be the result.

Here I stop. A full exposition of the *Z* notion would take weeks to give. Three remarks in conclusion: (1) The *Z* notion goes harmoniously with all religious systems, Christian, Pantheistic, Atheistic. (2) As he who causes two blades of grass to grow where only one grew before increases *Z*, sex plays a smaller part in deciding conduct than they would like to believe in Vienna. (3) The *Z* notion has the property without which no theory can find acceptance this year; it can be stated mathematically; for if you ask the why of any act of conduct—vegetable, animal or human—the notion replies: *Z* is why.

Discussion.

The President said that Dr. McDougall's exposition was a marvel of clarity.

Dr. T. B. Hyslop (London) said: A year ago I was very ill, and during that time I spent my energies in trying to learn something about the subject we have been teaching for forty years. In coming here to-day I feel I have to start all over again.

I should like to have a conversation with Dr. McDougall extending over, say, a year or two. (Laughter.) I must congratulate him on breaking new ground. He has expressed some very novel ideas, which I should like to discuss with him; they simply teem with thoughtful suggestions. He opens out a very wide field for cultivation, and deals with evolution from the primordial standpoint.

Dr. J. R. LORD (Horton): I also should like to add a word of congratulation and thanks for the paper we have just heard. As an effort of memory—for it was spoken without referring to written text—it was a surprising feat. It must have taken a good deal of clear thinking to put it in the concise form in which it was expressed, and it confirms what I said at lunch about the genius of the McDougall family.

I quite agree that self-preservation or "survival value" is the first urge of life or we would not be here to-day.

I put my theory of life in much fewer words still. It is as follows: One unit of protoplasm knows. Two units know better. Three units know better still, and so on. At last there comes an aggregate of units which not only knows, but knows that it knows. This is the only fact one can be dead certain about. As for the rest, it is best accepted with a grain of salt.

There would be no object at all in self-preservation if it were not for the purpose of knowing and the ultimate higher purpose of consciously knowing. Man, at least, thus acquires a capacity to live, and not merely to respond self-protectingly to "situations," "environment" and what not, to which, in these days, glib references are so common.

(6) PAPER.—"**Pineal Cysts, with Report of Two Cases,**" by Dr. RICHARD HANDLEY (*vide* p. 250).

DISCUSSION.

The PRESIDENT: You have heard a very clear description of two very interesting cases, and I should be glad to have a discussion.

Dr. J. BLAIR (Prestwich) said he had not taken particular notice of the pineal because it was frequently removed with the meninges. He had always thought the body involuted and ceased to function at puberty, and was of no use in the adult. He had received a report of cases of cerebral tumours in which sleep disturbances were the pre-eminent feature.

Dr. J. R. LORD (Horton) said that, as he had sat there listening to this interesting paper, his thoughts had gone back to thirty-two years ago when, as a young man, he had read a similar paper before the Pathological Society of London. Sims Woodhead thought much more of it than he had ever done. He, the speaker, on that occasion described minutely, from a study of fifty cases in mental hospitals, the normal structure of the pineal gland and its normal degeneration. He was surprised to hear that the theory of the pineal gland as a vestige of the pineal eye of some cyclostomes was not now held.

If he remembered aright, he did, in his paper, describe the glandular tissue and its breaking down to cystic formations with brain-sand on ceasing to function actively. Like all other vestigial structure, it was prone to develop cysts, teratomata, etc.

Dr. WILKINS asked how internal hydrocephalus was produced with a patent aqueduct.

A MEMBER asked if cysts occurred in men, and was there any relationship between cyst-formation and the climacteric?

Dr. HANDLEY, in reply, said that his paper avoided opinions and gave only facts, but his answers now would be only opinions. Nearly all pineal cysts were removed with the meninges. The sleep disturbance was, perhaps, due to interference with the hypothetical centre for sleep in the floor of the midbrain.

He was much interested in what Dr. Lord had related, and would like to read his paper if a copy were available.

The cysts were not actually in the pineal parenchyma but in the neuroglial trabeculæ, and it would be more accurate to describe the parietal eye of cyclostomes as having no relation to the human pineal parenchyma; it had, however, some relation to structures in the pineal region. The onset of internal hydrocephalus was probably due to pressure on the first part of the great vein of Galen. Dandy had shown how this occurred in dogs with a patent aqueduct. Pineal

cysts did occur in males, but they appeared to be commoner in females, and an increase in their size might occur with the climacteric.

The PRESIDENT: I am sure the Association is grateful to Dr. Handley for having read such an interesting paper.

(7) PAPER: "**A Brief Résumé of the Types of Insanity commonly met with in India, with Full Description of 'Indian Hemp Insanity, Peculiar to the Country,'**" by Major D. E. DHUNJIBHOY, M.B., B.S., I.M.S. (*vide* p. 254).

The PRESIDENT: Before Major Dhunjibhoy begins I should like, on behalf of the Association, to give him a very hearty welcome here, and to say how very pleased we are that he has come all the way from Calcutta to read this interesting paper. Major Dhunjibhoy has charge of a very fine mental hospital, one that will compare with anything we have here, and I am sure his psychiatric experience will be of great value to us.

DISCUSSION.

Dr. DONALD ROSS opened the discussion by complimenting Major Dhunjibhoy on an interesting paper, and spoke of some of his own experiences while serving with an Indian cavalry division in the war. It included some of the finest units of the Indian Army, and it was therefore hardly surprising that what is popularly termed "shell shock" was practically non-existent among them. He had, however, met with several very interesting cases of genuine mental derangement and it might interest his listeners to hear that the one and only case of "cold feet" and definite malingering he had encountered among them, even after some very severe fighting, was also the only man he had ever met of the name of Gunga Din.

He claimed to have had some slight experience of this subject, having on many occasions visited Egypt and Morocco, where hashish was used. He asked whether Dr. Dhunjibhoy has made any special tests, and whether there was any marked symptoms of alteration in the contour of the eyes.

Dr. E. J. FITZGERALD asked if it was only Indians who had never left India that did not get G.P.I. Had the Major ever seen a case of G.P.I. in a native Indian? In view of the known prevalence of syphilis in India, what was the result of the Wassermann and the gold-sol reactions in the cerebro-spinal fluid of admissions to native Indian hospitals.

He had under his care at present Europeans who had both syphilis and malaria in India, and were now among the worst cases of G.P.I.

There was a popular opinion that G.P.I. was rare in Ireland (except perhaps in Dublin and Belfast), and that the native Celts who had not mixed with foreigners did not develop syphilis or G.P.I. He believed that the alleged comparative absence of venereal disease in Ireland would not bear laboratory investigation.

He asked how they managed to run Indian Mental Hospitals where the caste system was in vogue?

Dr. T. B. HYSLOP (London): May I say how very greatly I have enjoyed the paper of Major Dhunjibhoy. It takes me back to a date earlier than 1898, which Dr. Lord has mentioned this afternoon. When I was at school I was very much interested in etymology, and I remember the word "assassin" was derived from hashish, and associated with crimes and premeditated murders. In Egypt especially it was found that a great many deliberate murders were committed by men who had placed themselves under the influence of hemp.

Dr. Dove Cormac (Macclesfield) pointed out that there were 300 million people in India, and they had only accommodation for about 10,000 mental patients. He desired to know how they managed.

Dr. DOUGLAS MCRAE (Ayr) said that in a great many of the large asylums thirty years ago they used the green mixture. He was at Wakefield for some three years, where it was a regular course of treatment for patients who were extremely excited or agitated. Many of these cases developed hallucinations. It was a very dirty mixture and very tiresome to make up, and he had abolished the use of it. No other sedative they employed produced hallucinations.

Dr. M. J. NOLAN (Downpatrick): In confirmation of the last speaker I may say the name of "green mixture" was introduced to Ireland by a medical officer who

came from Wakefield. It was a noxious compound and it fell into disuse. He could not quite agree that it was necessary to go out of Ireland to contract syphilis. He remembered a great many years ago that general paralysis was recognized in at least one city that the syphilis was contracted locally.

Dr. McRAE: There may be very little general paralysis in Ireland amongst the Irish, but there are quite a number of Irishmen suffering from general paralysis in this country.

Dr. J. R. LORD (Horton) said that in his early days he had given green mixture (Indian hemp), but without much effect. The drug lost its effects if kept for long. Only fresh specimens were really active. He was interested in Major Dhunjibhoy's recommendation that the drug should be stopped at once, and that psychotherapy was useful. In drug addiction three methods of withdrawing the drug were advocated: Rapid, gradual, and something "in between," giving, as a rule, some substitutes in the meantime to comfort the patient. Underlying the drug habit there was usually a much bigger problem. He remembered the case of a woman who had been admitted to his hospital several times suffering from alcoholic hallucinations. He was much concerned as to the reason for her repeated relapses into alcoholism. She was a quiet, well-behaved, single woman, living with a decent married man whose wife had years before he met the patient deserted him, and he did not know whether or not his wife was living. The neighbours thought they were married. He, the speaker, concluded that this complex from time to time brought on a fear that the true facts would come to light. Ultimately the man did receive the news that his wife was dead, but delayed marriage. He saw the husband and told him to marry the woman, which he did, and she had kept well since and had never returned to alcohol. Treating the patient psychologically in this case cured the drug habit, and he thought more would be cured if investigated from that point of view. He thought that underlying all drug-taking was a definite psychological cause. It was again a case of treating the person rather than the habit.

Major DHUNJIBHOY, replying, said that in his army experience he had found very little insanity in the Indian Army; what he met was mainly malingering to get out of the service. India was not as backward as one might imagine. They had fully equipped laboratories and good routine, and some research work was done. They did not observe any caste or creed in the mental hospitals of India. Did they do so they would want about 200 different kitchens. Syphilis was very common in the ordinary population, but not general paralysis.

The PRESIDENT: I am sure we have had a very instructive and pleasant afternoon and we are grateful to those who have read the papers to us.

The meeting closed after fixing the date of the next quarterly meeting as May 22, in order to allow those going to the International Congress on Mental Hygiene at Washington time to return before the meeting.

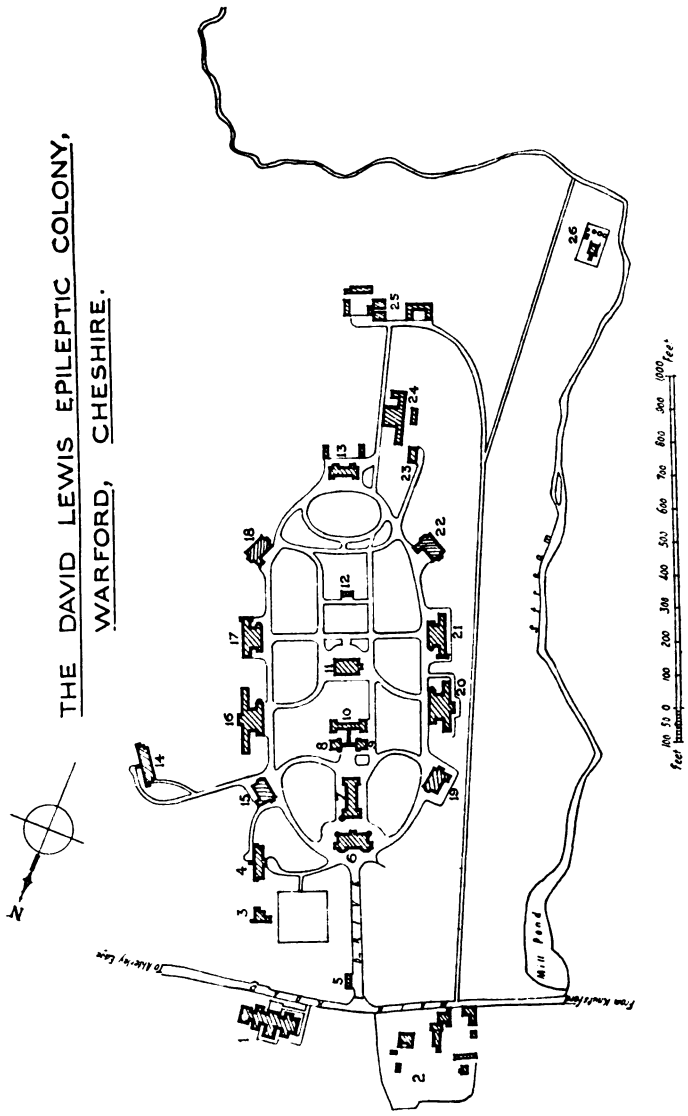
THE VISITATION.

The enthusiasm for building colonies for sane epileptics seems to have died out, and one wondered at it on visiting the comfortable and well-appointed villas of this colony and talking with the well-cared for, happy and contented residents. Not a few of the patients had found a home there for many years, usefully occupied and for the most part had enjoyed good health both mentally and physically, the occurrence of fits having been no detriment to this. Demissions by death or by certification and transfer to mental institutions had been rare, while a large number, especially of the younger patients, had been enabled to resume life in the outside world. The really good work the colony did (and economically too) impressed itself on the visitors, and gave rise to the question we have just mentioned. One learned that there was always a waiting list of epileptics desiring admission, and that there were practically never any vacant beds. So there was no dearth of those needing the accommodation.

Yet this had been in existence since 1904, *i.e.*, for over a quarter of a century, almost the latest epileptic colony of any size in Great Britain.

The reason for the success of the Colony was voiced by a speaker at luncheon, namely, treatment of the epileptic as an individual rather than of his fits. We could only conclude that the reason why colonies for epileptics had not extended was that this same fact had not yet been widely and sufficiently appreciated.

THE DAVID LEWIS EPILEPTIC COLONY,
WARFORD, CHESHIRE.



REFERENCES.

1. Home for 32 girls.
2. ,, 20 boys.
3. Assistant medical officer.
4. Nurses' home.
5. Two cottages.
6. Administration.
7. Recreation hall.
8. Observation.
9. Sewing room.
10. Hospital.
11. Kitchen and bakery.
12. Greenhouses.
13. Home and school.
14. Nurses' home.
15. Home for 24 women.
16. ,, 54 ,,
17. ,, 24 ,,
18. ,, 20 ,,
19. ,, 24 men.
20. ,, 42 ,,
21. ,, 24 ,,
22. ,, 20 ,,
23. Two cottages.
24. Laundry, boilers, workshops.
25. Farm.
26. Septic tanks.

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A few historical facts in this relation will not be out of place here. The Bethel Colony at Bielefeld, in Hanover, the pioneer of all epileptic colonies, was opened in 1869. Between that date and 1891 four others came into being in Germany. The first to be established in America was the Ohio Hospital, in 1893; the Craig Colony followed in 1896. The Maghull Colony of Liverpool opened its doors to patients in 1889; the Bridge of Weir Colony in Scotland in 1891; Meath Home, Godalming, in 1892, and the Chalfont Colony in 1894. It was about this time that the unhappy circumstances of the sane epileptic aroused the very active sympathy of some members of the Manchester and Chorlton Joint Asylums Committee, and Dr. J. M. Rhodes and Alderman A. McDougall (the latter the father of our host), were deputed to visit the colony institutions of Germany, Belgium and France. Their report was published in book form in 1897.

Two colonies seem to have been the practical outcome—The David Lewis Colony, founded by the David Lewis Fund, in 1904, and the Langho Colony in 1906, by the Manchester and Chorlton Unions, the former for sane epileptics only, and the latter for both sane and insane epileptics in separate divisions.

The movement in the meanwhile had spread to London, and the L.C.C. Ewell Colony for insane epileptics was opened in 1903. Sir John McDougall took a great interest in this development.

Something of the same kind was projected by the Leicester Board of Guardians, which seems to have come to nothing. The M.A.B., in 1916, established the Edmonton Colony for 355 male sane epileptics.

And that was the whole story, so it seemed to us, as we called it to mind on our tour round the David Lewis Colony. The following is a brief description of the Colony:

Seven villas, each accommodating 30 to 40 patients, are arranged on an oval plan, those for men on one side and for women on the other. At one end is the administrative building, with quarters for the chief officers and for some of the subordinate staff. At the other end is situated the school—an important feature of treatment. Beyond the school is the farm and recreation ground. The tastefully decorated and commodious hall and church are situated near the centre. The area enclosed by the villas is occupied chiefly by flower and kitchen gardens. Visitors were much interested in the large poultry farm which flanks the main colony, and will not soon forget the devotion to her job of the lady in charge. The whole colony accommodates about 400 patients.

The new home for girls (Colthurst House School) was much admired. Each of the dormitories is dedicated to some great painter and adorned with copies of his art.

The home for boys, an old farm-house, is historical as being the original "Woodley" of Mrs. Gaskell's novel *Cranford*. It is also the "Hope Farm" of *Cousin Phyllis*. This gifted writer lived there for some time. It has several fine Jacobean fire-places, and still attached to it are its ancient farm buildings.

J. R. LORD.

THE LUNCHEON.

Members and guests were hospitably entertained to lunch at the Colony. At its conclusion the Chairman of the House Committee and Honorary Treasurer of the Colony (J. P. PATTINSON, Esq.) uttered some words of welcome. He said: My first duty is to apologize for the absence of our President, Lord Stanley of Alderley, who is in London and is a very busy man, and also for the absence of our Chairman, Sir Arthur Haworth; they both assured me that they would have been here had it been at all possible. The pleasant duty, therefore, devolves upon me to offer you a very hearty welcome, and to say that we consider it a compliment to the Colony that you should be holding your meeting here to-day. We all appreciate what a valuable adjunct to medicine the science of psychology has become and how it is entering more and more into the treatment of disease. In the David Lewis Colony we have always practised the psychological treatment of disease, if I may so call it, rather than the treatment of epilepsy by means of drugs. The latter treatment by itself is not, in our opinion, and I believe in the opinion of our doctors, a satisfactory way of treating epileptics. We endeavour to help them by putting them in pleasant surroundings in this pleasant country of Cheshire where they are free from worry, so as to benefit both mind and body.

I have no doubt that you have made yourselves pretty well acquainted with the Colony during the time you have been here. During the last year we have had an average of 373 colonists, and we have a long waiting-list, in spite of the fact that we are constantly extending our accommodation. All the houses are full with the exception of the house for girls, where we have vacancies for 15 to 20.

I hope you will have a very pleasant visit, and that the meeting which is to follow will be a success. (Applause.)

The PRESIDENT: On behalf of the Royal Medico-Psychological Association and those present particularly I wish to thank the Chairman, Mr. Pattinson, for his very nice welcome to this Colony. The David Lewis Colony is a very well-known and very highly thought-of institution, and we have always considered it a model. It is a fine example of what can be done by voluntary effort. The whole of the great colony was established by the philanthropic act of Mr. David Lewis. I should also like to pay a tribute to those members of the Committee who give their time for the benefit of those who are patients here. That fact fills us all with admiration. As is well known, the treatment in this Colony is of a very high character and the results are excellent. It was a very great pleasure to us when we received the kind invitation of your highly esteemed Medical Director, Dr. Alan McDougall, to hold our meeting here. (Hear, hear.) We accepted it with the greatest pleasure because we knew we should see a very fine place and have a very good time. I speak feelingly, having myself been an inmate of this institution, though it was only for one night, but certainly a very good one. (Laughter.) I offer you our grateful thanks for your kindly reception, and express the hope that at some future time we may pay another visit.

I cannot sit down without expressing a word of high admiration for the fine work Dr. McDougall has done here. He rather astonished me last night, when we were having an informal discussion about the treatment of epileptics, by his original and successful methods of treatment. It does show that both males and females can be treated here, not only with great success, but with perfect safety by a loyal and efficient staff of female nurses. (Applause.)

Mr. CHARLES W. RAILTON said: I thank you very heartily for the very kind words you have said, and endorse what Mr. Pattinson has said, as to the pleasure it has given us to have the opportunity of entertaining so many distinguished members of the medical profession. It is a very welcome opportunity for us to arrange that you should see something of this Colony. The Colony started about twenty-six years ago, and at that time we had beds for about 200 colonists. Since then the place has grown steadily. It has always been progressive. We provide the means of living a happy, and in many cases, as far as one can see, a useful life. We are very pleased indeed to be in the position of being your hosts to-day.

Dr. J. R. LORD: I have very great pleasure in proposing the health of our host, Dr. Alan McDougall. This visit is of peculiar interest to me personally. The McDougall family has played a very important part in my psychiatrical development. One of my earliest papers was devoted to the care of epileptics, and in the preparation of that paper I was considerably helped and inspired by Dr. Alan McDougall's father, the late Alderman A. McDougall. Our host's uncle, Sir John McDougall, was for many years a power in the L.C.C., and he took me up and helped me in my work and ambition throughout my career right up to the time of his death.

My psychological development I owe largely to the writings of a cousin of our host, Prof. William McDougall. As regards our host, though I did not meet him till Sunday, I must say his conversation, hospitality, sympathy and encouragement has led me to hold him in high regard and admiration. (Applause.) I believe there are other members of the family who have helped and are striving to forward social advancement.

It is not surprising that the Colony has had to be extended. The epileptics we have met here appear to me to be different to the epileptics we ordinarily meet in mental hospitals, where the treatment is mainly directed to the fits rather than to the individual. This is all to the credit of Dr. Alan McDougall. He has done a magnificent work in this respect and incidentally demonstrated the truth of what I have contended since 1899. I regard him as the pioneer in this country of the best methods of care and treatment of the epileptic.

I have very great pleasure in inviting you to drink to the health and continued prosperity of Dr. Alan McDougall. (Cheers.)

Dr. ALAN McDOUGALL, briefly replying, thanked the members for their courtesy and Dr. Lord for his appreciative remarks.

IRISH DIVISION.

THE SPRING QUARTERLY MEETING of the Irish Division was held at the District Mental Hospital, Ballinasloe, on Thursday, April 3, 1930, by the kind invitation of the Committee of Management and Dr. J. Mills, Medical Superintendent.

Dr. R. R. Leeper (Divisional Chairman) presided and seventeen others members were present.

Apologies for unavoidable absence were received from Dr. J. C. Martin, Dr. S. J. Graham, Dr. A. Sheridan and Dr. B. F. Honan.

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

On a ballot being taken the following candidates were unanimously elected ordinary members of the Association:

N. M. FITZGERALD, M.B., B.Ch., B.A.O.N.U.I., Grangegorman Mental Hospital, Dublin.
Proposed by Drs. R. R. Leeper, J. O'Conor Donelan and Stanley Blake.

JOHN VINCENT KELLY, M.B., B.Ch.N.U.I., D.P.M., Assistant Medical Officer, District Mental Hospital, Castlebar.
Proposed by Drs. P. Moran, A. Sheridan and D. L. Kelly.

JAMES SCOTT, M.B., B.Ch.N.U.I., Assistant Medical Officer, District Mental Hospital, Carlow.
Proposed by Drs. P. Moran, T. Greene and D. L. Kelly.

The meeting then proceeded to the election of the officers of the Division for the year 1930–31, and, on a ballot being taken, the following were declared elected:

Chairman of the Division: Dr. Richard R. Leeper.

Representative Members of Council: Dr. Richard R. Leeper, Dr. Laurence Gavin.

Secretary of the Division: Dr. R. Thompson.

Dr. Leeper and Dr. J. O'C. Donelan were nominated Examiners for the Association's Certificate in Psychological Medicine for the ensuing year.

Correspondence was then read from Dr. J. R. Lord *re* the formation of an Irish Sub-Committee of the Research and Clinical Committee. The matter was fully discussed, and it was decided, on the motion of Dr. Nolan, seconded by Dr. Mills, to adopt Dr. Lord's suggestion, and to approve an Irish Research and Clinical Sub-Committee.

The *personnel* of this Sub-Committee was then nominated as follows:

Dr. M. J. Nolan.	Dr. P. Moran.
Dr. J. O'C. Donelan.	Dr. N. Graham.
Dr. J. Mills.	Dr. B. F. Honan.
Dr. D. L. Kelly.	Dr. John Fitzgerald.
Dr. R. R. Leeper.	Dr. R. Thompson.
Lt.-Col. Dawson.	

Dr. Moran was nominated Secretary to the Committee.

Dr. LEEPER then introduced the question of the travelling expenses of the Secretary of the Division in attending the General Meetings of the Association. He stated that he had made repeated efforts to get these expenses defrayed by the local authorities—as is the case with the Scottish and some of the English secretaries—but had been unsuccessful. He then put a resolution to the meeting, which he suggested should be forwarded to the Local Government Departments of the Irish Free State and Northern Ireland. The resolution was discussed and various amendments suggested, and the Secretary was instructed to forward the resolution, as amended, to the Governments of the Free State and Northern Ireland.

The Summer Meeting was fixed for July, day and place to be decided upon later.