

large; that the delegation of powers of intervention to the Pensions Ministry was contrary to the provisions of the Lunacy Act; that, in the case of C. S. Norris, the decision of two independent doctors under Section 49 had been overridden by illegal reference of his case to a visiting committee, whose function was restricted to dealing with paupers; and, in view of the indignity thus perpetrated on Ex-service men, would he take steps to see that they were not any longer deprived of liberty, and that they were indemnified for the injury done them by a lump sum to enable them upon immediate discharge to find their way back to a self-supporting position in life.—Sir ALFRED MOND replied: I am fully acquainted with the facts of these two cases. The Ministry of Pensions are empowered to pay an allowance to the wives while the husbands are detained under institutional care. But if the patients are discharged contrary to medical advice, that allowance would cease. The visiting committee has power in regard to the discharge of all patients whether private or public by virtue of Section 77 of the Lunacy Act, 1890; there has been no occasion for the issue of a certificate under Section 74 of the Act, because no application for the discharge of the patients has been made by the person entitled to do so under Section 72 (2) of the Act. The recommendation of one of the doctors who examined the patient Norris under Section 49 of the Lunacy Act was that he should be given leave of absence on trial. This was properly referred to the visiting committee, in whom rests the power to permit such leave of absence under Section 55 of the Act. I cannot concur in the view that any indignity has been perpetrated on these Ex-service men, and the hon. Member is in error in regard to his interpretation of the legal points. I am satisfied that the patients are, at present, properly detained, but their cases will be kept under careful observation.

August 4th, 1922: Women Members of Asylum Committees.—Sir ROBERT NEWMAN asked the Lord Privy Seal whether, in view of the fact that there were over 30,000 women patients of unsound mind in borough and county mental hospitals which had no women members of the visiting committees of those asylums, the Government would consider the advisability of granting facilities during the Autumn Session or the passing of the Lunacy (Visiting Committees) Bill, or, that the Government would themselves undertake to pass a measure of their own having the same object in view.—Mr. CHAMBERLAIN replied: The Ministry of Health is preparing a Bill which will deal, amongst other things, with the subject referred to in the question.

INCIPIENT INSANITY: PROPOSED GOVERNMENT BILL.

It is understood that Sir Alfred Mond, as responsible for the Board of Control, has under consideration the draft of a Bill to enable persons suffering from incipient mental disease to be treated in public or private mental hospitals without certification. As the result of some informal conferences, the Minister hopes that something like an agreed measure may be presented and in such short compass as to secure prompt passage. The proposal follows upon a pledge given by the inclusion of a clause to deal with this matter in the ill-fated Miscellaneous Bill which Dr. Addison submitted in September, 1920. All the various provisions of that Bill had to be sacrificed, but the importance of this subject has grown rather than diminished in the interval. It remains to be seen exactly what is contemplated. Broadly, the idea is that while the rich have resources available for curative care and attention, the poor have not, and that to afford facilities should prove economical in the long run, while avoiding for many the stigma of insanity and so inviting a freer use of existing facilities for treatment. It is pointed out that 35 per cent. of the certified patients in asylums are discharged in the course of time as recovered, and this is held to encourage the institution of methods for dealing with such trouble at an early stage if the patient is willing to take advantage of the opportunity. If the project meets with support county councils might, under improved financial conditions, be willing to provide separate homes or annexes for such sufferers.—(*British Medical Journal*, July 1st, 1922.)

EDUCATIONAL NOTES.

London County Council.—The Maudsley Hospital.—Lectures and practical courses of instruction for a Diploma of Psychological Medicine, fifth course, 1922-1923.

Part I.—(I) Eight Lectures on the Anatomy of the Nervous System. By Sir Frederick Mott, K.B.E., M.D., LL.D., F.R.S., F.R.C.P. On Tuesdays, at 2.30 p.m., commencing on October 10th, 1922. The evolution of the nervous system in the animal series; physiological levels; macroscopic and microscopic anatomy of the nervous system; the neurone concept; the projection, association and autonomic systems; ultimate distribution of the cranial nerves, spinal nerve roots and sympathetic nerves; the meninges—cerebral arteries and their distribution—the intra-cranial venous and lymphatic systems; the congruence of structure and function in the brain; the congruence of experimental investigation with anatomical observation; the clinico-anatomical methods of investigating the functions of the central nervous system—spinal cord—medulla oblongata—pons—cerebellum—mesencephalon—basal ganglia—cerebral hemispheres; the cortex cerebri in relation to cerebral localisation, including the cerebral mechanism of speech; the structure of the endocrine and reproductive organs.

Practical Instruction and Demonstrations: Methods of staining nervous tissue and preparing it for microscopical examination; the living nerve-cell—the nerve-fibre; degeneration and regeneration of nerves; distribution of sections, illustrating the principal diseases of the nervous system, for mounting as a permanent collection.

(II) Eight Lectures on the Physiology of the Nervous System. By F. Golla, M.D., F.R.C.P., Physician, St. George's Hospital. On Fridays at 2.30 p.m., commencing on October 13th, 1922. Reflex action—co-ordination and proprioceptive system; motor system, including muscle and nerve; sensation—fatigue—localisation and reference of sensation, normal and abnormal—special senses—mental work and fatigue; methods of investigation; physiology of the emotions; endocrinology; the autonomic system; action of alcohol and drugs; physiological chemistry; trophic and vegetative functions.

Practical Instruction and Demonstrations: Physiological Chemistry: Chemistry of the nervous system, and cerebro-spinal fluid; metabolism—vitamines and food deficiency; physico-chemical methods as applied to bio-chemical research; blood and urine analysis—acidosis, uræmia, uric acid.

Practical Physiology: Physical concomitants of emotion; recording reflexes and tremors in man; action of drugs on autonomic system; the study of reflex action in the spinal animal.

(III) Eight Lectures on Psychology. By Henry Devine, M.D., F.R.C.P. On Thursdays, at 2.30 p.m., commencing on October 12th, 1922. Definition and scope of psychology—behaviour—adjustment—classification of responses—instinct—habit—thought—relation of mind and body—the psycho-physical organisation as a biological unit—integration—methods of psychological investigation; analysis and classification of modes of consciousness; cognition—sensation—perception—imagination—memory—association—judgment; conation—attention—volition; affection—emotion—mood—sentiment; personality—temperament—character; sleep—dreams—suggestion—hypnosis—dissociation; illusion—hallucination—delusions—disorders of attention; fatigue—effects of drugs on reactions.

Practical Instruction and Demonstration: Sensation—psycho-physical methods—statistical methods—reaction times—association—memory—intelligence tests—muscular and mental work.

Part II: Part II will follow in January, 1923, about which a further announcement will be made as to times and lectures.

Fees: For the whole course of Parts I and II, £15 15s.; for Part I, separately, £10 10s.; for Part II, separately, £10 10s.; for one single series of lectures in Part I, £4 4s.; for one single series of lectures in Part II, £2 2s.

Inquiries as to lectures, etc., should be addressed to "The Director of the Pathological Laboratory," Maudsley Hospital, Denmark Hill, S.E.

The Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C. 1. —A course of six lectures on "Symbolism" will be given by J. A. M. Alcock, M.R.C.S., L.R.C.P., on Wednesdays, at 5.30 p.m., beginning October 18th.

- (I) Instinctive mind; ways of "thinking"; the "unconscious."
- (II) States of consciousness; dream state; waking state; subjectivity.
- (III) Personality; complexes; resistances; repression; non-expression.
- (IV) Personality and functions; classes and types according to complexes and according to essential features.
- (V) Collectivity; myths and myth motifs.

(VI) Rebirth symbolism ; analogies with mysticism.

Fee for the course, £1 1s. Tickets to be obtained in advance from the Hon. Lecture Secretary at the Clinic.

National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, W.C. 1.—Syllabus of post-graduate course, October 9th to December 6th, 1922. The course will consist of the following subjects: Lectures on the pathology of the nervous system, by Dr. Greenfield, on Mondays and Thursday, at 12 noon. Out-patient clinics, on Mondays, Tuesdays, Thursdays and Fridays, at 2 p.m. Lectures and demonstrations on neurological ophthalmology, by Mr. Leslie Paton, on Wednesdays, at 3.30 p.m. Clinical lectures and demonstrations, on Mondays, Tuesdays, Thursdays and Fridays, at 3.30 p.m.

The fee for the whole course, including Mr. Paton's lectures, is £14 14s.; but these lectures may be taken separately for a fee of £6 6s. Any part of the course may be taken separately at a special fee. Special arrangements will be made for those unable to take the whole course. Fees should be paid to the Secretary of the Hospital at the office on entering for the course.—C. M. HINDS HOWELL, Dean of Medical School.

LABORATORY OF THE SCOTTISH ASYLUMS.

TWENTY-FIFTH ANNUAL REPORT BY THE PATHOLOGIST, 1921.

DURING the year sixty-one asylum cases were investigated and reported upon. In fifty-two of these the investigations required were bacteriological, in six histological, and in the remaining three of the nature of laboratory tests. In most of the cases in which a bacteriological investigation was made, autogenous vaccines were supplied for treatment. Five visits were paid to asylums outside of Edinburgh for the purpose of investigating cases. Dr. P. Vieyra (attached to the Royal Edinburgh Asylum) worked in the Laboratory from the beginning of October to the end of December.

My research work has been directed mainly to the investigation of the chronic bacterial infections occurring in cases of dementia præcox. The results of this investigation, up to the end of June, were recorded in a paper read at the annual meeting of the Medico-Psychological Association in July. In October arrangements were made by the issue of a circular for the systematic bacteriological investigation and treatment of a new series of cases of dementia præcox. The response of the asylum staffs to this invitation has, on the whole, been good. The results of treatment in some cases have been such as to give encouragement to those who hope that this hitherto incurable form of insanity will yet be made amenable to treatment at an early stage of its development. On the bacteriological side the evidence steadily accumulates that all cases of early dementia præcox suffer from extremely severe chronic bacterial infections of known neurotoxic character, involving chiefly the intestinal tract. The exact part that these chronic infections play in the causation of the malady has still to be defined, but there is already clear evidence that their suppression results in benefit to the patient. It must be remembered, however, that the detection of a chronic infection does not always imply that it is possible to eradicate it by any means yet known to science. The example of chronic infection by the tubercle bacillus should be sufficient to warn us against forming extravagant expectations of easy cure in dementia præcox. Moreover, chronic infection in this disease is only one of several factors in its pathogenesis. Three other important factors that require further investigation are—(1) those that are purely psychological, (2) the effects of disorders of internal secretion, and (3) the auto-intoxication dependent upon intestinal stasis. The special importance now being attached to the last in America requires that it should be made the subject of careful investigation here also. I believe that this factor and the disorders of internal secretion are mainly consequences of the intestinal neurotoxic infections, and that suppression of these at an early stage would be sufficient to prevent the development of the malady. This view is borne out by the completely successful results of treatment in two very early cases in which the characteristic intestinal infections were present. Both were treated by therapeutic immunisation; all of the disquieting symptoms disappeared, and the patients remain well after two years. Unfortunately, cases of dementia præcox,