Superannuation) Bill were read and confirmed, and correspondence in connection with the work of the Division was read.

It was arranged to hold the Spring Meeting of the Division at the Stewart Institution by the kind invitation of Dr. Rainsford.

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

Gerald O'Reilly Sheridan, M.B., B.Ch., B.A.O. National University of Ireland, Assistant Medical Officer, Portrane Asylum. Proposed by Drs. Cullinan, J. O'C. Donelan, R. R. Leeper.

Henry Porter D'Arcy Benson, M.D., C.M., M.R.C.P., F.R.C.S.Edin., Medical Superintendent, Farnham House, Finglas. Proposed by Drs. W. R. Dawson, J. O'C. Donelan, R. R. Leeper.

Edgar Curnow Plummer, M.R.C.S.Eng., L.R.C.P.Lond., Medical Superintendent, Farnham House, and Maryville, Finglas. Proposed by Drs. W. R. Dawson, J. O'C. Donelan, and R. R. Leeper.

Dr. Nolan introduced a discussion upon the Asylum Officers' Employment, Superannuation, and Pensions Bill now before Parliament, and read a telegram from Lord Wolmer. As to the present position of the Bill before the House of Commons, various clauses of the Bill and its especial bearing upon Irish asylums were discussed by Drs. O'Neill, Greene, and Drapes. It was proposed by Dr. Greene, and seconded by Dr. O'Mara, and passed unanimously, that the following resolution be forwarded at once to the inspectors of Irish asylums:

"That the Inspectors of Lunatics, Dublin Castle, be requested to represent to the Irish Government the necessity of introducing into the Asylums Officers' Employment, Pensions, and Superannuation Bill at present before Parliament a clause such as is in the principal Act in reference to the procedure as regards Irish asylums, and especially to the sanction required for pensions and gratuities to be granted under this Bill. We also consider it desirable that such other modifications be made as are necessary to render the Bill applicable to Irish procedure."

In the unavoidable absence of Dr. Dwyer his communication was read by the Divisional Secretary.

A CASE OF RECURRENT MELANCHOLIA WITH STUPOR.

By P. J. Dwyer, M.B.,
Assistant Medical Officer, Richmond Asylum, Dublin.

J. D—, æt. 19 years and 3 months, messenger by occupation, was admitted to the Richmond Asylum on February 27th, 1904.

According to previous history he was always of a nervous temperament and had been delicate in infancy. He was noticed to have peculiar habits and was a prey to melancholia, constantly requiring excitement to enliven him. Six weeks previous to admission he had an attack of influenza after which he became very depressed and threatened suicide.

When admitted he was very depressed and complained of persecution from his relatives; he admitted hearing voices. In appearance he was very miserable and he gave the general impression of being a youth of rather deficient intelligence.

He continued in the above condition for about four months, during which time he complained of being annoyed by people talking about him. He also had delusions of self-accusation, and admitted masturbation for about five years.

Gradually he brightened up, but was not quite recognisant of his mental state.

He was discharged recovered on August 24th, 1904.

Patient, having threatened to commit suicide, was re-admitted on August 25th, 1906.

On admission he was very depressed and emotional. He said that he had not done any work since his discharge, because he would get tired. He believed that people used to look at him and that they knew he was addicted to self-abuse. Hallucinations of hearing were present.

After admission he developed delusions regarding his people at home, and did not wish to be sent out as he would have to go to them.

He continued depressed as a rule, with very short intervals of brightness, for about twelve months after his admission, when he began to refuse all food and would not speak; he lay motionless in bed, with his eyes closed. He was artificially fed, a process to which he submitted in a passive fashion.

He retained his healthy colour for a long period, and was quite clean in habits, performing the natural functions in a semi-automatic fashion. There was no rigidity of any joints and there was no tendency towards catatonia. His pulse was slightly quickened and the tension did not seem to be increased. Breathing was somewhat shallow, and there were no gastro-intestinal symptoms which called for treatment beyond occasional constipation.

He remained in this condition for about seven months, when he suddenly opened his eyes one morning and asked for a cigarette, which he smoked complacently; he, however, would not take any food until a few days afterwards when he began to eat in a normal fashion.

He began to improve after this and was no longer miserable, in fact he was quite the opposite, being buoyant in spirits. He told me that he remembered everything that had taken place and remembered being artificially fed, he also said that he would not open his eyes because it "came natural" to me. He volunteered the information that he had been on a long journey over the world and that he had gone where he was sent. Who sent him he could not answer. He spoke in a somewhat childish fashion, and did not seem to recognise or to be concerned by the fact that he had been inert for so prolonged a period.

Shortly after this he became restless and had to be kept in a refractory division. He refused to wear any head-covering, and was of dirty and untidy habits.

During this period his sister died in the asylum of exhaustion following acute mania within a month; this fact did not seem to affect patient very markedly when he learnt it afterwards, although he was supposed to be very attached to his sister.

On June 1st, 1908, he was discharged recovered.

June 15th, 1910, patient again returned, having threatened to commit suicide. He was acutely depressed and had delusions of degradation on admission, he was also apathetic and lethargic.

It appears that he had been working up to some months previous to admission in a printing house, but had to cease because he was annoyed by the machinery and traffic.

After admission he got a little brighter and did some work for a few days. He then complained of a pain in his head and got extremely depressed.

He refused food and exhibited the same symptoms as before for some days.

At present he is not in bed, but sits in the one fixed position unless he is told to move, which he does in an apathetic fashion. He refuses all food with a wistful smile and talks in a depressed under-tone. He is clean in habits.

His pulse is 79 and not of a characteristically high tension. There are no areas of anæsthesia.

As will be noticed from the above history, the attacks of melancholia have recurred at intervals of two years and have been accompanied by stupor on the last two occasions only. All three attacks were marked by the presence of delusions.

Regarding the stupor, it followed the description given by Craig, excepting the fact that the patient was not resistive. Neither was there any paralysis or rigidity of the large proximal joints as described by Stoddart.

There are neither verbigeration, stereotyped movements, nor rigidity, so the case could not be confused with the catatonic form of dementia præcox. In conclusion one may say, I think with a degree of certainty, that this case will terminate in dementia, as signs of enfeeblement of mind have already appeared.

The paper was fully discussed by the members present.

Dr. DRAPES said the paper was most interesting and noticed the fact that resistiveness and rigidity were absent in Dr. Dwyer's case. He considered that it was impossible to draw a hard and fast distinction between these cases of stupor, as all cases varied. Stupor, he considered, was a most interesting condition, and did not receive as much space in the text-books as it deserved, especially as regards its pathology. Dr. Drapes referred to two cases of stupor recorded by Dr. Wigglesworth in which an inflammatory change was observed in the cells of

the motor area. He believed stupor to be due to cerebral exhaustion, and it might follow upon either a maniacal or melancholic attack.

Dr. NOLAN differed in his opinion as regards the necessity for definite classification from the previous speaker, and thought that the grouping of symptoms together was desirable as in cases of ordinary physical diseases dealt with in a text-book of general medicine.

Dr. J. O'C. DONELAN drew attention to the extraordinary receptive power of the patient in Dr. Dwyer's case, and told the story that on one occasion whilst the patient was being fed another patient rushed at him and spilled the food upon his face. Months afterwards when the patient had recovered from the stupor he gave a detailed account of this incident. He considered that in stupor, only the executive mechanism of the individual sufferer was defective.

The PRESIDENT wished to remark that katatonia was not always a definite symptom in these cases, and that the memory and affective faculties were in this case in abeyance.

Dr. LEEPER regretted the want of definite pathology of this condition of stupor. He had read that an increase in the specific gravity of the blood was found in stuporose cases. He gave it as his experience that cases of stupor were generally suffering from some terrifying delusion which seemed to paralyse their intellectuality.

Dr. LEEPER read a short note on a case of surgical interest.

The patient was an elderly gentleman who stated that he had swallowed a denture consisting of false teeth set in a gold plate.

No physical symptoms were observed.

The patient was given cotton-wool sandwiches of which he had a fair quantity.

On an X-ray examination no foreign body could be detected. Fourteen days afterwards (after an ordinary enema) the entire plate was passed *per rectum*. Dr. Leeper wished to elicit the opinion of the experienced alienists present as to the proper course to be adopted in these cases, and if possible to form a definite opinion as regards the treatment of patients who had swallowed foreign bodies. A most interesting discussion followed in which Drs. NOLAN, O'NEILL, DONELAN, and DRAPES took part.

One case was recorded by Dr. Nolan of a patient who had swallowed an iron spoon which became encysted and gave little or no trouble to the patient, but death was subsequently caused by an intestinal perforation caused by a bristle from a brush which the patient had subsequently swallowed.

It was generally held that false teeth should be removed from epileptic patients, but that in ordinary cases free from marked suicidal tendency the use of dentures should be permitted so as to ensure efficient mastication. It seemed that if a foreign body had passed out of the stomach it was better to leave it alone rather than to risk a laparotomy in an insane patient.

On the motion of Dr. O'Neill, seconded by Dr. O'Mara, a vote of thanks was passed to the President and Fellows of the Royal College of Physicians for the use of the College room for the meeting of the Division and the proceedings terminated.

AUSTRALASIAN MEDICAL CONGRESS.

SYDNEY, N.S.W., SEPTEMBER 18TH TO 23RD, 1911.

SUMMARY OF PROCEEDINGS OF THE SECTION OF PSYCHOLOGICAL MEDICINE AND NEUROLOGY.

The President of the Section, Dr. BEATTIE SMITH, of Melbourne, Victoria, delivered his presidential address on the morning of Tuesday, the 19th (see p. 1).

A discussion on "Treatment of Mental Patients in General and Special Hospitals without Certification" was then opened by Dr. ERNEST JONES, Inspector-General for the Insane, Victoria. After referring to the historical side of the question, Dr. Jones stated that some seven or eight years ago the Lunacy Depart-