DUNCAN MACMILLAN, B.Sc., M.D., Ch.B.Edin., Assistant Physician, Crichton Royal Institution, Dumfries.

Proposed by Drs. C. C. Easterbrook, J. McDougall and W. J. Raitt.

ANDREW MCNAE WYLLIE, B.Sc., M.B., Ch.B.Glasg., Clinical Pathologist, Crichton Royal Institution, Dumfries.

Proposed by Drs. C. C. Easterbrook, J. McDougall, and W. J. Raitt.

ARTHUR SPENCER PATERSON, B.A.Oxon., M.B., Ch.B.Edin., Assistant Medical Officer, Glasgow Royal Mental Hospital, Gartnavel, Glasgow.

Proposed by Drs. D. K. Henderson, A. G. W. Thomson and W. M. Buchanan.

Following upon a short discussion of the changes likely to follow the operation of the Local Government (Scotland) Act, 1929, the reference made to the Divisional Committee of Management at the last meeting was continued.

The SECRETARY having explained that Dr. D. K. Henderson, on the invitation of Dr. G. H. Kirby, the Director, was sailing the following day to attend the opening ceremony of the New York Psychiatric Institute and Hospital, it was unanimously resolved to appoint Dr. Henderson official representative of the Scottish Division at the ceremony, and to ask him to convey to Dr. Kirby and his colleagues the congratulations and good wishes of the members.

On the motion of Dr. Donald Ross, it was resolved that, in future, the Chairman and Secretary be authorized to give any member attending Foreign Congresses, etc., sanction to represent the Division.

Members were kindly entertained to lunch, after which Lord Scone welcomed the members on behalf of the Directors to the Murray Royal Asylum. The Chairman cordially thanked the Directors and Dr. W. D. Chambers and his staff for their kind hospitality and for the arrangements made in connection with the meeting.

Thereafter members had an opportunity of inspecting the hospital, under the guidance of Dr. Chambers and his assistants.

On the meeting reassembling Dr. Thornton read a short paper on "Three Cases of Death from Rupture of the Heart," and an interesting discussion was taken part in by Drs. H. Ferguson Watson, D. Ross, A. G. W. Thomson and W. M. Buchanan.

Dr. CHAMBERS presented (1) a case of katatonic dementia præcox in a patient suffering from Hirschsprung's disease, specially interesting from the point of view of prognosis, and (2) a case exhibiting an unusual series of neurological signs.

A vote of thanks to the Chairman terminated the business of the meeting and thereafter members were kindly entertained to tea at Murray House.

IRISH DIVISION.

THE AUTUMN QUARTERLY AND CLINICAL MEETING of the Irish Division of the Royal Medico-Psychological Association was held in the Royal College of Physicians, Kildare Street, Dublin (by kind permission of the President and Fellows), on Thursday, November 7, 1929.

There were seventeen members present.

Dr. R. R. Leeper, Chairman of the Division, presided.

Apologies for unavoidable absence were received from Dr. Martin, Dr. Owen Felix McCarthy, Lt.-Col. W. R. Dawson, Dr. S. J. Graham and Dr. Norman Graham.

The CHAIRMAN, in opening the meeting, referred to the loss the Division had sustained in the deaths of Dr. Bagenal Harvey, of Clonmel, and Dr. Patrick O'Doherty, of Sligo. A vote of sympathy was passed in silence, the members standing.

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

The meeting then considered the question of the establishment of "Study Groups" in Ireland. A discussion ensued, in which it was the consensus of opinion that such groups might augment the clinical activity of the Division, and on the proposal of Dr. Moran, Dr. Honan, of Downpatrick, and Dr. FitzGerald of Grangegorman Mental Hospital, agreed to take up the matter and, if possible, to organize groups in their respective areas.

PAPER.—**"The Post-Graduate Course in Neurology and Psychiatry in Vienna,"** by JOHN DUNNE, M.B., D.M.D.

Any account of the clinic of Vienna would be incomplete without reference to the American Medical Association there. This Association, with its headquarters in the Alserstrasse, was founded to serve as an introduction to American doctors and students who wish to take courses in the clinic. It has a very large membership, the majority being Americans, the remainder consisting of students from other foreign countries. Not only does it organize courses for intending students, but it is also a great help to the stranger, for it supplies useful information regarding hotels, pensions, restaurants, places of interest, prices, etc., and at the same time serves as a clubroom where the work of the day can be discussed over a litre of beer or wine. The membership fee is very moderate, and the value that one gets in return cannot be measured by it.

It was the American Medical Association which arranged a six-weeks' intensive course in psychiatry of which many members of the R.M.P.A. took advantage. The number to take part in the course was limited to fifteen. Amongst those were three from Ireland—Dr. Cassin, of Kilkenny, Dr. Duncan, of Belfast, and myself.

The Psychiatric Clinic, called after its founder, forms part of the large general hospital of Vienna. Wagner Jauregg is still the guiding spirit, and unites under his able leadership the various schools of treatment. Here one finds the greatest and most famous psychiatrists in the world, each concentrating on nervous and mental diseases from his own particular angle. The Clinic is supplied with patients from two sources: 1, a large number attend voluntarily, either of their own accord, or are brought by their relatives. 2, all cases notified by the police are first brought to the Clinic before being sent to the State mental hospital. Each patient undergoes an exhaustive examination, psychologically, physiologically, serologically, radiologically, neurologically, etc. In this way he has the services of an army of specialists, who are assisted by a large number of students. The result of this system is that Vienna is looked upon as the home of research. It is the Mecca of students from all parts of the world, and there is an ever-growing population of foreigners who are willing to pay for the privilege of working in the Vienna Clinic.

The pecuniary advantage which the Clinic and the City derive in this way must be considerable.

It would be impossible in a short paper to give anything like a detailed account of our course. It was most comprehensive. I will only allude to the more interesting subjects.

Beginning with psycho-analysis, my impression of it as a method of treatment was one of disappointment.

Hypnotism was dealt with largely and proved most interesting. The technique is quite simple and easily carried out on suitable patients. Cases in which it had been of benefit—for example, alcoholics—were demonstrated.

Radiology as an aid to the study of nervous diseases was lectured on by Prof. Schiller. His researches into the causation of such obscure conditions as post-traumatic shock (often mistaken for malingering) and migraine have led to discoveries of the first importance.

The vegetative nervous system, as presented by Dr. Spiegel, was one of the most interesting parts of our course.

Pathology was also very absorbing. Among the many original discoveries made by Dr. Marburg is his claim that congenital syphilis can skip a generation.

Speech defects were dealt with in two lectures by Prof. Stein, and as it was the shortest subject of our course, I propose to give a *résumé* of his lectures.

To understand errors of speech we must understand its origin and development. At first we have the cry of the infant, which is an expression of the child's desires, the intonation of the cry, even then, varying with the cause, whether pain, cold, hunger, etc. It has been noticed that a child in pain begins to cry with a loud explosive noise, while if it just wants to attract attention—being naughty—the cry begins softly. Excessive attention or yielding on the part of the mother to the child's crying will have a bad effect on the formation of its character. Gradually the child, after a few months' exercise of his respiratory and vocal muscles, begins to produce all sorts of sounds by involuntary movements of the lips, tongue and

palate. These sounds are pleasing to the child and he continues to repeat them over and over again. The repetition of syllables is the most primitive form of word-building, *e.g.*, "papa," "mama," "dada," and may be used later against the person's will as in stuttering. We hear those primitive repetitions also in terms of endearment by adults; for example "puss-puss," "diddums," etc.

The child practises his sound-building, and learns more in the first three years than in all the rest of his life. Sometimes it happens that a child does not make any effort to speak. This may be due to failure of development from congenital defect. But it has often been shown that children who have average intelligence may be dumb.

No. 1: A 12-year-old girl is dumb and is supposed to hear nothing. The otherwise well-developed child uttered no sound during the examination, and reacted to no shouting or other sound expressions. Testing, however, with Urbanitch's harmonica, especially designed for the purpose, showed that the little girl certainly heard notes at a distance of 4 metres. Training of her hearing was begun. Continued hearing and speech training was so successful that not only was she fit to take part in ordinary household duties, but she was able to learn the whole of the first year's curriculum in the public school in one year.

No. 2: A girl of 14 years who had never spoken, and who had had frequent fits of violence. She had a vacant, sullen expression and was looked on as a case of imbecility. The history showed that the mutism was in no way the expression of imbecility. The girl learned in a period of months the separate sounds, syllables and words and the writing symbols. The further development of her speech and of her psychical condition showed that the whole thing was due to an inferiority complex.

Continual stimulation of the hitherto untrained auditory nerves will cause them to take up their function.

Some children develop speech to a certain extent only. They are either lacking in certain sounds or else they mis-pronounce. For instance, instead of saying kettle they say *thettle*; vessel, *wethle*, etc. This has been usually attributed to defects in the organs of speech, such as the muscles of the lips, tongue, etc. But in most cases this is not so. The organs of speech may be perfect, but have not been educated properly. Anything likely to bring the defect to the notice of the child in an unpleasant manner, such as the jeering of his school-mates or the correction of his parents, is very harmful. It will either discourage the child, causing an inferiority complex with extreme depression, even making him give up speech altogether, or it will cause him to over-exert in correcting his defect, and leads to a different type of speech defect, or stutter. For example:

Since my return I have met an interesting example of the result of interfering with the child's normal evolution in written speech. A child of 10 would write only with his left hand. The teacher insisted on his writing with his right hand. The result was that the child now wrote backwards—a typical example of mirror-writing—and no persuasion by his teacher or parents could prevail on him to write otherwise. It was looked on as a serious defect. Being interested in the child I tried to gain his confidence without referring to his writing. Having succeeded in doing this, I showed him how to write properly, and to my extreme satisfaction he wrote a perfectly normal hand and has not done any mirror-writing since.

Stuttering shows itself as convulsive movements of the speech mechanism which interrupt the flow of speech. According to old views, stuttering was a thing apart altogether from the will-power of the individual, and it was attributed to mechanical defect. It is now recognized that this view is altogether wrong, and that stuttering is merely a failure of the speech muscles to work in harmony, and is bound up with the volition and psychic make-up of the individual. Every intelligent child in learning to speak has to do a considerable amount of thinking before uttering a sentence. With a nervous child this gives rise to a tendency to repetition in the case of a difficult sentence, *i.e.*, the so-called clonic stutter, as in "I am de-*de-de-delighted*," or "He has *g-g-g-gone*." If the anxious parent brings the defect to the consciousness of the child by reproving him, he makes strenuous efforts to overcome it, which result in a tonic stutter. Instead of saying *ttttttttttttttttttable* he says "*t—t—able*." If no notice is taken of the original clonic stutter, it is probable that it would disappear after a short time. The parent again reproves, and now the child brings in the other muscles of the body to help him. He becomes more and more nervous with fears not related

to articulation, and finally will not speak, or only very little, and appears stupid. It is possible that such a child will say 2 and 2 make 6, or answer "I don't know" to "What is your name?" It is not that he is stupid, but he is anxious and afraid to speak certain words, and prefers to say another word which is not difficult to articulate. The child is then considered defective, and may not even be recognized as a stutterer. It is quite easy to treat by the following method:

No. 1: Treating the inferiority complex by psychic suggestion. This is done by explaining to the child the reason of his own psychic abnormality and gaining his confidence.

No. 2: By breathing exercises. Normal respiration in speaking consists of long expiration and short inspiration. In stutterers inspiration is normal and expiration is short. The technique of those exercises is very simple.

No. 3: Articulation exercises. These show the position of the tongue and lips for the consonants—at first easy consonants, then difficult ones.

In this way it is claimed that all cases of stuttering can be cured in six months.

We visited the State Mental Hospital, which is situated about an hour's journey from Vienna, in the centre of very nice country. It is a modern institution, completed in 1907, when money was more plentiful in Austria than it is now. The institution is laid out in villas, twenty-four in all, and contains 3,800 patients. The food is cooked in one central kitchen and is conveyed to each department by means of electric trams, and it does not lose any heat in transit. Very thick unbreakable glass is used in the large windows of single rooms and wards. This glass is a little more expensive than ordinary glass, but the saving in breakages is worth the increased cost. The advantage of it is that patients get much more light than in the smaller windows which we have in Ireland. A regrettable feature was the use of cages over the beds for refractory cases. This method of restraint was also used in the clinic in Vienna, and it was sad to see many unfortunate patients struggling like wild animals behind the network of their cages of plaited cord.

Before concluding this paper I would like to refer to the other attractions which Vienna has to offer. To my mind it is one of the most beautiful cities in the world. To the student of architecture, of history, to the lover of music, to those interested in art it is a never-ending source of joy. The noble edifices of Vienna, the Stephansdom, the Mariestigekirche, the Hofburg and many others are a delight to see. The opera, the open-air concerts are a credit to the home of Beethoven and Schubert. The National Art Gallery or Kunst-historiches Museum can boast of one of the finest collections of old masters in the world. It is almost incredible that such a large collection of the works of each immortal painter could be made—Raphael, Titian, Murillo, Velasquez, Romney, etc.

The people themselves are the personification of hospitality.

Dr. Dunne's paper gave rise to an interesting discussion upon psycho-analysis. The value of this method of treatment in certain cases was upheld by Dr. J. FITZ-GERALD, but many members recounted experiences where the treatment had been entirely harmful.

Dr. B. F. HONAN, of Downpatrick, then gave the meeting a *résumé* of his experiences as a member of the Association's party in the recent visit to the Paris Hospitals.

Dr. Honan's remarks gave rise to a most interesting discussion on Continental hospitals and methods. Dr. M. J. NOLAN, Dr. J. MILLS, Dr. L. GAVIN, Dr. J. O'CONOR DONELAN, Dr. P. J. CASSIN and others recorded their experiences at various times of the hospitals of France, Belgium and Holland. It was the fairly general experience that, although Continental hospitals were in the main better equipped for research than Irish hospitals, many of their methods of treatment, especially with regard to restraint, seclusion and the giving of powerful sedative drugs, would not be tolerated in Ireland.

Dr. NOLAN stated that occupational therapy was in an advanced state in Holland. Almost all the patients were occupied and, to accomplish this, there was one nurse to every three patients.

Dr. MILLS cast a doubt on the wisdom of exploring the various cavities of the body in the search for septic foci, to the extent practised in a hospital he had recently visited.

Dr. DUNNE, in replying, suggested that some of the Irish Mental Hospitals might perhaps, with advantage, be linked up with one of the Universities, as is the practice in Vienna, thereby placing at their disposal men who were eminently fitted for research into these difficult problems.

The CHAIRMAN and many of the members expressed their gratitude to Dr. Dunne and Dr. Honan for their interesting and valuable communications.

Dr. GAVIN referred to the desirability of new lunacy legislation in the Irish Free State, as it was his opinion that some of their committal forms in use were archaic and put undue hardships on patients and relatives.

Dr. NOLAN stated that legislation was pending in Northern Ireland.

The CHAIRMAN stated that this problem of fresh legislation had been before the Association for thirty years and that, so far, they had found it impossible to get anything done.

It was then agreed to hold the next Quarterly and Clinical Meeting at Ballinasloe Mental Hospital, by the kind invitation of Dr. Mills, on Thursday, April 3, 1930.

On the motion of the CHAIRMAN, a vote of thanks was unanimously passed to the President and Fellows of the Royal College of Physicians for their courtesy in granting the use of the College to the Division for its Autumn Meeting.

This terminated the proceedings.

DIVISIONAL CLINICAL MEETINGS.

Horton Mental Hospital, Epsom.*

Divisional Clinical Meetings of the South-Eastern Division were inaugurated by a clinical meeting of the Southern Area of the Division at Horton Mental Hospital, Epsom, on April 4, 1929.

There were present 22 members and 5 visitors. Dr. J. R. Lord presided.

The CHAIRMAN, in opening the proceedings, explained briefly the purposes for which the meetings were held. They were principally two: (1) To enable medical officers of mental hospitals (whether members or not), and others, to meet informally for the examination and discussion of cases of mental disorder and any topics arising therefrom, and (2) to enable general practitioners to renew and enlarge that meagre clinical experience of mental disorders which they obtained as medical students.

The programme of the meeting was specially arranged to carry out these purposes.

The first patients which were to be shown were selected to carry out purpose (2): they were typical cases presenting no unusual features—demonstration cases of mental disorders of everyday occurrence. The remainder were cases of some special interest or difficulty, the study of which while carrying out (1) also furthered purpose (2).

It was very desirable that the medical staff of mental hospitals and neighbouring medical practitioners should become better acquainted with each other's points of view of the practice of psychiatry and also socially.

(1) He then exhibited cases showing the typical disorders of speech and train of thought in (i) acute mania, (ii) paraphrenia, (iii) katatonic excitement.

He also showed a case presenting true mental confusion, and explained that this symptom might or might not be of grave significance. Confusion might merely be attendant, for instance, on the distraction of attention occasioned by hallucinations, and the failure of apprehension, cognition and orientation which resulted therefrom. The prognosis in such cases was usually good. On the other hand, mental confusion might be significant of a deeper disorder and might be a precursor of dementia. Prof. Shaw Bolton points this out in an interesting contribution to the Mott Memorial book on "The *Rôle* of Mental Confusion in Prognosis," in which he lays down the dictum, "No mental confusion—no dementia."

Dr. Lord went on to remind them that the first and central fact of psychology was the Cartesian dictum, "I know myself knowing; I know myself feeling; I know myself willing or striving," and that it was the perceiving mind or "I" which established order out of that mass of presentations called by William James "buzzing booming confusion." Dependent on the severity of the cortical

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* Inadvertently omitted from July, 1929, number.