

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

THE usual Quarterly Meeting of the Association was held at the British Medical Association House, 19B, Tavistock Square, London, W.C. 1, on Wednesday, November 6, 1929, under the Presidency of Nathan Raw, *C.M.G.*, *M.D.*, *M.R.C.P.*, *F.R.S.E.*

(1) MINUTES.

The minutes of the last meeting, having already been printed and circulated, were taken as read and were approved and signed by the President.

(2) OBITUARY.

The PRESIDENT said the next sad business was to refer to the members who, since the last meeting, had passed away. In a great organization such as this, it must of course be expected that there would be periodic losses by death; and to-day the loss had to be deplored of Dr. Patrick O'Doherty, who died on July 19, Dr. Fletcher Beach, who died on August 18, and Prof. William Bevan Lewis, who died on October 14. An additional death had just become known, that of Dr. C. Costello, on May 27. Two of those he mentioned, namely Prof. Bevan Lewis and Dr. Fletcher Beach, had been Presidents of the Association. He was sure that all present would wish to express great regret at the loss of these members, and to offer condolences to their relatives in their great affliction. He had already, as President, written letters to the relatives, and had received very grateful letters in return. This meeting, however, would like to express more fully the feelings entertained towards their departed colleagues, and he would ask to speak those who knew the deceased members particularly well.

Dr. Patrick O'Doherty.

Dr. W. STARKEY : I regret that no one is present to-day who knew Dr. O'Doherty better than I did, but I first had the pleasure of meeting him as a young medical officer, when I was assistant to Dr. M. J. Nolan, of Downpatrick, many years ago. I had the pleasure of renewing this acquaintance at the Association's Annual Meeting, in 1924, at Belfast. The news of the death of one who had an extremely vivid and charming personality came as a great shock to me. He has left a host of friends to mourn his early decease.

Dr. Fletcher Beach.

Dr. W. F. MENZIES : Dr. Fletcher Beach was not very well known to the younger members of the Association. Unfortunately he had been in poor health from hemiplegia for the last ten years or so. Those who knew him before that illness could never forget what a bright and cheerful personality he had. Rarely did one come across a man who would go so much out of his way to do a kindness for the younger people as would Dr. Fletcher Beach. When he (the speaker) joined the Association Dr. Fletcher Beach was General Secretary and every candidate who came up for election was cordially introduced to the "big guns" of the Association of the time, and everything would be done to make life in the Association pleasant. Two other occasions are especially worthy of recollection. When the Association met at Darenth they had a most pleasant time and an unusually fine demonstration of cases, especially the mysterious type called "hypertrophic idiocy." The other time was when he (the speaker) was on the short list for Darenth when Dr. Fletcher Beach was resigning. He took the candidates round the whole place and explained

the nature of the work fully, afterwards entertaining them at his own house. He said he did not like to think that whoever was appointed should come as a stranger. It was a sad occasion for the Association, and for those who knew him, when they heard that he was struck with hemiplegia and that his career was practically ended.

Prof. William Bevan Lewis.

Dr. DOUGLAS McRAE: I am sorry there is not present to-day someone, say another old assistant medical officer on the staff of Wakefield Mental Hospital, to speak more ably in his memory. I had the good fortune to be assistant to Prof. Bevan Lewis over thirty years ago, and it is inconceivable to me that any junior could have been placed in more favourable conditions for learning both clinical psychiatry and laboratory methods of investigation into brain disease. Bevan Lewis was a man who devoted every moment of time he could spare from his hospital and his patients to research. He seemed to be at his best when he had half a dozen of us round him investigating cases, both in the wards and in the *post-mortem* room. Many a time we juniors used to think it was a great hardship that we should be required to forsake a tennis party or a cricket match to attend or assist at a *post-mortem* examination, but it is only in after life that one is able to appreciate that the sacrifice was amply repaid by the knowledge gained from a man of such world-wide reputation in psychological medicine. Clinically he was extremely thorough, and he expected thorough work from his assistants. He was also a fine administrator, and kept his staff in a high state of efficiency. Yet, with it all, I never knew a man who was so innocent in regard to the possibilities of human intrigue or underhand dealings. No more modest man ever lived than Bevan Lewis. He shrank from publicity or notoriety, and resented deeply anything of this nature in connection with his work. I stand here to-day feeling—and I know it is so with every assistant who served at Wakefield—that I owe a great debt of gratitude to Prof. Bevan Lewis for all that he taught us and the example he set.

In memory of the deceased members, those present stood for a brief time in silence.

(3) REPORT OF THE COUNCIL.

The PRESIDENT said that one of the matters the Council had discussed was the attacks on the Lunacy Acts and on the treatment of patients in mental hospitals published in recent issues of *Pearson's Weekly* and *John Bull*, and arising out of interviews with a Dr. Dutton, who, as far as the speaker knew, was unknown in the psychiatric world. The Council of the Association took a very serious view of the matter, especially of the illustrated article in the former paper, which made charges and insinuations proved by the Royal Commission to be groundless, and contained grave misstatements of the provisions of the Lunacy Acts calculated to raise the apprehension and anxiety of the friends of the patients. The Council decided to send a letter of strong protest to the Editor of *Pearson's Weekly*, the protest to include the illustration, which was a disgraceful affair. He was sure the meeting would approve of that. (Hear, hear.)

(4) ELECTION OF ORDINARY MEMBERS.

The PRESIDENT nominated Dr. W. Starkey and Dr. E. Barton White scrutineers for the ballot.

The following candidates were unanimously elected ordinary members of the Association:

LUFF, MARY CONSTANCE, M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Research Worker under Medical Research Council; Clinical Assistant, Tavistock Clinic: 38, Langham Street, London, W. 1.

Proposed by Drs. Mildred Creak, J. S. Harris and Thos. Tennant.

WEBER, HILDA MARION, B.Sc., M.B., B.S.Lond., Clinical Assistant, London Clinic of Psycho-Analysis: 6, Taviton Street, London, W.C. 1.

Proposed by Drs. M. E. Franklin, R. Worth and J. Ernest Nicole.

HOLMES, ERIC GORDON, M.A., M.B., B.Ch.Camb., Assistant to the Downing Professor of Medicine, Examiner in Pharmacology, Cambridge: Pharmacological Laboratory, Cambridge.

Proposed by Drs. J. R. Lord, W. F. Menzies and F. L. Golla.

SHILVOCK, WILLIAM HENRY, B.Sc., M.B., Ch.B. Birm., Assistant Medical Officer, Rubery Hill Mental Hospital, Birmingham.

Proposed by Drs. T. C. Graves, F. A. Pickworth and Elizabeth T. Selkirk.

HEXT, CATHERINE MARY, M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, Holloway Sanatorium, Virginia Water.

Proposed by Drs. H. Devine, J. G. Hamilton and R. Worth.

PETERS, GORDON FRANK, M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, Horton Mental Hospital, Epsom.

Proposed by Drs. W. D. Nicol, John J. Laws and Dorothy P. Hytch.

- (5) PAPER.—“**Some Experiments with Suggestion and Association Tests in the Feeble-minded,**” by Dr. T. SASTY GOOD (*vide p. 43*).

The PRESIDENT said the Association was much indebted to Dr. Good for this original and very interesting paper. It would be recognized that it was a kind of paper which formed valuable reading, but was difficult to discuss.

- (6) PAPER.—“**Bacillus Acidophilus in Mental Patients, with Notes on the Ancillary Flora,**” by Dr. GEOFFREY SHERA (*vide p. 56*).

The PRESIDENT said this subject had an immensely important bearing on the toxic theory of causation of mental disorder, and this paper was full of original thought, and represented a very great deal of research work. At the last meeting there was read a similar contribution embodying much research by Dr. Ford Robertson, of St. Andrew's Mental Hospital, Northampton. Such papers were of immense value in elucidating the pathology of mental disorders, and members, he was sure, felt grateful to Dr. Shera for having added so much to their knowledge on the subject.

Dr. B. H. SHAW said he would like to hear from Dr. Shera, in his reply, what procedure he adopted in regard to the examination of fæces. Did he, for instance, give a purgative prior to taking fæces for examination? And how did he propose to feed patients, or to establish the acidophilus culture in the intestine? Many years ago the speaker went into this matter, following Metchnikoff's ideas, and after many attempts to eliminate the coliform bacilli in patients, he at length arrived at a procedure, which was, however, very unpleasant to the patient. Still, it seemed to be the only effective one. He made the patient take half a litre of milk daily containing a pure culture of the acidophilus; but as he could not make this diet palatable he had to desist after a time. It was a fresh culture, put up the night before. It involved a lot of labour in the wards. The abnormal coliforms seemed to be reduced, but he did not notice much improvement in the general state of the patients. He would be glad of suggestions as to how to carry out treatment on these lines to the best advantage.

Major F. H. STEWART (Brentwood): I wish to congratulate Dr. Shera on his extremely interesting paper, which forms an important addition to our knowledge of intestinal toxæmia. Intestinal toxæmia is a subject which has its ups and downs in the interest of our profession—to such an extent indeed as to be looked upon with some suspicion. We find that research workers take it up, carry out one or two inquiries, and then drop it; one can think of many names from Metchnikoff onward; but the subject nevertheless keeps coming up again, and bit by bit we have additions, such as the present, to the facts known. We may summarize our present conception of the matter somewhat as follows: Owing to some change in the conditions of life in the intestine the bacterial flora is altered, the acidophilus group is reduced in numbers, while the coliforms are increased, and unusual types such as paracolon and Morgan's bacillus appear in varying proportions. As a consequence the contents of the colon become alkaline, and such substances as phenol, indole, skatole and histamine are produced in increasing quantities. At the same time the coliform bacteria spread and migrate up the small intestine to regions where they find a mixture of amino-acids, glucose and glycerin in the chyme. Here they form the poisonous bases histamine, tyramine and indolethylamine, which are readily absorbed in an active form from the small intestine, although not from the colon.

The theory that mental disease may be caused by this condition has again come into prominence, largely through the work of Italian psychiatrists such as Buscaino and Scheiner. It has been criticized on the following grounds: (1) That poisonous

bases and other decomposition products are detoxicated immediately after absorption into the body and therefore can produce no effect. (2) That the symptoms of mental disease do not correspond with the pharmacological action of the bases. But (1) it has been shown by Meakins and Harington that histamine introduced into the small intestine of experimental cats causes a marked fall of blood-pressure, and consequently must have been absorbed in an active state, while Dale and Laidlaw found that the detoxicating power of the liver was exhausted by a dose of 10 mgrm. of this substance. Harvey has caused arterio-sclerosis in rabbits by the prolonged administration of tyramine. The very process of detoxication may be harmful, and it is hardly credible that an individual can deal for a long period with excessive quantities of substances which call for detoxication without ill-effects. (2) That the symptoms of mental disease do not correspond with the pharmacological action of the poisonous bases: Now even granted that this is so, we can be assured that the action of these substances in the complex world of the human body and mind may be very different from their action on an isolated organ, or even on an entire experimental animal. Take histamine: if it is introduced into the bowel there follows (i) a fall of blood-pressure, (ii) a recovery due to the mobilization of adrenaline, and (iii) a prolonged slow fall from adrenaline exhaustion, so that the symptoms of slow histamine poisoning in man would be those of adrenaline exhaustion, or perhaps in time of adrenaline over-production. It would take a courageous man to assert that neither of these is to be found in mental disease.

It may, however, well be asked, what positive reasons have we for asserting an association between mental disease and intestinal toxæmia? There is firstly the universal and unanimous clinical testimony, which is so strong that it becomes the duty of the laboratory not to prove the incontrovertible, but to interpret what intestinal toxæmia really means. Among the laboratory findings we then have the observed increase of coliforms in mental patients (first recorded by Dr. E. Goodall), the appearance in quantity of abnormal coliform types, many of which specialize in phenol production and the decarboxylation of amino-acids, the decrease in acidophilus, and in the urine the great increase of phenols and similar end-products of bacterial decomposition.

We must, however, recognize that intestinal toxæmia may be only a symptom and not a primary cause of mental disease.

Dr. W. F. MENZIES said that in listening to this account of very painstaking work by Dr. Shera one felt some disappointment that nothing was said about the mental condition of the patients who were treated in this way. It would have been interesting to hear whether Dr. Shera took the recent acute toxæmic cases and eliminated the chronic. Only the more senior members of the specialty would remember the excitement which was caused in the mental hospital world by the researches of Metchnikoff, and the statements concerning the *bacillus Bulgaricus*. At that time there were no laboratories at Rainhill Asylum and many other places, though there was a good one at Wakefield. Dr. Wiglesworth, who was the speaker's chief, was greatly interested in the subject, and he gave many of the patients plenty of sour milk. But when subjected to what might be called the "acid test" they did not, after some months of the treatment, show any difference mentally.

Dr. G. W. T. H. FLEMING said there seemed to be some tendency in this country to belittle the work of Pighini, of Italy. It was stated that histamine was in the wall of the intestine, and should it get through, it would be close to the liver. Two American workers, five years ago, showed that the liver had a very small power of detoxicating histamine. There was a good deal of work yet to be done on those lines.

Dr. SHERA, in reply, said he felt gratified that his paper should have given rise to an interesting discussion.

Dr. Shaw had made reference to the method pursued of examining the fæces. In reply, his method was to ask for a loose motion. If the motions of the patient were already loose, it was all right. If the patient was constipated, he was given a saline purge over-night. But with the glucose broth method he was indifferent to the type of stools, because if an organism was present this method would reveal it. In this paper he had been concerned only with the acidophilus bacillus, not with any abnormal coliforms found, which were Dr. Stewart's particular line. He, the speaker, did not claim that acidophilus therapy would necessarily eliminate

the abnormal coliforms, but he did maintain that wherever there was a patient who had insufficient acidophilus, or none at all, it was a sound line of treatment to try to re-establish the bacillus; it was only going back to Nature. The newly-born infant had nothing but the pure acidophilus in its intestine, and if it was not there it ought to be.

There was, however, another way of eliminating the coliforms, which he had learned only that afternoon from Dr. D. Embleton, bacteriologist to University College Hospital. That was by giving anti-virus by the mouth. An autogenous anti-virus was made from the bacillus—it was a ten-day culture in broth, a particular bacillus filtered through a bacterial filter—he believed Dr. Embleton used a Seitz filter. Increasing doses of this anti-virus were given by the mouth, and the results were said to be excellent.

With regard to tyrosine, the fact that it caused, in experimental work, arterio-sclerosis was very interesting; for when one met with a large amount of chronic nephritis and arterio-sclerosis *post-mortem* in mental hospitals, one wondered where it came from. Possibly this had some bearing on that point.

As to histamine, he did not know whether Dr. Stewart noticed the letter in the *British Medical Journal* by Mr. Voeg, of Edinburgh, as to the testing of urine for histamine in cases of suspected pregnancy. The speaker had tried a dozen specimens, and the test seemed to work well. That might indicate a line for the detection of the absorption of these abnormal products.

The cases were not classified in any way; the tables showed that the cases were taken at random, as they came in.

Sufficient progress had not yet been made to enable a classification of flora to be made according to the patient's mental state.

With regard to sour milk, all milk which was sour was not necessarily acidophilus milk; it might indeed be staphylococcus milk! It was necessary to have an absolutely sterile milk, and to carry out the work under strict antiseptic precautions. He had the bottles and the milk boiled, and tests were made with sub-cultures from time to time, to make sure that there were no accidental contaminations. Much harm could be done if the material given to the patients was not properly prepared.

DIVISIONAL MEETINGS.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the Division was held, by kind invitation of Col. W. H. F. à Beckett and Mrs. à Beckett, with whom was associated Dr. W. F. Umney, the Medical Superintendent, at The Flower House, Beckenham Lane, Catford, London, S.E. 6, on Monday, October 14, 1929.

There were present twenty-three members and several visitors, including Dr. G. R. F. Stilwell, a former Medical Superintendent of Flower House.

Prior to an excellent luncheon members were conducted by Col. à Beckett and Dr. Umney round the house and gardens, and were delighted with the elegance and comfort of the former and the lay-out of the latter. A stream which runs through the gardens divides to surround a plateau, which presented a vision of flowers probably not to be seen anywhere outside Holland. Near by are the remains of an old chapel, dating from Tudor times, at which the hounds of the local hunt meets were blessed.

At the meeting which followed, Dr. J. R. Lord, Past President of the Association, took the chair.

Minutes.

The minutes of last meeting, having been published *in extenso* in the Journal, were allowed to be taken as read and were then approved and signed by the Chairman.

Obituary.

The Chairman then referred to the loss to the Association and particularly to the South-Eastern Division by the decease of Drs. David Bower and Fletcher Beach.

In regard to the former he remarked that at that gathering he could add but little to what they already knew of him. His kind and helpful personality had been a source of strength and encouragement to many an earnest junior member, among