

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-

ment approached the general hospitals in Melbourne as to a ward or beds being set aside for early treatment of mental diseases, but with no satisfaction. Victoria then adopted what since Dr. Manning's time had been in use in New South Wales—the Reception House. Victoria is now trying to get legislative power passed to enable voluntary patients to be admitted into a mental hospital, which has been built and equipped but is handicapped by this legal difficulty. Dr. Jones also suggested that early cases likely to recover should be notified to the Lunacy Department, and assistance in way of mental nurse or attendant asked for, so that patient may be attended to at home.

Dr. MONTGOMERY, the Inspector-General for Hospitals of the Insane, Western Australia, gave information as to means taken at Perth, Western Australia, for care of suspected insane, and strongly advocated treatment in general hospitals. In 1908 two wards were built at the Perth Public Hospital for this purpose. The patients are under the care of the Visiting Medical Staff; men are nursed by attendants sent by the Lunacy Department, women by nurses provided by the hospital. The Inspector-General for the Insane has the right to visit wards, inspect books, etc. Since the opening of these wards 218 men and 43 women were admitted, and of these 103 men and 6 women were discharged recovered. The result has been so very satisfactory that a similar ward is being erected at Kalgoorlie Hospital, and plans are being prepared for wards at Northam and Albury. Dr. Montgomery is of opinion that treatment of suspected cases in general hospitals spares many patients the stigma of insanity, and is the means by which medical men and nurses come in touch with such patients, and thus receive a training they would never otherwise do.

Dr. DOWNEY, Medical Officer at the Hospital for the Insane, Adelaide, South Australia, read a paper discussing the modes of treatment in different states of Australia, and then referred to work about to be done in Adelaide. It is proposed to open a mental ward at the Adelaide Public Hospital, patients to be attended by the honorary medical officers of the hospital, as well as by one of the medical officers of the Lunacy Service. Patients are to be admitted in same way as to other wards of hospital, *i.e.*, by a legally qualified medical man giving a certificate recommending treatment. Dr. Downey advocated strongly the many advantages to be gained by treating patients thus. He also pointed out the necessity for every hospital for the insane being provided with a special building for the treatment of new admissions, this building to be separate from the main building, so that recent and curable patients would be treated quite apart from the chronic and incurable, a system which is now generally adopted in New South Wales.

Dr. MONTGOMERY MOSHER, of Albany, New York, U.S.A., kindly sent a paper describing the annex at the Albany Hospital, Pavilion F, Department of Mental Diseases, which has been in use since 1902. Incipient mental patients are admitted without legal process for observation and treatment and determination of the advisability of commitment to institutions for the insane. During nine years 2,000 patients have been admitted, of whom 1,000 were returned to their homes and occupations. He is of opinion that in treatment of mental disorders in the incipient stage readily available provision is required, and this is to be found in every city hospital which should properly acquiesce to this broader conception of duty.

Dr. ERIC SINCLAIR, Inspector-General for the Insane, New South Wales, read a summary of eighty-three replies from general practitioners to a letter sent to some five hundred, asking their opinion as to the treatment of early cases of mental disorder. The impression drawn from these replies was that the great majority of medical men in general practice, no matter at what stage the disease exists, recognise all mental conditions in the same light, and therefore recommend the same treatment for the incipient as for the well established. They object strongly to patients of this character being admitted to local general hospitals. If hospitals are to be provided they must be of a special type or reception house, with trained mental nurses, and all at Government expense.

Dr. SINCLAIR then spoke from his own experience, and of the work at the reception houses (Sydney and Newcastle) in New South Wales. During 1910, 1,289 cases were treated, of whom 55.8 per cent. were certified and sent to hospitals for the insane, while 44.2 per cent. were discharged. These are the only two reception houses in New South Wales, but in July, 1904, rooms in the gaols

of twelve of the larger country towns were gazetted as reception houses. The patients admitted are under the care of a visiting medical officer, the nursing staff being provided at the expense of the Lunacy Department. This, though it may meet a difficulty, is not so satisfactory from the patient's point of view as the reception house proper is. However, during 1910, 308 were thus treated, 30.5 per cent. being sent to hospitals for the insane, the rest being discharged. If population in country towns was larger, provision might be made by the Department as in Sydney and Newcastle, but at present too large a cost would be incurred. "The present indication is to make use of the local general hospitals in the country towns with or without additions specially provided for mental patients, and for the Lunacy Department to undertake cost of maintenance of mental patients in these hospitals, and to provide specially trained nurses or subsidise suitable local nurses." Dr. Sinclair also referred to "an experimental contribution to the treatment of patients before certification"—the ward for twenty patients (male) in the grounds of the Reception House, Sydney. Patients are admitted in the fullest sense voluntarily, and the management is as far as possible on the lines of a general hospital.

Dr. A. W. CAMPBELL, of Sydney, stated that the essential object of obtaining treatment for cases of early mental disorder in general hospitals is to relieve and save them from the stigma of incarceration in a hospital for the insane, and any step which can be taken so to improve conditions meets with his concurrence. He thought that the doctors in their replies to the questions sent them, in the majority of instances, based their remarks on developed instead of an early mental disorder, and obviously the general hospital is not the place for treating developed insanity. He agreed in thinking that the reason the mental hospital at Darlinghurst is not taken advantage of to the extent it should be is that it is so close to the gaol. He was of opinion that, in the case of a city such as Sydney, if treatment of early cases in general hospitals were permitted, there should be a single central examiner, and he deplored police intervention in non-criminal cases of insanity.

Dr. MILES (Sydney), The Hon. Dr. BUTLER (Hobart), Dr. McDOUALL (Sydney), the PRESIDENT OF SECTION, and others took part in the discussion.

This discussion was followed by a paper on "Internal Secretion and the Nervous System," by Dr. G. E. RENNIE (Sydney), and by one on "The Use of Thyroid Extract in Treatment of Mental Diseases," by Drs. DAVIDSON and JOHNSTON (Sydney), in which they recommended the administration of thyroid in doses increasing by 5 gr. every second or third day from 15 to 80 gr., followed by sudden cessation when pulse had run up to about 160, and heart's action was becoming distressing. Some 153 cases were reported on 76 men, 77 women, 20 men and 39 women recovering from their mental trouble. The forms of mental disorder found to be most suitable for this treatment were melancholia with stupor, and adolescent insanity. Tables were used to demonstrate the metabolic changes which occur before, during, and after the administration of the drug.

Dr. McDOUALL (Sydney) presented a paper on "The Training of Mental Nurses." He stated that in 1887 the systematic training of mental nurses began in New South Wales, and at first was a two years' course, but in 1905 was changed to a three years'. Dr. McDouall is of opinion that the status of the mental nurse should be improved, and suggests a general Government hospital should be established in Sydney, where special medical and surgical and midwifery cases would be sent from the different mental hospitals, and that the nurses who have done well in the mental certificate examination should form the staff of this hospital, and after being there for two years should pass an examination in general work, which would give them a certificate as general nurses. Dr. McDouall is also of opinion that a uniform training and examination should exist throughout Australia, and that a branch of the Medico-Psychological Association of Great Britain and Ireland should be formed.

Tuesday afternoon (19th) was devoted to Neurasthenia, Hysteria, and Psycho-analysis. The Congress was highly honoured by distinguished scientists contributing papers to this Section, those bearing on "The Freud School" opening up new ground, Sir T. CLIFFORD ALLBUTT writing on "Neurasthenia," Dr. C. G. JUNG (Zurich) on "The Doctrine of the Complexes," Dr. Sigm. FREUD (Vienna) on "Psycho-analysis," and Dr. HAVELOCK ELLIS (England) on "The Doctrine of the Freud School."

On Wednesday all Sections of Congress met together, and a discussion on "Serum and Vaccine Therapy" took place.

On Thursday morning the Section of Neurology joined the Children, Pathology and Public Health Sections, and a discussion on "Infantile Paralysis" took place. Many interesting and valuable papers were read, and it was unanimously resolved that the State Governments should be approached with regard to the compulsory notification of infantile paralysis.

On Thursday afternoon Dr. A. W. CAMPBELL (Sydney) read a paper on "The Localisation of Function in the Cerebellum," the Section of Anatomy joining with the Section of Neurology. The reader's remarks were based mainly on a comprehensive histological examination of the cerebellum in man, the ape, and many lower animals, a research similar to his previously published research on the brain. He pointed out that histology gave no support to Bolk's conclusions, founded on studies in comparative anatomy, that the cerebellum is divisible into functional areas related to different muscle provinces. In the case of the brain, functional areas can be distinguished histologically by differences of cortical structure; moreover, it can be shown that these areas stand definitely connected with known conduction tracts. In neither way is this the case with the cerebellum. In Dr. Campbell's opinion the experimental work of Rothmann and Van Rijnberk, which has been advanced as favouring Bolk's hypothesis, is negated by the elaborate researches of Sir Victor Horsley and his fellow workers, while the experiences of modern surgery and clinical medicine similarly tell against such localisation of function. Dr. Campbell promises later to write a full account of his research, which will include a histological survey of the cortex cerebelli from *aves* to *homo*, observations on variations in intrinsic nuclear representation, and a discussion on homologies and other points of interest.

Dr. GODFREY (Melbourne) then read an interesting and elaborate paper describing in detail several cases of "Korsakow's disease." Dr. Godfrey's position as Medical Superintendent of the Receiving House, Melbourne, has given him the opportunity of having under his care many cases of Korsakow's disease, and he has written this paper as the result of his personal observations.

Dr. G. E. RENNIE (Sydney) read a paper on the "Significance of the Babinski Reflex." After detailing the physiology of the plantar reflex, he gave the history of two cases which proved that the Babinski reflex may be a merely temporary condition and therefore not significant of permanent organic nerve disease.

Dr. J. T. HOLLOW (Melbourne) presented a paper on "Fatigue," and Dr. GALLANDER (Melbourne) one on "Dementia Præcox and its Prophylaxis."

On Friday morning a discussion on "Segregation of the Epileptic and the Feeble-minded" was opened by Dr. FISHBOURNE (Melbourne). The paper was read by Dr. CHISHOLM ROSS (Sydney). (It is with great regret one has to announce that this was Dr. Fishbourne's last effort to support a cause to which he has devoted many long years. He died of cerebral hæmorrhage on September 27th.) Dr. Fishbourne discussed the "Colony Care of the Epileptic." He recommended "the adoption of colonies on the cottage system for sane epileptics with educational provision for children; institutions or perhaps mixed cottage and institution form for insane epileptics. This will leave the hospitals for the insane to do their special work, will relieve them of a burden that is unfair if they are to perform their work properly, and will at the same time put an end for ever to that worst of all fates, for the sane epileptic to be driven to the shelter of an insane asylum because there is no place that will receive him." He is of opinion that for this to come into generally accepted usage, an evangelist must arise who will educate all and everyone to the crying necessity for the establishment of colony care for every dependent and helpless epileptic, and will prove to the public that the initial expenditure is wise and necessary and therefore a truly economical way of spending public money. What applies to the epileptic applies still more to the feeble-minded. Dr. Fishbourne pointed out the urgent necessity for obtaining an approximate estimate of the number of feeble-minded, and proved that this might be easily done, when as happens every three years, franchise returns are made by the police; a list should be obtained of the names of children between the ages of five and fifteen, and schools they attend, and if not, why. This list would be forwarded to the Education Department, who would find out the number who did not go to school, and take the necessary steps to meet the difficulty.

Dr. Fishbourne suggested permanent sequestration, and regretted the falling into disuse of the old spartan law of sacrificing the weak for the strong, so as to protect the integrity of the State. He joins with Miss Mary Dendy in stating that we have no right to provide for our future a feeble, helpless, half-witted population as we at present do.

Dr. E. M. STEVENS (South Australia) followed with a paper on "The Treatment of Mentally Defective Children from a National Standpoint." His information was obtained from a world tour, when he made exhaustive inquiries in most of the large centres of population as to the methods adopted by educational authorities for the medical inspection of school-children, including mentally defectives. He described the systems at London (Osborne Place School), Edinburgh, Glasgow (Bridgeton School), and Wiesbaden. Imbeciles are admitted to the schools he visited in Edinburgh and Wiesbaden, and he considered this fatal to the educational work. Dr. Stevens approves of Dr. Bishop Harman's method of estimating a defective child's standard. As far as treatment goes, Dr. Stevens is rather spartan in his ideas. A wise process of discrimination must prove of inestimable benefit to the nation by improvements in the environment of children who have been palpably neglected, and by segregation, with or without emasculation, of cretins, idiots and imbeciles, who are likely to prove a menace to the progress and prosperity of the greatest number.

Dr. HARVEY SUTTON next read a paper on "The Feeble-minded: Their Classification and Importance." As medical officer to the Education Department, Melbourne, he has had great opportunities of dealing with this question. He described the Binet method, which he has used extensively, and highly approves of as a means of classification. Dr. Sutton also gave the findings of a Commission which has recently considered the question of teaching the feeble-minded. This will involve education of certain defective children till twenty-one, and then provision for care in an industrial and farm colony basis. Figures were also given of the number of mentally defectives. In seventy-nine schools in Melbourne, the Medical Inspector found 304 definite feeble-minded; the Truant Officer found in nine out of thirteen Metropolitan areas 54 feeble-minded; and eight medical practitioners reported 13 not in the above numbers. There are, therefore, a minimum number of $304 + 54 + 13 = 371$ definite cases of feeble-mindedness. The Medical Inspector also found besides the "well marked," 321 whom he classed "probables," and 298 "very backward." So that there are in Melbourne at least $371 + 321 + 298 = 990$ who require special educational treatment and investigation. This, as Dr. Sutton says, points to the fact that feeble-mindedness is a large and important factor in school life.

Dr. ERIC SINCLAIR (Sydney) then gave a clinical demonstration of the kindergarten methods carried out at the Hospital for the Insane, Newcastle (the Section of Medicine joining the Section of Neurology while this was going on). Dr. Sinclair prefaced the demonstration with a statement of the principles adopted by the teachers. The best results, he also stated, have been obtained with young children of three to ten years of age. The children were all imbeciles, and in first place their bad habits and destructiveness had to be corrected. Speech developed or improved with the teaching, and all showed better behaviour and improved attention, and became observing and thoughtful, helpful to each other, and better able to distinguish between right and wrong. Demonstrations were then given of marching, sense games, songs, bead-threading, and gift play, building blocks, etc., imbecile children taking part and proving a credit to their teachers.

Dr. REUTER ROTH, of Sydney Education Department, gave certain facts ascertained from his work. He is of opinion that there are over 200 mentally deficient (not backward) children in the Metropolitan area of Sydney, mostly degenerates, for whom nothing at present is being done. Many are vicious, and have a bad influence on healthy children.

Dr. MARY BOOTH, of the Victorian Education Department, stated that she felt a national campaign should be established, figures collected, and other evidence brought to show that we are face to face with a grave national danger. She is also of opinion that segregation should be compulsory.

Drs. JONES (Melbourne), CROWTHER (Hobart), ADYE (Ballarat, Victoria), and others took part in the discussion, and it was agreed that "This Congress should advise each State Government to inquire as to number of feeble-minded children

needing special education, and to take steps for the provision of such education." It was also agreed to appoint a committee with a representative in each State and a central committee in Melbourne, to which each State representative should report, and which committee should be responsible for tabulating and distributing returns, so that the people of the Commonwealth may be educated on the problem of the feeble minded.

Papers were then communicated by Professor OPPENHEIM (Berlin) "About Tabes-like Syndromes in Infancy," and by Dr. ERNEST JONES (Melbourne) on "The Uniformity of Statistics in Hospitals for the Insane."

Dr. CATARINICH (Sunbury, Victoria) presented a paper on "The Value of von Pirquet's Test in Psychiatry." He stated that some 825 patients were submitted to this test, and 244 reacted positively (29.5 per cent.). Three classes of patients were shown by this method to be specially liable to infection by the *Bacillus tuberculosis*: (1) Melancholiacs, 41.5 per cent.; secondary dementes, 40.3 per cent. (2) Imbeciles, 35.8 per cent. (3) Primary dementes, 59.3 per cent. He is of opinion that the three types of mental disease in which phthisis is therefore common show a similarity in so far that each is of the degenerate type—with little, if any, prospect of recovery, and that generally speaking phthisis is associated with degeneracy, and may directly induce insanity, degenerate in type.

On Friday afternoon syphilis and its relation to nervous diseases was the main subject under discussion.

Dr. LATHAM (Sydney) read a paper on "A Shorter Method of Wassermann's Test, controlled by the Original," and Dr. FLASHMAN one on the "Influence of Syphilis in Production of Imbecility." He brought forward the results of Wassermann reactions on 436 patients at the Hospital for Imbeciles, Newcastle. Twenty-nine of these gave an absolutely positive reaction, and in fourteen others binding took place to such an extent that it indicated a specific affection; therefore 43, or 9.8 per cent., were considered to be suffering from congenital syphilis. Dr. Flashman is of opinion that this represents the minimum, for the value of the Wassermann reaction lessens as a person suffering from congenital syphilis grows older. Individuals may be found with undoubted congenital specific lesions, and yet give a negative Wassermann.

Dr. FLASHMAN also read a paper on "The Effect of Salvarsan on Syphilitic Nervous Diseases." He cited the evidence from the literature, and gave his own experiences. He came to the conclusion that in early conditions of syphilis of the nervous system affecting either the brain, spinal cord, or cranial nerves, salvarsan must be regarded as having a rapid and satisfactory result. It has the advantage over the older methods in that it produces its effects more quickly. It seems impossible as yet to say whether the results will be more lasting. In parasyphilitic affections it can be said to have a distinctly beneficial but not lasting effect, though some cases of tabes appear to have been permanently improved, especially as regards the more distressing symptoms.

A paper was communicated by Dr. NONNE (Hamburg) on "The Significance of so-called 'Four Reactions' in the Diagnosis of Syphilitic Organic Nervous Disease," and was of immense value to Congress, in so far as it taught the methods of other schools, and Dr. LATHAM (Sydney) demonstrated the "Phase I reaction" to the Section of Neurology.

Drs. JOHNSON and WALLACE (Sydney) read a paper on "The Use of Salvarsan in Treatment of Certain Nervous Diseases with a Positive Wassermann Serum Reaction." It was stated in this paper that for fourteen months the Wassermann reaction was done in all the admissions into one of the Hospitals for the Insane (Callan Park), 452 in number, and of these 65 gave a positive reaction, 16 were general paralytics, 11 cases of acute mania, 9 chronic mania, 8 delusional insanity, 7 melancholia recent, 6 organic dementia, 2 (each) melancholia, chronic, and epilepsy, and 1 (each) confusional insanity, insanity with gross lesion, congenital mental defect, and dementia, senile. Salvarsan in cases of general paralysis, both recent and well-advanced, produced no improvement, and two cases of tabo-paralysis became more demented. The results showed that once dementia had appeared, salvarsan hastened the process of degeneration.

Dr. MOTT (London) sent a paper on "The Relation of Head Injury to Nervous and Mental Diseases." The paper arrived just as Congress was concluding its

labours, and was therefore not on business list. It has, however, been specially printed and circulated amongst members of Congress.

It will thus be seen that in a short space of time a large amount of work was got through, and though the Section was well supported locally, its work was greatly strengthened by the support it had received from the other side of the equator. The *Australasian Medical Gazette*, in its leading article on the Congress, stated that "the innovation proved a distinct advantage, and is one to be recommended for adoption in future congresses."

OBITUARY.

DR. JAMES MURRAY LINDSAY.

The death of Dr. Murray Lindsay removes from the ranks of the Medico-Psychological Association one of its senior members, he having been elected so far back as 1859.

Throughout the greater part of this long period Dr. Lindsay took a very active part in the affairs of the Association, frequently serving on the Council, and taking a keen interest in all that related to the welfare of the insane and of asylum officers. This is especially manifest in his Presidential address, given in 1893, which was of an eminently practical nature, dealing with many questions which have since been solved in the affirmative.

Dr. Lindsay's medical career commenced with his taking the licentiatehip of the Edinburgh College of Surgeons in 1859, the same year in which he joined the Association. He subsequently became F.R.C.S. and F.R.C.P. Edinburgh, and M.D. of St. Andrews. His earliest posts were at Camberwell House, where he was associated with the late Dr. Paul, and at the Wells County Asylum. Later on he succeeded Dr. Sankey as Medical Superintendent of the Female Department of the Hanwell County Asylum. This institution, at that time, was governed on the departmental system. In this system, or want of system, each principal officer, the two medical superintendents, the matron, the steward, the engineer, and the clerk of the asylum were practically independent, although theoretically under the control of the medical superintendents. That such a state of things was not conducive to the highest welfare of the patients is not to be wondered at, or that it induced an intolerable amount of friction between the lay and medical officers. Dr. Lindsay, who had a strong and unyielding idea of his duty to his patients, ultimately found it desirable to seek another appointment. This he found, as superintendent of the Derby County Asylum, a post which he held until his retirement, on pension, some years since.

Dr. Lindsay's sturdy maintenance of his principles and opinions commanded the respect even of those who differed from him; while his kindly disposition gave him many staunch friends among his co-workers and endeared him to his patients. The Medico-Psychological Association owes much to his steady work during the most strenuous period of its development, and its oldest members will always entertain his memory with sincere respect.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.

Patron: His Most Excellent Majesty King George V.

BERLIN CONGRESS, 1912.

[We append an invitation which has been received by the General Secretary of the Medico-Psychological Association. He requests any member, who proposes to attend the meeting and is willing to act as a Delegate, kindly to communicate with him as soon as possible.]

SIR,—I have the honour to inform you that the Council have accepted an invitation from the Ober Burgomeister (The Lord Mayor) of Berlin to hold their Congress in 1912 in that city, from Thursday, July 25th to Sunday, July 28th inclusive, and