

In his inaugural address Hirschfeld spoke of the Institute as "a child of the Revolution," and destined to aid in the restoration of the place which was "lost through fatal errors inside and outside of the frontiers of the country." The Institute is already at work with clinical demonstrations to medical men every week, courses of lectures on forensic sexology and on Freudian psycho-analysis, and frequent scientific lectures to the general public. It is stated that over 500 physicians from Germany and abroad have already visited the Institute. It is not a State-supported institution, but the belief is expressed that it will not be the less successful on that account.

HAVELOCK ELLIS.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE QUARTERLY MEETING of the Association was held in the Rooms of the Medical Society of London on Tuesday, November 25th, 1919, Dr. Bedford Pierce (President) in the chair.

The following signed their names in the book as having been present at the meeting or as having attended meetings of committees: Drs. M. A. Archdale, Sir Robert Armstrong-Jones, W. H. Bailey, W. R. Barkas, J. J. G. Blandford, C. H. Bond, David Bower, A. Helen Boyle, James Chambers, G. Clarke, R. H. Cole, Maurice Craig, J. Harvey Cuthbert, A. Daniel, H. Devine, J. Francis Dixon, R. Eager, J. H. Earls, F. H. Edwards, Samuel C. Elgee, A. E. Evans, C. W. Ewing, E. L. Forward, Claude F. Fothergill, S. G. Gilfillan, T. S. Good, W. J. H. Haslett, H. E. Haynes, S. J. Irwin, G. H. Johnston, J. H. Kidd, H. Wolseley Lewis, E. S. Littlejohn, J. R. Lord, H. C. Macbryan, H. D. MacPhail, W. F. Menzies, Alfred Miller, F. W. Mott, Alex. W. Neill, David Ogilvy, E. S. Pasmore, George E. Peachell, Bedford Pierce, J. E. Porter Phillips, Nathan Raw, J. M. Rutherford, G. H. Savage, G. E. Shuttleworth, J. H. Skeen, G. W. Smith, T. W. Smith, J. G. Soutar, P. Spark, R. H. Steen, R. C. Stewart, James Stewart, D. G. Thomson, John V. Tighe, A. H. Trevor, C. Molesworth Tuke, L. R. Whitwell, C. E. C. Williams, and Reginald Worth.

Visitors: Miss Branch, I. N. Kilner, F. W. Thurnman.

Present at Council Meeting: Drs. David Bower, A. Helen Boyle, James Chambers, R. H. Cole, Maurice Craig, A. W. Daniel, R. Eager, H. Wolseley Lewis, John R. Lord, W. F. Menzies, Alfred Miller, G. E. Shuttleworth, J. H. Skeen, R. H. Steen, and D. G. Thomson.

Apologies for unavoidable absence were received from—Drs. Stewart Adair, G. E. Auden, Aveline, Fletcher Beach, Col. Keay, Douglas McRae, Robertson, Donald Ross.

The PRESIDENT said, in reference to the question of the confirmation of the minutes of the last meeting, that they were in print, but the Journal containing them would not yet have reached the hands of members. He therefore suggested that, in case anything should arise concerning them, they be left until the next meeting.

REPORT ON DEPUTATION TO MINISTRY OF HEALTH.

The PRESIDENT said he had been asked by the Council to say a word on this subject. The deputation from the Association to the Minister was a strong one, consisting of officers of the Association, the Chairman and Secretary of the Parliamentary Committee, Dr. Helen Boyle and Dr. Percy Smith, and altogether it was thoroughly representative of the Association. They were very kindly

received by Dr. Addison, the Minister of Health, who was supported by Sir George Newman, Sir Robert Morant, and by Dr. Maurice Craig, Adviser to the Board. The deputation presented the resolution which was approved by the Annual Meeting of the Association at York, and, following it, a very interesting and confidential discussion took place. But they found at the outset—which was news to them at the time—that it was the intention of the Ministry of Health, directly Parliament opened, to place on the table of the House of Commons a petition for an Order in Council which would transfer the Department of the Government under which the Board of Control acts from the Home Secretary to the Ministry of Health. It was the intention that this Order in Council should be obtained at the earliest possible moment. Had the Council of the Association known of this intention beforehand, he thought that in all probability the resolution would not have been required, nor would it have been submitted to the Annual Meeting, because that was the main burden of the resolution—that the control of lunacy administration, the control of mental defectives and of borderline cases should all be under the Ministry of Health. It was a pleasant surprise to find that the main object of the deputation had already been attained. Thus there remained little more for him to report to this meeting, except that a frank discussion ensued on various points arising in the consideration of this matter. And though the Health Minister could not give a definite answer to the questions put to him, their reception was very kindly, and the members of the deputation felt they had had a useful opportunity of discussing the problems of lunacy administration.

ITEMS FROM THE COUNCIL MEETING.

There were several questions discussed at the Council Meeting just held which it was desirable to mention. The first was, that he was pleased to say Sir James Crichton-Browne had consented to deliver the first Maudsley Lecture under the Maudsley Bequest. It was proposed that this lecture should be delivered at the time of the Association's meeting in May.

The question of the Editors of the Journal was also discussed. It was the intention that in future there should be four Editors: Lieut.-Col. J. R. Lord, Dr. H. Devine, Dr. G. Douglas McRae, and Lieut.-Col. W. R. Dawson. The Council had approved of that course, and unless this meeting should express anything to the contrary those names would be printed on the front page of the Journal as Editors in future. He felt sure there would be a conviction that the Journal would be well conducted at their hands.

The Council also felt that the position in regard to the registration of nurses was becoming a very serious one. They had been informed there was every possibility that there would be a Supplementary Register for mental nurses, and there was every possibility that the examination conducted by this Association would be recognised as a means of registration. If this should be carried out by the Ministry of Health, he thought it would be most satisfactory. The question was also raised as to whether it would not be important that, somehow, it should be arranged for mental nurses to be nominated on the Advisory Council of the new Bill. They knew of no machinery for the appointment of such nursing members, and it was decided to endeavour to arrange, through the Asylum Workers' Association, that two names of their members should be submitted—a male nurse and a female nurse—and it was thought that the best way to arrange this would be that all asylums and other institutions in which qualified mental nurses were now working should receive a circular from this Association, asking them to call meetings immediately of registered nurses in their respective institutions, and, if possible, that these meetings should approve of the nominees of the Asylum Workers' Association. It seemed extremely important that no time should be lost, otherwise there was a danger that mental nurses would not be represented, as such, on the governing body of the new Bill. He did not know whether any member of the Association would like to make observations on this matter.

Lieut.-Col. D. G. THOMSON asked why the Asylum Workers' Association was brought into this matter at all. They had great respect for that body, but it was now practically moribund.

Dr. SOUTAR said he believed the answer to the remark of Col. Thomson was that the representative of the nurses must be nominated by an organised body; that

LXVI.

was a condition laid down. No organised body of mental nurses generally was in existence except the Asylum Workers' Association, which, though dying, was not yet dead. And it was thought that at all events this final effort should be made to secure the nomination of nurses for the Council under the Bill. If that were accepted by the nurses throughout the country, then an organised body would have nominated four members to the proposed Council.

The PRESIDENT said it would be a recommendation to the Minister of Health, for that Ministry would make the appointment, and this would come merely as a suggestion to that Minister, putting forward the machinery through which suitable names could be submitted.

Dr. SOUTAR further remarked that this Association would be represented on that Council, and names would be submitted.

Dr. ELGEE said he thought many mental nurses would not be represented by the Asylum Workers' Association.

Dr. EDWARDS said he did not know whether the Council had information about the presentation of the new Bill. He believed the Registration of Nurses Bill came up before the Summer Session and was rejected. It was now desirable that these meetings should be held as quickly as possible all over the country, because when a Bill had once been launched it was very difficult to get amendments incorporated.

The PRESIDENT said the steps being taken by the Association had the full approval of Col. Nathan Raw, M.P., and he would give them all the support he could. The question was asked whether this Association was to be represented on the new Council, and he had been honoured, as President of the Association, by being asked to let his name be submitted to the Minister, so that, subject to the Minister's approval, it might be one of five names put forward.

Dr. BOWER and Dr. SOUTAR insisted that the President's name was suggested for personal reasons, not because he happened to be President this year.

The PRESIDENT said the Council had asked him to refer to yet another matter, namely, the desirability of awakening interest in the Association on the part of medical men throughout the country to the important work which this Association was doing. It had been decided to prepare, in the course of a few weeks, a memorandum, which would be sent round very widely, suggesting that assistant medical officers and medical men associated with pension boards and with the neurological department of hospitals should be invited to join the Association, or if they had once belonged to it to rejoin it now that the war was over and the Association's activities were recommencing in a more vigorous fashion.

OBITUARY.

The PRESIDENT said it was his sad duty to refer to the death of three valuable members of the Association.

In the first place he would mention the death of one of the Editors of the Journal, Dr. Drapes. He had been an exceedingly valuable and active member, and he had set all a wonderful example of regular attendance, as he came frequently from the south of Ireland to attend the meetings, and he had done an immense amount of unseen work in helping forward the Association, both as regards the Journal and the Education Committee. He was present at the last Annual Meeting of the Association, taking an active part in the proceedings and participating in all the proceedings, and he (the President) had received a letter from Dr. Drapes afterwards, in which he spoke very warmly of the happy time he had in York. He believed it was correct to say that Dr. Drapes caught a chill while he was actually engaged in the work of the Association and the Journal, and after two or three days of illness he died of pneumonia. He was sure all members would greatly deplore his loss.

The next death he had to refer to was that of their illustrious member, Dr. Mercier. All the time that he (Dr. Pierce) had been a member of this Association Dr. Mercier had been one of its foremost and most active members. He had been President, and for nineteen years he was closely associated with the Education Committee, first as Secretary, afterwards as Chairman. He believed Dr. Mercier was the first person who wrote a book on the subject of nursing the insane, and he

helped in the compilation of some of the early editions of the Association's Handbook. Throughout his life he took a deep interest in the question of nursing. It was on this account that he (the speaker) asked Dr. Mercier to give one of the opening lectures at "The Retreat" to the nurses there, and he delivered an address which was really a masterpiece of exposition on the principles required in nursing mental cases. That address had since been published, and he hoped members had read it. It dealt not only with mental nursing, but with the principles required for all who were attending on the sick. A man who had written so much had left behind him such vivid testimonies of his worth and character that any remarks which a friend or disciple could make were, perhaps, of small moment. Yet there were two particular features of Dr. Mercier's life to which he would like to make brief reference. The first was his capacity for taking pains and his perseverance. It was a surprise to him (the speaker), and perhaps to others, also, that Dr. Mercier commenced life in a very hard school. He left school life quite early and went to sea. Afterwards he was a warehouseman in the City. Though in straitened circumstances he contrived to join the London Hospital, and when he reached his twenty-sixth year he was a Fellow of the College of Surgeons. He had a distinguished career and became an eminent man. Those who were familiar with his writings—and all the members of this Association were familiar with them—might have supposed it was an easy matter for him to write, but Dr. Pierce had a letter from him, from which he would like to read to the meeting an extract: "Writing, as Clifford Allbutt calls it, is the supreme art. The only way to write is incessant and careful practice and everlasting revision. I have written my book on Logic already about seven times, and am now again beginning Chapter II, and, of course, all the succeeding chapters must be once more re-written. But, of course, the subject is one of exceptional difficulty." That book on logic had now been published, and though the professors on that subject possibly did not give it the reception which Dr. Mercier expected them to, yet he thought it would stand the test of time.

The other outstanding attribute of Mercier's life was his fortitude. It was known to many members that Mercier was obliged to give up active medical work on account of a progressive, painful and exhausting illness. It was at about this time that he gave the lecture to the nurses of "The Retreat," to which reference had already been made, and at about that date Dr. Mercier wrote to him a very sad letter, in which he said, "I am no better in health, and never shall be; I get worse, week by week, and long for a release from a life of misery." This was not just the remark of a person in a moment of depression. It was wrung from a man racked with bodily suffering. When Dr. Mercier gave this lecture he could scarcely stand during the hour that it occupied, and he (the speaker) knew how much the lecturer suffered while he was giving it. He received a letter from Mercier's devoted sister after the former's return from York, in which she wrote, "I am sorry to say the inevitable reaction has set in; to-day he is prostrate with fatigue and complains of faintness; but his life, at best, is such a sad one nowadays that I cannot think that the pleasure which these little outings give him is too dearly bought. He has so little to enjoy, and as he sometimes has these fits of prostration and languor without any apparent reason I think it is wise to keep going while he can, even at the price." And Dr. Mercier did "keep going" for another ten years, and he was sure mankind had been the richer for his fortitude. Perhaps there was no need to say more than to conclude by reading the last sentence of his address to the York nurses: "Not to everyone is it given to govern empires, to explore unknown lands, to discover the secrets of Nature, to enrich nations by some great invention; but we can all do well and truly the work which lies to our hands; we can all contribute to make the lives of those around us happier and better; we can all live so that at the inevitable hour when we have to bid farewell to this earthly scene, many will sorrow for our loss, and we can feel, with thankfulness, that the world is even a little happier because we have lived, even a little better for our example." We mourn his loss.

And the third death he had to refer to was, perhaps, even sadder, namely, that of Dr. Fearnside, for he was cut off in the midst of an active life at the full measure of his strength. A neurologist of great power, he died as the result of a boating accident. Members deeply sorrowed at his loss, and grieved that he could no longer carry on the great work in this world which he was undertaking.

It would, he felt sure, be the wish of members to express their sympathy with

the surviving relatives of their departed members, and he asked that this be approved by standing.

The resolution was carried by members rising in their places.

ELECTION OF CANDIDATES FOR MEMBERSHIP.

The following were elected :

BRANTHWAITE, ROBERT WELSH, C.B., M.D.Brux., M.R.C.S., L.R.C.P., D.P.H.Lond., Commissioner of the Board of Control, 66, Victoria Street, London, S.W.

Proposed by Drs. Sidney Coupland, C. Hubert Bond and Arthur Rotherham.

BLAKISTON, FREDERICK CAIRNS, M.R.C.S., L.R.C.P., Medical Superintendent, Isle of Man Asylum.

Proposed by Drs. Edwyn H. Beresford, P. M. Turnbull and R. Worth.

JOHNSTON, MILICENT HAMILTON, B.A., M.B., B.Ch., T.C.D., Assistant Medical Officer, Brentwood Mental Hospital.

Proposed by Drs. J. Turner, J. Noel Sergeant and Adele I. de Steiger.

WESTRUP, JOSEPH PERCIVAL, M.R.C.S.Eng., L.R.C.P.Lond., M.O. Fisherton House Mental Hospital, Salisbury.

Proposed by Drs. H. Kerr, H. Devine and T. C. Shaw.

WHEELER, FREDERICK F., M.R.C.S., L.R.C.P., Assistant Medical Officer, Long Grove Mental Hospital, Epsom, Surrey.

Proposed by Drs. D. Ogilvie, R. H. Cole and R. Worth.

GIFFORD, JOHN, B.A., M.B., Ch.B., Senior Assistant Medical Officer, Derby County Asylum, Mickleover.

Proposed by Drs. H. Devine, F. E. Stokes and R. Worth.

The scrutineers were Dr. Steen and Lieut.-Col. Lord.

THE ASSOCIATION'S FINANCES.

Dr. WORTH said that during the meeting at York a discussion arose on the Treasurer's Report, and it was decided that a special Sub-Committee should be formed to consider the financial position and report to the Council. This Sub-Committee consisted of Dr. Bedford Pierce, Dr. Chambers, Dr. Menzies and Dr. Worth, and the Divisional Secretaries. After a good deal of discussion they arrived at three decisions. The first was that the annual subscription should be raised to one and a-half guineas, especially to meet the extra cost of producing the Journal. Members would remember Dr. Drapes pointing out how high had been this cost, and that endeavours would be made to procure other prices. There were, however, objections to this course, and it was decided to approach Messrs. Adlard with a view to getting some reduction in the cost of the printing, etc. Also, it was considered that all medical superintendents should be approached with the idea of extending the Association's propaganda among medical officers, to encourage them to, if possible, take more interest in the Association's activities. Indeed, it was suggested that it should be an understood thing that every medical officer appointed in an asylum should be a member of this Association. The last suggestion was to encourage the sending in of ideas with regard to brightening and improving the Journal.

REVISION OF THE MENTAL NURSES' HANDBOOK.

The PRESIDENT said the Education Committee decided that the time had arrived when the Handbook for mental nurses should be revised. They were taking preliminary steps to appoint an Editing Committee. He mentioned the matter now, so that when the time came members might be prepared with suggestions. He hoped suggestions would be forthcoming, so that not only would the Handbook be improved, but would be worthy of the Association.

He regretted that Major Shaw had been obliged to withdraw his paper, as the India Office had not passed it.

PAPER.

Dr. CHARLES HUBERT BOND (a member of the Board of Control) read the following paper: "The Need for Schools of Psychiatry" (*vide* p. 10.).

The PRESIDENT said members felt greatly indebted to Dr. Bond for giving this admirable survey of the subject. There were several in the room who had served on committees which had dealt with the subject. It was a great advantage to have the points so clearly put forward, pointing the way for advance. They realised the enormous number of military clinics which had been established had created a new situation and now was the time for making a permanent improvement.

Lieut.-Col. LORD said the subject which Dr. Bond had just brought before the Association was one of vast importance. He took it that the paper aimed at the more thorough treatment of patients with a view to their cure. People suffering from mental trouble were too frequently looked upon as a class apart from individuals who suffered from ordinary bodily ailments. Such views should be vigorously opposed. Lunacy was essentially a medical matter and not a social disease, though, like all medical problems, it was important socially. Efforts should be concentrated on curing mental disease, not merely reclassifying the unfortunate patient in an isolated category of the scale of humanity. It was most desirable that specialism with regard to the treatment of mental diseases should be encouraged far more in the future than it had been in the past. He mentioned that the war had taught the profession many things in this respect, and it was only through the concentration of the best efforts and by special administration that the immense progress in the cure of many diseases and injuries incidental to or exacerbated by warfare had been effected. These methods could well be considered in connection with mental diseases. The medical effort in psychiatry was too wide-spread and diffuse, and resulted in too much general knowledge to the exclusion of special knowledge of particular groups of mental disorders. It could not be helped at present, but until this was remedied no real progress could be made. There seemed to be no reason why mental and nervous diseases should not be divided up into clinical groups and concentrated effort made to cure them at different specially-administered centres for each. The scheme now so ably put forward by Dr. Bond would directly help to that desirable result. By the Universities he felt sure such ideas would receive strong encouragement. The psychiatrist's ambition is undoubtedly to cure insanity, but to secure this it is folly to undertake too wide an area, and he should limit himself to cure certain forms of insanity and allied nervous conditions and not waste his energies, as at present, with impossibilities. He felt very strongly about this aspect of the subject and the poor progress that was being made under present conditions.

Lieut.-Col. D. G. THOMSON said that as Dr. Bond had mentioned his name as one who had helped to bring this subject forward ten years ago he would like to say a few words. His friend Col. Lord had referred to the advisability of this reform, but he (the speaker) hoped they had gone long past that: they were now all united in the belief that things as they exist at present were not satisfactory, and it was for those interested in the subject to see how a remedy could be brought about. Dr. Bond had brought forward the matter in an admirable way, and if that gentleman was glad to find himself back in the witness-box, members of the Association, on their part, were delighted to see him back. Hearing Dr. Bond's paper for the first time, it struck him there were two main points in it. In the first the author emphasised—and, the speaker thought, rightly—the real direction in which workers should aim in this subject. It had recently been recommended in some of the Committee work of the Association that an endeavour should be made to establish mental clinics. As he understood that work, it was to be rather local and special. What Dr. Bond had now brought forward was a great improvement on that, namely, to approach the teaching centres and even non-teaching hospitals to get them to take this subject up. It would be very difficult to do so, as he believed that scarcely a hospital in this country had not had painful experience of the occasional intrusion of a person of unsound mind into the wards, and then they seemed to have experienced the terror of being in a ship without a rudder. Real progress could only be made on these lines, however difficult it might be to engineer the practical problems which would

arise. The second rather new element in Dr. Bond's paper was that concerning unification, if possible, of the curricula that had been established, and this Association ought to feel very proud of having succeeded in establishing such a curriculum, for it came out of the inner bowels of the Association, by preaching to the great bodies and getting them to institute diplomas. If those bodies could be approached so that they would give to younger colleagues a more definite idea as to time and cost in regard to these diplomas it would constitute a very practical advance.

Sir FREDERICK MOTT, F.R.S., said he had been very interested to hear Dr. Hubert Bond's paper, and he reflected that forty years ago the London County Council, at its inception, proposed the establishment of a hospital for acute mental diseases in London. What became of that? It would be interesting to members of the Association if they would read the report on the subject. For a long time nothing whatever was done towards establishing a mental hospital with a clinic in London. If such had been established, it might by this time have done very valuable work, and have attained to a high position in psychiatry, similar to that occupied by the National Hospital in Queen Square in the domain of neurology. He was glad to see that this Association had changed its views, late in the day though it be, and that it had come to recognise the necessity of such an institution. The late Dr. Maudsley, for whom members had the greatest respect, came to him eleven years ago and offered to furnish the London County Council with £40,000 to build a hospital in London for the purpose of receiving acute mental cases and for the study of psychiatry. It was a long time before the London County Council could find a site, but they did so eventually. The hospital was partly built when the war came, and he was sorry to say that neither Dr. Maudsley nor Mrs. Maudsley—who was a daughter of the Conolly who took the chains off lunatics in England, and Dr. Maudsley was better known in other countries for his work than among his own people—neither of them ever saw the hospital adapted for the purpose intended. That seemed to him to be a great pity. But it had done useful work during the war, and for a time it was to be in the occupancy of the Ministry of Pensions. The London County Council were now anxious to get it back to the purpose for which it was founded—for dealing with cases among the general civilian population. He did not think he was committing a breach of confidence when he said it was hoped shortly to establish a clinic at the Maudsley Hospital, in correlation with the asylums of the London County Council, so that teaching could be carried out in all branches of psychiatry, including the fundamental principles underlying the physiology, anatomy and pathology of the nervous system, somewhat on the lines which Dr. Bond had laid down in his paper. It was intended to get the best men possible in the country to give such lectures. For instance, he hoped to get Dr. Macdougall, Dr. Bernard Hart, Dr. Devine, Dr. Hubert Bond and a number of other men to give the lectures. That course, it was hoped, would be open to all post-graduate students, and all who were qualified in medicine. He thought it was essential that there should be this correlation between the asylums and the Universities—if there were a University town near. Both the University and the asylum would benefit greatly thereby. In Scotland the University had always been associated with the asylum, and he thought that Scotch graduates were better trained in psychiatry than English students were. Tradition had for a long time acted in Scotland beneficially in that way. For some time he was an Examiner in Medicine for the Conjoint Board, and he found that the Examiners in Medicine seldom set questions in mental disease, and consequently the classes in those subjects were rather badly attended. He set a question on adolescent insanity, and, through the kindness of Sir Robert Armstrong-Jones, he had two instances of it brought up—typical dementia præcox. He, the speaker, was afterwards informed that the setting of this question had a beneficial effect on the attendances at the classes in psychiatry. Generally he tried to get a question in on the subject because he regarded it as very important. It might be that after a student became qualified, one of the first cases he would come against would be a mental one, and he would be at sea if he had not had a training in the essentials of psychiatry. He would like to see established clinical-assistantships, giving men six months' experience, and he hoped to carry that out at the Maudsley Hospital, to give men an opportunity to see whether they would like to follow the speciality. With regard to the curriculum which Dr. Bond laid down, life was short, and the extent of modern knowledge very great. He

thought the system at Edinburgh was the best: there it was not hoped to cover the whole range. He thought the best training for men who intended to become medical superintendents of asylums was a good foundation in general medicine, which included preventive medicine. For example, how important were deficiency diseases in the treatment of the insane, *i.e.*, the resistance engendered against disease by a sufficiency of vitamins, and how detrimental their deficiency. With regard to beri-beri, there were known to be two forms. One form did not give any pronounced symptoms, yet there was a lowered resistance to infectious disease. There was a great deal in being able to recognise a disease and knowing what specialist to call in for its treatment. He congratulated Dr. Bond on his paper, in which he laid down the right principles to adopt. Lastly, he wished to say that when an appointment was made to a medical superintendency of an asylum, it should be founded on his knowledge of the specialty, not because he happened to be a good farmer, though he thought it needful and right he should be head of the Institution.

Dr. R. H. STEEN said one point about Dr. Bond's admirable paper, which he was sure all the members felt very grateful for, was that he was preaching to the converted. All in that room realised the need for clinics in psychiatry. The difficulty of those in the specialty was with the general physician and surgeon and the staffs of general hospitals. They were the people who required convincing that mental clinics were required. For many years he tried to get established an out-patient department of this kind at a certain hospital with which he was connected, and from private talks he had with members of the staff of that hospital he gleaned they had the idea that a mental patient was necessarily an acute maniac; they had visions of acutely maniacal persons dancing up and down the corridors. For a long time he was unable to succeed in his efforts, but such a department had now been started, and the other members of the staff seemed very thankful for it. He wished to urge that all teachers of psychiatry—and they were all members of this Association—should make a point of getting established an out-patient department for mental cases in connection with their own particular hospital. He did not mean that they should be altogether satisfied with that, but it would at least be a beginning—the thin edge of the wedge—and later on beds could be set up. It would be found that students exhibited great interest in mental diseases, and they were keen to come to the clinics. Members of this Association could, if they would, do a lot of missionary work by urging physicians, surgeons and consultants generally to insist on the establishment of these special departments in psychiatry.

Dr. MYERS said he would like to point out that a mental clinic had been started at Cambridge. The staff there unanimously favoured the institution of an out-patient clinic, and, thanks to the generous spirit displayed by the Board of Control and the Medical Research Committee, it was possible to send an expert there, and he was now spending his whole time on the out-patient work and in conducting research in psychological medicine. This was so recent that results could not yet be given, beyond the fact that Capt. Prideau had written expressing a fear that he might be swamped by the large number of cases and thus be prevented from doing research work. Possibly some help could be supplied to him. Close association was being established between Addenbrook's Hospital and the Mental Clinic at Filbourne, where the Medical Superintendent, Dr. Archibald, was in full sympathy. At Cambridge the Diploma had not been accompanied by teaching; they had been content to allow candidates for the Diploma to take their courses anywhere, provided they showed sufficient knowledge at the examination. But he agreed with Dr. Bond that every teaching University should aim at providing courses in this subject, so that the candidate possessing the Diploma would be recognised as having passed through a certain school. Dr. Bond's paper showed the need of schools in psychiatry, and the more schools there were, with divergent shades of thought, the better it would be for the advancement of the subject. The Diploma was not instituted until 1912, therefore there had not been a chance of doing much before the war, and the number of candidates had been very small. During the war the Diploma had to be suspended altogether. The question now was as to what could be done to encourage more candidates to come forward for the Diploma. He felt that much could be done in the way of encouragement by the authorities responsible for filling posts in mental hospitals, and by the granting

of leave of absence to men for the purpose of study. But so long as mental hospitals continued to be run "on the cheap," so long would it be impossible to provide facilities for post-graduate education.

Dr. GOOD (Oxford) said it might interest members to know that for two years Oxford had possessed an out-patient clinic for mental cases in connection with the Radcliffe Infirmary, and it was hoped that soon there would be some beds attached. It was not given the name "mental clinic," because that would deter people coming to it. He had been working with Dr. William Macdougall for more than two years, and that gentleman had, unfortunately, now retired. The work was sufficient to keep one employed from 2 o'clock until 8, leaving practically no time for research. People were coming in increasing numbers, and students were taking a great interest in the work. At present there was no degree in psychological medicine at Oxford, though the question had been mooted.

Dr. DEVINE said there was an international side to the question. Some time ago he was associated with an American unit, attached to which was a very clever young neurologist. That officer told him he had been to Queen Square studying neurology, he had been to Oxford and studied physiology under Sherington, and he asked, "Where do you learn psychiatry in England?" He came from Boston, U.S.A., where some fine work was being done. He had to reply to him, "I do not know a definite centre here, though there are a lot of able men of international standing, and you could go to Wakefield Asylum and see my old chief, Dr. Shaw Bolton." For the sake of our own national credit we should have centres for the clinical study of psychiatry and where it could be studied intensively. The study had been pursued in this country by people under the greatest possible difficulty, with little encouragement. Dr. Shaw Bolton, for instance, did wonderful work in psychiatry, but who had followed it up? There was no school, no centre of instruction. Until centres were established for the intensive study of the subject, so that the needs of those who intended to devote their lives to the subject could be catered for, there would not be real progress in the specialty. Some said psychiatry was a matter of psychology, some that it was a matter of chemistry, still others that it was a question of pathological anatomy. His own view was that it was not any one of these, but all of them. Until they could get at grips with it in the proper way, until teachers, with students under them, could start a tradition and a school, which would develop into a British School of Psychiatry, he did not look for much real progress.

Dr. PEACHEL, commenting on Dr. Steen's remark, said it was not so much the physician and surgeon as the general public whose interest should be aroused in this subject, chiefly through the medium of asylum committees. Therefore he thought it would be a good thing if a *précis* of Dr. Bond's paper could be sent to the various medical superintendents of asylums so that they in turn could hand it to their particular committees. When one was right in the country—as he was himself—one realised the need of getting into touch not only with local medical men, but also with the local hospital, even though it might be one of 100 beds or less. In the way of propaganda very much could be done by that course, and the public would benefit by having early treatment.

Sir ROBERT ARMSTRONG-JONES remarked that, by the courtesy of Dr. Bond, he had had an opportunity of perusing his paper beforehand as he had been unable to arrive in time to hear it read. He considered it was a great advantage that a man of Dr. Bond's eminent position should come to the Association and speak on this subject. He (the speaker) had recently been given an opportunity of starting a mental department at St. Bartholomew's Hospital, and he had been appalled at the lack of knowledge on mental subjects displayed all round. Medical men whom he had met frankly admitted they knew nothing about insanity. How was that hiatus to be filled? He thought a simple method would be to afford to every medical man a chance of seeing in his own neighbourhood a case of acute mania, a case of acute melancholia, of epilepsy, of general paralysis of the insane, of arterio-sclerosis, which could in many cases be modified by treating the chronic elements in it, such as the chronic constipation and dyspepsia. The last speaker mentioned want of sympathy and knowledge on the part of the public. He had himself spoken to people who were on asylum committees and they neither knew nor apparently wanted to know much about the subject. He wanted to see somebody kindle an interest in the matter, and the Board of Control could do this by

trying an experiment of a "field worker," as in America, in one district. This would undoubtedly kindle a public interest in the matter. When people talked about "mental hygiene," what did they mean by that term? They should be told that there were two or three conditions which required to be studied in detail in reference to the incidence of mental disease—alcohol, syphilis and the element of heredity. He (the speaker) would like to see every medical superintendent giving time to this matter in his own neighbourhood and foster the idea that the asylum should be looked upon as the place where people can consult the medical staff. It was very difficult for a senior man to keep himself up to date in cerebral physiology, anatomy, chemistry, and so on, but the junior men could do so, and they would if they were afforded the requisite encouragement by the authorities. They should be allowed leave in order to study. But where were they to study? What was needed was coming by degrees. It was only recently that the Bethlem Royal Hospital had started an out-patient department for cases, and St. Bartholomew's, as he had stated, was another example. It might interest members to hear what kind of cases had, so far, attended the mental department at St. Bartholomew's Hospital. They were congenital epilepsy, some mental defectives, who had to be dealt with under the Mental Deficiency Act, cases of dementia præcox, early cases of general paralysis of the insane, involuntional melancholia and manic-depressive insanity, but few of the sex or Freudian abnormalities. Altogether he had been encouraged, and he had the feeling that one could do something for these cases, especially if sleep could be procured for them, and their constipation could be corrected and electric treatment applied. He had seen much good done by cerebral galvanism in the war neuroses at Aldershot. In climacteric trouble, too, static electricity had been beneficial in modifying the blood-pressure. If possible the public must be educated in this matter, and then he felt there would be a move forward to allow medical men in the asylums to carry on this training. It was a deplorable fact that, though five Universities had granted diplomas in psychiatry, there were not five candidates at each, though of course the war had had a deterrent effect. This paper, however, indicated a move in the right direction. If one could come into touch with people at the home, the school and children's courts, where mentally deficient cases came to light because of small offences against social order, much alleviating work could be done. The subject was a most important one.

The PRESIDENT said a letter had been received from Dr. G. A. Auden, of Birmingham, stating how sorry he was that he could not attend, as he had hoped to point out the desirability of making provision for the training of school medical officers in the diagnosis of feeble-minded conditions. With regard to the suggestion of Dr. Peachel, assuming that Dr. Bond's paper would be published in the Journal, the distribution of it to the quarters specified might be effected in that way. It had been decided, earlier in the day, that members of the Association should receive from its officers a letter dealing with the question of propaganda, and this letter could have incorporated in it a brief statement on this subject, and pointing out the willingness of the Association to provide reprints of Dr. Bond's paper, if its author saw no objection, and these could be handed to members of Visiting Committees. That would not cost very much, and the Treasurer had said he did not think the expense of it would be prohibitive. [Col. THOMSON: It would be Greek to many of them in its present form; it would need translation into ordinary language.] As there was no very decided expression of opinion on that point, he thought it might be left over for the present.

Dr. BOND, in reply, desired to express his thanks for the very patient hearing which had been accorded by members to his paper, and the great satisfaction it was to him that the crude form in which the opinions had been laid before the meeting had led to such a kindly and encouraging discussion. As the time was now late, he hoped he might be forgiven if he did not do full justice to what the several speakers had said. All were exceedingly glad to see Col. Lord here. Members knew the immense amount of work he had been called upon to do at the Horton County of London War Hospital, and some time ago it was reported that he was far from well. He agreed with that gentleman that many hard things were said about specialism, some of them, no doubt, just because specialism without a good grounding in general medicine was all to the bad. In the other way, however, it was to the good, and he agreed that concentration upon small departments of their larger work would be the best means of making

progress. He felt grateful for Col. Thomson's remarks, also for the goodwill with which the Colonel allowed him to take up the threads of his own pioneer work. That speaker laid stress on the reluctance of general hospitals to confer facilities for studying mental cases, and in that he was only speaking what was the fact. But if staffs of hospitals based their experience upon the effect of one acute case in their wards, that they should take up a hostile attitude on this question was what one would expect, because the mixture of mental and general cases in the same wards must be profoundly bad for both. One wanted to see them in wards under the same great label as the wards for general cases, namely the name of the general hospital in question. What Sir Frederick Mott said would surely give them food for thought. Some of Sir Frederick's comments sounded as if he took some exception to the formidable nature of the diplomas; but he, Dr. Bond, laid stress himself on not trying to teach too much detail, and upon concentrating upon the "institutes" of the required subjects. Therefore he felt that Sir Frederick and he were at one on the matter. He was also glad Sir Frederick insisted upon particular attention being paid, in whatever teaching psychiatrists were able to do, to the relation of this branch to general medicine, an insistence which, if included in any scheme—and there was a precedent in the case of the diplomas—would probably abolish such terms, which he disliked, as "alienism" and "alienists." Dr. Steen declared that what the paper did was to preach to the converted. He knew Dr. Steen was right in that remark, and in bringing this paper before the Association it was with no such ideas as that the members stood in need of conversion on these points. His hope had been that the reading of the paper here might lead to some decision being taken—by way of the formation of a Committee or any other means—again to carry out propaganda work in this and other places where there appeared to be some stagnation. With regard to the idea of Dr. Peachel that a *précis* of the paper should be printed and circulated to medical superintendents with a view of it getting into the hands of members of visiting committees and others, that was a flattering suggestion, but he thought there should be pause before it was adopted, and that time should be taken for consideration as to the best means of securing progress in our speciality. Still, whatever the Association chose to do with regard to the paper was a matter entirely for them. He desired to express his thanks to Sir Robert Armstrong-Jones for what he had said. It was with great difficulty Sir Robert reached the meeting at all. It was particularly interesting to know that a mental department had been founded at St. Bartholomew's Hospital, with all its ancient traditions. That gentleman was right when he assumed that the object of the present paper was to kindle a wide interest in the subject, not among members of this Association, but among the public. And the point in the letter from Dr. Auden was important. He, Dr. Bond, was not sure that the syllabuses of the different Universities granting the Diploma dwelt sufficiently on the question of mental deficiency, yet it loomed so large now that it might be well to press on the University authorities this Association's opinion as originally expressed in their memorandum—that there should be optional subjects provided for in the Diploma conditions.

IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division of the Medico-Psychological Association was held on Thursday, November 6th, 1919, in the Royal College of Physicians.

Members present: John M. Colles, K.C., LL.D., in the Chair, Lieut.-Col. W. R. Dawson, Drs. Hetherington, Gavin, Nolan, Greene, H. Eustace, Keane, Harvey, Mills, J. O'C. Donelan, Rutherford, and Leeper (Hon. Divisional Secretary).

Before the business of the meeting was proceeded with, it was proposed by Dr. Hetherington and seconded by Dr. Eustace:

"That this meeting of the Irish Division of the Medico-Psychological Association desires to place on record its extreme regret at the loss which the Association has sustained by the death of Dr. Drapes, who was one of its oldest and most valued members, and this meeting expresses itself fully in accordance with the action of the Hon. Secretary, Dr. Leeper, in sending, at the time of the sad event,