

He felt that the Association owed a great debt of thanks for the address, and he hoped that the ladies and gentlemen present would show in an unmistakable manner the appreciation they felt.

Dr. REES THOMAS said that in spite of the approval already shown by the meeting he rose to second the proposal of thanks to Dr. Turner for his extraordinarily fair paper. There was one thing which the new President had taught medical men as well as lay people: that clarity of thought was the only thing in working out a scheme of this sort; and those who were acquainted with Dr. Turner's work knew that he was one of the leaders in the almost successful attempt to socialize the defectives of the higher grades. Dr. Clarkson had referred to the bad defectives, but Dr. Turner had no bad defectives. He, the speaker, knew of a very bad defective, and he sent him to Dr. Turner in preference to anybody else.

Sir ROBERT ARMSTRONG-JONES asked to be allowed, as perhaps the senior Past-President at the meeting, to join in thanking Dr. Turner for his very able and very practical address. Dr. Turner was recognized as an authority and an eminent leader in the subject of mental deficiency. Essex Hall, the original designation of the Royal Eastern Counties Institution, was the pioneer in this work, and it continued to be the leading and most comprehensive training school in the country. He, Sir Robert, had had the privilege of knowing its first principal and teacher, Mr. Miller, and the first superintendent and secretary, Mr. Turner, the respected father of their President. Some of their first patients were transferred to Earlswood in 1857 to the care of Dr. Langdon-Down, who was followed as superintendent by Dr. Grabham, the speaker's immediate predecessor at Earlswood. It was there also that Dr. Shuttleworth received his first training in the education, care and treatment of mentally deficient children. He would like to pay a tribute to those who looked after the defectives—the staff of the institutions; they were kind, tender and attentive, and were imbued with a thoroughly Christian spirit.

Dr. Turner's address would undoubtedly stimulate further research in a field which at the present time was engaging the interest of the public as well as of the profession.

The vote was carried by acclamation.

The PRESIDENT briefly returned thanks.

GARDEN PARTY AT SEVERALLS MENTAL HOSPITAL.

After the meeting members and guests attended a Garden Party at Severalls House, at the kind invitation of the Visiting Committee of Severalls Mental Hospital and of Dr. and Mrs. Turnbull. The Hospital and grounds were open for inspection throughout the afternoon.

THE ANNUAL DINNER.

The Annual Dinner was held in the Grand Hotel, Clacton-on-Sea, the President occupying the Chair. The guests included the Rt. Hon. Sir Edward Hilton Young, *G.B.E., D.S.O., M.P.* (Minister of Health), The Viscount Dunwich, the Rt. Rev. The Lord Bishop of Chelmsford, The Lord Huntingfield, Sir T. Courtenay Warner, Bart., *C.B.* (Lord Lieutenant of Suffolk), Colonel Sir Francis Fremantle, *M.D., M.P.*, Sir Henry Brackenbury, *M.D., LL.D.*, L. G. Brock, Esq., *C.B.* (Chairman, Board of Control), P. J. Pybus, Esq., *C.B.E., M.P.*, Oswald Lewis, Esq., *M.A., M.P.*, Maurice Pye, Esq. (Mayor of Colchester), Prof. J. H. Pameijer, Dr. E. A. Doll, W. Gurney Benham, Esq., *J.P.*, and Frederick Wagstaff, Esq., *J.P.*

TOASTS.

The toast of "The King" having been honoured—

Sir ROBERT ARMSTRONG-JONES, *C.B.E.* (Past-President), in proposing the toast of "The Health Services", coupled with the name of Sir E. Hilton Young, Minister of Health, summarized some of the health services under the immediate survey of the Minister. He added that amiability was at its maximum towards the end of a feast, and it was then that claims might be most favourably presented. They had two pressing requests to prefer. The first was that their nurses' training and certificates might be recognized for State Registration. The second that the "block grants" in support of the mental hospitals made by the Ministry might recognize especially the research work that was being carried out in the laboratories of the mental hospitals. They were delighted and honoured to welcome the Minister of Health, as a member of the General Medical Council, the first layman ever appointed. His wisdom, tact and great administrative

knowledge had been brought in at a moment of great tension. They would like, very respectfully, to reassure him that he had their most cordial support.

The Rt. Hon. Sir E. HILTON YOUNG, *G.B.E., D.S.O., M.P.* (Minster of Health), in responding to the toast, said: Mr. Chairman, my Lords, Ladies and Gentlemen,—I thank you for the kind, the too flattering terms in which Sir Robert Armstrong-Jones has coupled my name with the toast of those services, greater than any personality, with which I have the honour to be associated. As regards the latter part of Sir Robert's speech, in which he improved the shining hour—(Laughter)—let me remind him that the post-prandial period is suffused, no doubt, by an increased geniality, but it is signalized also by a prolonged reaction time, and it may be that he will not be surprised if the reaction to his charming request is so long that it does not produce a definite reply on the present occasion. But there is only one of those many high tasks to which he referred to which I would disclaim some sort of responsibility. He referred to it as my duty to provide accommodation for mental defectives; I remind him that the House of Commons is in the hands of the First Commissioner of Works. (Laughter.)

My first thoughts to-night must turn to the relationship between the mental health services and the health services generally. The mental health service may claim to be one of the oldest of the public health services. I think the Royal Prerogative was exercised with regard to the care of those suffering from mental ailment as early as the fourteenth century, and statutory provision began to be made as early as 1743; and in 1845 an Act was passed which imposed upon Justices at Quarter Sessions a duty to make provision for the mentally afflicted and established a permanent central supervising authority. That was thirty years before the passing of the Public Health Act of 1875, to which we all look back as a Charter. Superintendents of mental hospitals may not unreasonably look upon the medical officers of health as of mushroom growth in comparison with the antiquity of their service. But there is a growing consciousness of the importance of a closer alignment between the mental health services and the public health service. Improved facilities for advance in this direction were provided in the Mental Treatment Act of 1930, the effect of which may be far-reaching when the present stringency no longer hampers development, and when the medical profession has learned to make full use of the opportunities which the measure provides for ensuring the treatment of incipient mental disorder without certification.

Let me illustrate, from my experience, what can be done if the Mental Treatment Act is widely applied. I will quote you the following figures from the first six months' working of the Swansea Mental Hospital. Omitting 49 certified cases transferred from a poor-law institution, there were 111 direct admissions to that mental hospital. Of these, no fewer than 57 were voluntary patients—(Applause)—17 were temporary patients, and only 37 were admitted under certificate. That is to say, 66% of the patients were admitted to care and treatment without recourse to certification. (Applause.) This was due, in large measure, to co-operation between the medical superintendent and the medical practitioners in that area. In the last resort, progress in these questions turns on instructed medical opinion. It is here that your great Association, I think, is doing invaluable work, in two respects, as it appears to me. First of all, in keeping alive the scientific spirit within the specialty of psychological medicine; secondly, keeping that specialty in touch with the wider field of medical practice and knowledge.

An Association like yours can counteract the inevitable tendency of psychiatry to bifurcate into two water-tight compartments, one of them concerned with mental disease, the other with mental deficiency. We can trace the origins of this unduly sharp division very far back in history; perhaps to the Statute of Prerogatives in 1300, which drew a distinction between natural fools or idiots on the one hand, and those, on the other hand, "that before time hath had his wit, and happen to fail of his wit". In these high tasks of your Association you are fortunate in one respect in the coming year, namely, in the choice of Dr. Turner as your President. (Applause.) Your Association, I think, is to be congratulated on the recognition of his distinction in the profession which you serve, and of the importance of mental deficiency work at the present time as a branch of psychological medicine. (Applause.) It appeals to me for a particular reason, because, in some way, the health services for mental deficiency have the element of novelty, though the other branch has its traditions; it is one to which the Nation is reaching forward, and conquering a new province of good organization and service to the community and it is possibly on that branch of the work that the attention of administrators falls with particular impact at the present time.

Of course the practical problems of day-to-day administration in a mental deficiency colony are, in many respects, very different from those arising in a mental hospital, but the inevitable difference in detail should not obscure the essential unity of psychological medicine—(Applause)—and it is reasonable to hope that a more intensive study of mental defect may throw light on many of the unsolved problems of psychiatry. In this connection I should like to refer again to the invaluable research work done by Dr. Turner and Dr. Penrose at the Royal Eastern

Counties Institution for the Darwin Trust; and I also express gratification at the recent benefaction of Mrs. Burden, which will provide for further research work at Stoke Park Colony.

To illustrate further the unity of this branch of medicine, I might mention two other matters which have recently come under my personal notice at the Ministry of Health. In connection with the recently appointed Committee on certain problems relating to sterilization, it was found essential, when drafting terms of reference, to make sure that in examining the rather esoteric problem of the transmission of mental disability the Committee should have regard both to mental disorder and to mental deficiency. And, in the second place, in the purely practical problem of making the most economical use of institutional accommodation, it has been necessary to urge local authorities to review certain types of cases in their mental hospitals, so as to see whether they are not defectives who could be transferred more appropriately to a mental deficiency colony. So I hope that with time and more accurate knowledge, a sound classification and a better administration will be evolved.

Turning now to the second point which I mentioned, while your Association can do so much to preserve the unity of psychological medicine, it can also render service by ensuring that psychiatry shall not be divorced from general medicine. After all, psychiatry is only part of medicine as a whole. I myself, in carrying the responsibility for the health services, am specially concerned with this aspect, that it shall be borne constantly in mind. The Mental Treatment Act, which provides that certain types can be treated in mental institutions without certification, also provided that they might be treated in general hospitals approved for the purpose. General hospitals have not availed themselves of that opportunity to the extent that they might have done. Medical opinion—and probably only medical opinion—can bring the necessary quickening influence to bear to stimulate hospitals, especially the teaching hospitals, to seek approval under the Mental Treatment Act, because these hospitals cannot be regarded as covering the whole field of medicine until they include specific treatment for the mentally sick. It is to be hoped that medical opinion, organized by your Association, will press for more instruction in psychiatry as part of the undergraduate medical course, and, in particular, for practical demonstrations in mental defect. Many general practitioners are called upon from time to time to sign certificates, but, indeed, they receive lamentably little instruction about mental defect in the course of their medical training. Under the presidency of so distinguished a physician in this regard as Dr. Turner, the Association will be in a strong position to urge the importance of this issue. It is a fundamental, but perhaps an elementary point that the correct diagnosis and proper treatment of thousands of men, women and children hampered by mental disability depends on the efficiency of the medical practitioner.

It has given me great pleasure to be present at this gathering and to address the Association, I am glad to take the opportunity of marking my appreciation—in the discharge of the duties of my high office—of the work which you are doing in maintaining and developing the interests of psychological medicine, both as an essential unit in itself, and as an inseparable part of medicine as a whole. The stimulus of such an Association as yours is bound to have a predominant and effective influence in the movement which is surely securing for the mental health service its proper place as one of our great, one of our leading health services.

Mr. P. J. PYBUS, *C.B.E., M.P.*, in a witty speech, submitted the toast of "The Law and Medicine". He reminded the company of the great work carried out for the Central Association for Mental Welfare by Sir Leslie Scott and Sir Henry Brackenbury, with whose names the toast was coupled.

The Rt. Hon. Sir LESLIE SCOTT, *K.C.*, in responding to the toast, said that there were two popular misconceptions about the law. One was that all lawyers were rogues; the other that no lawyers had any common sense. Lord Beaconsfield had said that the legal mind was one which delighted in showing its skill in illustrating the obvious, in elucidating the self-evident, and in expatiating on the commonplace. He thought that was rather the popular conception of the lawyer. The Royal Medico-Psychological Association represented essentially, in his view, the combination of the Law and Medicine which formed the subject of this toast. The Law and Medicine were together engaged in the administrative work of dealing with the whole vast problem of mental trouble, and the one could not do without the other; they were a partnership in good work for the sake of the community. (Hear, hear.) The Association represented research work and scientific thinking on the problems involved. The doctor was responsible for the diagnosis and treatment of the individual patient, and for advising the lawyer, or at any rate the man who made the law, as to the legal provisions which were essential to enable the social problems of mental disorder and mental deficiency successfully to be solved. The lawyer in this problem was concerned with advising and framing the difficult provisions of the law, which were essential in order to deal successfully with this problem and others in a way that was consistent with the cardinal principle of England, the liberty of the subject. The success with

which they dealt with the problem depended on the wise and cordial co-operation between the law and medicine. They knew of cases of extreme hardship against doctors who, exercising reasonable skill and care, coupled with profound sympathy for the patient, and perhaps for the patient's family, had deprived an individual of liberty, and were held responsible afterwards in an action for tort. Now, since the Act of 1930, those tragic and gross injustices to members of the medical profession were less likely, and, he hoped, impossible. (Applause.) But let them not forget that the principle of the liberty of the subject was a right one—just as right as was due care for a person unable, mentally, to look after himself or herself. The moral of it seemed to him to be that they must keep rigorously within the law, never allow themselves to be deflected by sympathy for the individual case, and carefully make up their minds that if there was a case which was not within the law and that ought to be within the law, they would educate public opinion so that it might achieve the reform of the law. On that the Royal Medico-Psychological Association was a great educative power in the country, and the Law and Medicine might both look with hope to the assistance of the Association.

They had always to bear in mind in these matters the probability of confusion of mind arising, leading to erroneous conclusions. There was a great deal of misunderstanding in the public mind about all these subjects, and let none of them forget it. The Society of which he had the honour to be President, the Central Association for Mental Welfare, dealt with the practical side of these problems; they knew the human side of the subject, and believed they were doing good work aided by their affiliated societies throughout the country. It was a practical problem, for which volunteers were wanted; it was a problem which all the authorities with statutory obligations and functions had to combine to help. It was a problem on which further legislative reform would ultimately be necessary. The Law and Medicine were essential partners in this business.

He had had twenty years of association with the President, and it was an immense pleasure to speak at a banquet presided over by him.

Sir HENRY BRACKENBURY, LL.D., also responded. After thanking Mr. Pybus for the pleasant and genial manner in which he had proposed the toast, he mentioned his delight at being able to join in celebrating the presidency of his friend, Dr. Douglas Turner. He had often emphasized the importance of psychological medicine first in medicine, next to the law, and next to the State. He would not repeat what he had to say elsewhere in that regard, because that would be underlining something which their very existence underlined. But elsewhere it was still necessary to emphasize, even to medical audiences, the overwhelming importance of psychological medicine in its relation to medicine in general. And it was of very great importance to the law, as Sir Leslie Scott had just said. They recognized that to establish and maintain certain principles of jurisprudence and justice was absolutely essential to the life of any civilized community; but they did want always, from their point of view as doctors, to feel that the law in establishing and maintaining those principles, had its sympathies extended to the individual whose case they were judging. And to the State it was, of course, equally important. The State should not move in these questions without the fullest advice from the law and medicine about the subjects with which they had to deal socially or legislatively. Yet there were those who urged legislators and administrators to take action without the fullest knowledge which the law and medicine could place at their disposal.

With such problems as they had to deal with in psychological medicine, and especially in mental deficiency, it was the business of the medical profession primarily, before the law took hold of it, and before the State acted, to indicate the nature of the problems concerned; next, it was the duty of Medicine to define the problems concerned; thirdly, it was the duty of Medicine to correct any exaggeration of the problems concerned. In that respect just now the position of Medicine was fundamental and paramount.

Dr. W. G. MASEFIELD, in proposing the toast of "The Guests", said that members had assembled primarily for psychological study; and it had been the custom of incoming Presidents to choose certain guests who might prove worthy subject for study and scrutiny. Their President to-night looked on psychological study from a slightly different angle to others; and so he had chosen as guests those who from birth or from an early age had shown outstanding ability in looking after their own affairs and the affairs of others. (Laughter.) After welcoming the visitors from abroad, Dr. Doll and Dr. Pameijer, he referred to the presence of several members of the Board of Directors of the Royal Eastern Counties Institution, a board that, unlike some, paid wonderful dividends in the shape of the happiness and cheerfulness of those under their care. He gave humorous sidelights on the careers of Lord Dunwich and Mr. Oswald Lewis, *M.P.*, and, referring to Mr. Arthur Porter, Chairman of the Essex County Council, he gave several convincing examples of the "enlightened and aggressive" activities of that body.

VISCOUNT DUNWICH and Mr. OSWALD LEWIS, *M.P.*, responded to the toast.

Sir FRANCIS FREMANTLE, in proposing the toast of "The Royal Medico-Psychological Association", emphasized the dual responsibility of the profession to society, on the one hand, and the individual on the other. He hoped Parliament would give them increasing credit and increasing powers to deal with their difficult subject. He recalled old associations with the President, as students at Guy's.

The PRESIDENT, in responding, mentioned that his first knowledge of and acquaintance with mental disorder was due to Sir Francis Fremantle himself. He had on one occasion taken the place of Sir Francis as house physician during a week-end, and he had spent nearly the whole of the 48 hours he was on duty in running up and down stairs in response to urgent calls in a case of delirium tremens. He again thanked members for the compliment which they had paid him, and the other members of the Association who worked in this particular branch of mental disease, in electing him their President.

Between the speeches Mr. Herbert Collins, a past-president of "The Magic Circle", gave some humorous examples of his skill, Mr. Ernest Hastings entertained with conjuring tricks, and Mr. Tom Kinniburgh sang three songs.

Thursday, July 6.—Morning Session.

At the Royal Eastern Counties Institution, Colchester.

The PRESIDENT in the Chair.

PAPER.—"The Interaction of Heredity and Environment," by Prof. LANCELOT HOGBEN, D.Sc., F.R.S.E. (*vide* 590).

The PRESIDENT said he was sure that all present felt tremendously grateful to Prof. Hogben for having come down and tried to bring their knowledge of genetics up to date, and to make them think about these questions of heredity and environment. He realized that he, the President, was one of those effeminate people who had virile opinions about a thing for which he could give very little scientific basis. But he certainly did gather some comfort from Prof. Hogben's remarks on the importance of environment. On the other hand, those who favoured the importance of heredity might also have derived some comfort from what Prof. Hogben had said. It was an extraordinarily interesting and complicated subject, and he thought there was an inextricable mixture of environment and heredity in everything.

Sir HENRY BRACKENBURY said he would like to re-echo the President's words of thanks to Prof. Hogben for his interesting address.

He wished to ask one question. The Professor had spoken of the cure, or the possibility of the cure, of simple primary amentia. He, the speaker, would be very grateful for some little elucidation of that statement. He could understand the possibility of preventing simple primary amentia in certain circumstances, but he had not hitherto been able to envisage the conditions which would enable one properly to speak of the cure of a simple primary amentia at any stage when one was able to discover its existence in the human being.

Sir HUBERT BOND said that the note which was dominant in his mind was the very great advisability of a little patience, for waiting for those who, like Prof. Hogben, were evidently unravelling some matters which were of the utmost importance to the work of the medico-psychologist.

He felt confirmed, also, in another point of view, which he had expressed fairly often—that if only members of his profession, when called upon to examine this or that bodily abnormality, would make inquiry into the so-called heredity of the condition with just the same regularity and terrier-like keenness as most psychiatrists did when they were called upon to examine a case of mental disorder, the whole of the profession's perception of these matters and the whole attitude in regard to them would be revolutionized.

He also thought that much of the dread of heredity in mental disorder would be dispelled. His own branch of the profession could cause much harm and suffering by dilating so very much on the hereditary side of mental disorder.

Dr. LINDSAY said that, like the President, he had felt a little flattered by Prof. Hogben's address, because he had held for a long time a belief which was now put, in this address, into

scientific language. Those who came from Edinburgh would remember that a saying was current there that no distinguished physician, and no distinguished surgeon, ever had a son who became a distinguished physician or surgeon. He thought that facts like this were due to changes in the environment—the father had got on and succeeded, and this fact caused him to set for his family a standard of luxury or to give them a luxurious environment. Sometimes the first member of a family got on well because his father had not been able to bring him up with the same degree of luxury as was the case with the other members of the family whose birth occurred after he became more prosperous. Hence one sometimes saw that the third and fourth sons of a family went “to the dogs”. He was sure many members could think of examples of this which they had seen, and reflection on them gave cause for hope.

Like the President, he saw possibilities of doing something in their speciality of mental deficiency, by trying to bring about alterations in the environment.

Prof. HOGBEN, in reply, said that his object in contributing this paper had not been to strengthen the feeling of those who disliked the laying of special emphasis on a study of heredity or a study of environment in connection with mental phenomena. The point he had been at some pains to labour was that it was becoming increasingly evident that an enlarged view of the rôle of the gene in development was necessary in a study of heredity, if that study was to advance; and this advance in the study of heredity could not be gained without a closer study of environment. Neither could the study of environment be advanced without a closer study of heredity, of the hereditary materials available. The two kinds of inquiry must always go hand in hand. And though the results of modern inquiries were not to make workers distrust the possibility of utilizing genetic knowledge when it was obtained, yet one could certainly say that selection was no more a universal panacea when it was not fortified by exact knowledge of hereditary mechanisms, than was philanthropy when it was not supported by scientific knowledge of environment.

With regard to the question which Sir Henry Brackenbury put to him, when he, the speaker, used the word “cure” he used it as a purely theoretical possibility, without any particular relevance to immediate likelihood. For instance, if a man had both eyes knocked out in an accident, one would be disposed to regard it as incurable, but when one took into account the fact that it had been possible to graft the eyes of one into the eye sockets of another in the case of the newt, and obtain regeneration of the optic nerve back into the brain, one was entitled—as a very long and large view—to entertain the possibility that it might one day be possible to graft the eyes of a monkey into the eye-sockets of a human being, with similar results.

One always had to remember, when discussing some of these problems, that though the possibilities of achieving results by investigating the likelihood of being able to control the environment might be somewhat remote, there were many contingencies in which the possibilities of achieving anything by the application of genetic knowledge, even when we had that genetic knowledge, were also remote, so it was necessary to balance things up. And he could not say, as a general rule, whether the application of genetic knowledge or the control of the environment was the best way of dealing with the situation. Advancement in the matter of the study of heredity in mental disease had been held up by the strong desire evinced by people to apply knowledge before they were quite sure of possessing it.

He wished to thank the speakers for their very kind remarks. He always approached the members of the medical profession with timidity, the timidity of the average man, not being himself medically qualified.

PAPER.—“Juvenile Types of General Paralysis,” by R. M. STEWART, D.P.M. (*vide p. 602*).

The PRESIDENT said that members were very grateful to Dr. Stewart for having given the Association this very clear and interesting picture of juvenile general paralysis. His, the President's, personal experience, had been much the same as Dr. Stewart's. He had found two types, in the way Dr. Stewart described; and he was certain that during the early years of his work, there were cases missed in diagnosis, because those in charge did not appreciate the possibilities.

Dr. BLAIR said he had listened with very great interest to Dr. Stewart's paper; he always read with pleasure what that gentleman wrote. He wished to ask a question on what was really a side issue. Dr. Stewart dealt with some cases of juvenile general paralysis associated with Fröhlich's syndrome, and the speaker wondered whether he had formed any opinion as to whether this condition of Fröhlich's syndrome was due to the same cause as the general paralysis. In other words, did the syphilitic virus alter the anterior lobe of the pituitary? He would like to know whether Dr. Stewart had formed a definite opinion on that.

Dr. STEWART, in reply, said that syphilis, no doubt, did attack ductless glands, and frequently; he possessed a beautiful slide showing spirochaetes in the suprarenal gland in a patient with the adult type of general paralysis. He supposed it was safe to assume a similar mechanism in Fröhlich's syndrome. Students of the subject should try to seek a cause further back than the pituitary, should try to regard the pituitary as the servant of the hypothalamus. In juvenile general paralysis the central nervous system suffered heavily in all parts, and he thought one would be on safe grounds in assuming that gross changes attacking the hypothalamus would be found if looked for. It was an interesting point to work at.

LUNCHEON.

On Thursday a large gathering of members and visitors were entertained to luncheon in the Moot Hall, Colchester, at the invitation of Colonel the Earl of Stradbroke and the Directors of the Royal Eastern Counties Institution, Colchester.

Lord STRADBROKE occupied the chair, and proposed the toast of "The Royal Medico-Psychological Association". He related something of the history of the Royal Eastern Counties Institution, and paid a tribute to the kindness and support which had been given by people throughout the county and country; he mentioned especially the assistance given by the Ladies' Association, who collected large sums of money in subscriptions, and finally the magnificent work done by the Turner family. From the earliest days the late Mr. and Mrs. Turner undertook the management of the Institution; they did all the work in the most thorough manner. And when, in due course, the late Mr. Turner passed away, it was with immense satisfaction that they who were responsible for the management of the Institution found that, with a certainty of success they were able to place the Institution into the hands of the man who was now President of the Association. They naturally felt some little reflected glory when they learnt that he had been made President. Major Turner, his brother, had also been indefatigable in looking after the Institution.

Dr. WORTH responded.

The MAYOR OF COLCHESTER (Mr. MAURICE PYE, J.P.) welcomed the Association to Colchester, and gave some account of the town's many historical associations.

INSPECTION OF THE ROYAL EASTERN COUNTIES INSTITUTION.

During the morning, members inspected the Royal Institution, particularly the workshops, and in the afternoon there were demonstrations of drill, games and recreation in the recreation hall and the grounds.

The workshops were hives of industry, and throughout the Institution one received the impression of industrial content, which was very pleasing. The handicrafts included shoe-making and repairing, tailoring, mat-making, weaving—by both hand and power looms—sash and cord making, carpentering, brush making, etc.

In the large recreation hall the boys and girls showed their capacity, according to grade, in various exercises, and on the stage the girls of the Upper School gave a well-presented entertainment, in suitable costume, complete with the regulation fairy queen, entitled "Knotty Knots".

Favoured by a delightfully sunny day, the Institution Guides, Scouts and gymnasium teams, aided by the brass band of the school, gave a demonstration of dancing and exercises, to the evident appreciation of the large company of invited spectators.

Friday, July 7.—Morning Session.

At the Town Hall, Clacton-on-Sea.

The PRESIDENT in the Chair.

PAPER.—"Community Control of Mental Deficiency in the United States," by EDGAR A. DOLL (*vide* p. 578).

The PRESIDENT said that Vineland was one of the early institutions in the States for mentally defective people, and it started very much like similar institutions in England, namely, as a voluntary effort. It had gone from strength to strength. One of the first heads was Goddard, and Porteous, the inventor of the Maze test, had worked there; and now Dr. Doll was in charge.

Dr. W. A. POTTS said he was very glad to have the opportunity of thanking Dr. Doll for his extremely lucid, well-delivered and interesting account of the present position of affairs in his

country, and his instructive comparison with regard to the differences which obtained in the results from different parts of the world. This paper was a very valuable contribution, made at an important time, because the London County Council, in their recently issued Annual Report, dealing with mental disorder and mental deficiency, had rather unfavourably criticized the findings of the special investigation of the Board of Control with regard to the incidence of mental defect in the population. The L.C.C. suggested that, from their own evidence, the estimate of 8 mental defectives per 1000 of the general population was incorrect, but on carefully studying the Report of the L.C.C. the speaker thought there was inherent evidence that their alternative figure of 3 per 1000 was not at all justified. And though it was not impossible that the percentage of mental defectives in the population of the United States might be slightly higher than it was in this country, he, the speaker, could not think there would be such an extraordinary difference between the two countries. He thought one would be safer in accepting the Wood Report, and that this probably erred in minimizing rather than exaggerating the incidence of mental deficiency. It would be dangerous to suggest that the number in the British community was less than was indicated in that Report.

It had been very interesting to hear of the excellent results obtained in sending out patients on parole, especially the lower-grade cases. It was always a somewhat risky matter to let out on parole or licence any mental defective, and there would always be catastrophes; but with increased experience and careful consideration of each case, it would be more and more possible to make effective use of this method. It was most important that that should be done, because in every country the accommodation for mental defectives was totally inadequate, and if officers could let out a certain number after five, eight or ten years in an institution, as had been shown to be possible, both in the United States and this country, it would represent a definite advance in the solution of this very difficult problem.

The whole paper was most suggestive and interesting, and it would prove very valuable to workers on these lines in this country.

Mr. L. G. BROCK (Chairman, Board of Control) said that he had listened with very great interest in Dr. Doll's paper, not only because it was extraordinarily clear and well arranged, as a survey, but because it must always be interesting to any administrator to see how the same problem had been tackled by the administration and experts of another country, and there was no other country which had gone as far as the United States had in the recognition of mental deficiency as a separate and a separable problem. As those present well knew, in most other countries, so far as the law dealt with mental defect at all, it dealt with it as part of the general lunacy system. But the United States, like England, had recognized it as something separate from insanity proper. To all interested in the subject it was of great help to see how the problem had been attacked, and to find—as one did find—that the lines upon which the work was being carried out were substantially in accord with the conclusions which had been arrived at in this country.

He had been particularly interested in the incidence rates given, and he agreed with Dr. Potts that they went a long way to confirm the estimates of the Board of Control based on Dr. Lewis's inquiry and the Report of the Wood Committee. If, so far as this country was concerned, that estimate stood in need of confirmation—he did not admit that it did, because the Wood estimate had been exceeded in some areas—then the figures which Dr. Doll had given in this present paper would go a long way towards confirming that estimate. He, Mr. Brock, thought that any estimate was always likely to be coloured by the point of view from which the problem was approached and examined, because one could look upon mental defect either as an educational problem or—as he himself preferred—as a social problem. If it were regarded primarily as an educational problem, the problem of what was going to be done with a number of children who could not be taught in the ordinary classes of our national schools or by the ordinary methods, he thought it was almost certain that people would arrive at a rather higher estimate of the number who required to be dealt with than if the problem were approached primarily as a social one—that of fitting into society a number of people who, temperamentally, and also partly because of their educational incompetence, were unable to adjust themselves to normal social requirements; in other words, those whom one could not fit into the social machine without clogging the wheels. He had wondered whether, in arriving at the figure of 1% of the population (or, as it had been stated, 10 per 1000) the United States possibly attached more weight to intelligence tests than some in this country would be inclined to attach to them as a means of diagnosis, and not merely as a means of measuring the degree of defect when the fact that defect existed had once been established on other evidence.

He thought that the value of intelligence tests could not be disputed, but he did feel that there was a certain element of danger if intelligence tests were going to be used not merely as a means of measuring the degree of defect, the existence of which had already been established, but definitely as a means of diagnosing defect; and he wondered whether there might not

have been, in the United States, special difficulties in applying those intelligence tests because of the relatively high percentage of the population who were the children of alien immigrants. He wondered how far some of those children, though they were brought up to speak "American", were in fact coming from homes in which the parents were speaking another language. Were some of those children thinking in another language, or even in a mixture of languages? And had such a fact possibly contributed to the high figure shown by these tests in the United States during the War?

He had been very glad to hear that Dr. Doll agreed with the English view; that for the young and trainable one needed something on colony lines, and that for the older and the untrainable a simpler and less extensive form of institutional care was adequate. But while Dr. Doll's results agreed very much with those of English experience, he had been struck by the comparatively high percentage of cases in which it had been found possible to give parole; and when Dr. Doll came to reply, the speaker hoped that gentleman would be able to tell the meeting something of the means adopted in America for the supervision of that comparatively large percentage of parole patients. How were those parole cases taken care of, how were they visited, and were they liable to be recalled to the institution? Also, what was the percentage of failures?

He agreed with Dr. Doll also that, of course, the schools must, in the future, be the main "catchment area" for defectives. In this country there was a good deal of leeway to be made up; there were so many unascertained defectives above school age that some time must elapse before the workers on the subject could rely entirely, or even mainly, on the educational machinery to find how many defectives existed. But when this leeway had been caught up there must come a time when, if the machine was working properly, it would be the schools—the school medical system—which should be the means of bringing to proper notice the cases of mental defect in our midst. While the schools must be relied upon as the means of finding the defectives, he hoped that would never lead to this problem being regarded solely as an educational one, nor even primarily as such; because while, of course, it was a problem for the educationist, it was, to his mind, much more a social problem, and he thought it was desirable to get the public to look upon it as a problem, not of finding some way of inflicting the minimum of education on people who were, congenitally, ill-adapted to support it, but rather as a means of socializing people who, without medical efforts or other efforts at socializing, could never become fitted into or adapted to the community. He felt that, whatever care might be taken, however good might be the system adopted, there must be a residue of cases that must be institutionalized permanently, and the aim should be the using of our residential institutions and colonies, not only as places of permanent segregation, but as places of training, the object being to socialize and restore to the community as large a proportion of defectives as possible. There would always be people who could not be socialized, but he felt that the defectives who had to be kept permanently in institutions were the failures under the system, and that the measure of success, the real test of success, was the extent to which it was possible to get back into the community people who, without that training and that discipline, would be a social menace.

Miss EVELYN FOX (Central Association for Mental Welfare) said she would not like to allow this opportunity to pass without expressing her thanks to Dr. Doll for this extraordinarily interesting paper. She had enjoyed the opportunity of visiting Vineland, and she was disappointed that Dr. Doll was not there on that occasion. But she was struck, as all had been who paid the visit, with the generosity with which the visitors were shown everything that was being done, and the great lines of their work were indicated. No one who had been there could fail to appreciate this generosity.

The main thing which struck her about the paper just read was the way in which Dr. Doll had put his finger on the difficult problems, and his description of the way in which the workers there were facing them. It was evident that there was little difference between their methods and the way in which the problems were being faced in this country. They, in England, were groping forward on this question of community control of mental defectives, and they had to seek outside the narrow limits of mental deficiency work for some of the possible solutions.

Professor Doll had alluded to the dull children in the schools; she thought in England they had arrived at a rather hopeful stage with regard to that work. The reorganization of the schools into junior and senior departments had brought to the notice of the teacher, the Director of Education and the Managing Committees a whole group of retarded children, which included the feeble-minded as well as the dull. It had brought it before them in so striking a way that they had been obliged, even in the few years that the reorganizing had been going on, to make special arrangements at once in the schools for this group of children. It was from the concentration of attention on a hitherto neglected group that workers on these matters would find a source of ascertainment for the higher-grade defectives, particularly the difficult ones, which had never before been encountered in this work. That came before her in a striking way. When her Association started courses for teachers in 1915, they had 80 teachers who were all engaged

in teaching in Special Schools; in the first three months of the present year there were 120 teachers in the courses of whom 35 were from Special Schools. About 30 of the members of the courses were head teachers of schools. That showed how extraordinarily the practical work had changed.

She was also much impressed with what Prof. Doll said about the difficulties encountered in rural districts. The same kind of difficulties were met with in this country. There, again, she thought there would be a possible solution, first in applying to such children better educational methods than were now used in the ordinary rural school, where they were divided into senior and junior schools; secondly by the adoption of the system of home teachers. That was being tried in this country, and one of the things which struck her on looking over lists of individuals to whom the home-teachers went, was how much, in a decent family, was possible, even when only a limited number of visits could be paid. And that would probably be one of the methods which would be extended in this country in dealing with defectives in rural areas.

The subject of the public health nurse was another of those which were under consideration in this country. In the areas served by many local authorities the public health visitors were organizing visits to defectives in their, the defectives', own homes. This would be successful, she thought, if an extra nurse were obtained, and this additional work was not expected of the existing nurse.

But it was interesting to see how all the workers, in both countries, were arriving at the same sort of stage in dealing with the same sort of problems, and how this problem of the community control of defectives had been borne in upon those engaged in the work. All present must feel very grateful to Prof. Doll for having put the matter so clearly and graphically.

Dr. HAMILTON MARR said that this able and interesting address showed that the human problems in the States were much the same as those which confronted workers on this subject in this country, especially with regard to mental deficiency. At the risk of wearying the meeting, he would like to say that the whole problem was best illustrated by an instance which he had frequently quoted: it was an example of what should be done in regard to mental defectives throughout their lives.

He had occasion, in the Island of Skye, to visit a boarded-out patient, a boy, a.t. 14, and as he went up the hill he saw a boy, almost naked, wearing around him a broad leather belt, with a rope attached to it, and the other end of the rope was attached to a stake driven into the ground. As he passed a cottage near to the place he asked the woman of the cottage if such and such a boy lived there. The reply was, "Yes, there he is; that is the boy who is tied to the stake". The speaker, Dr. Marr, said, "Who are his relatives?" and the reply of the woman to that was "I am his mother". "Is it not cruel to tie a boy up like that, as you would tie a sheep or a goat?" "Cruel? I would not hurt a hair of his head." The woman took the speaker to the back of the cottage, and showed him the rocks running down to the sea, rising to a height of 150 ft., and added, "All my children have had to be tethered". They all had to be tethered until they learned of the dangers behind the house. The mental defectives must be "tethered"; they must remain under supervision throughout life. The length of the tether might be extended but it must always be such that the central authority could draw in the tether, and so bring the mental defective back to a position where he could be properly cared for.

It should be borne in mind that the whole problem of both mental disease and mental defect was not a public one in the ordinary sense of that term; it was an individual problem, not one which affected the health of the community in a general way as did infectious diseases. And unless the mentally defective and the insane were dealt with as individuals, he did not think that much real progress in the matter would be made.

There was also the wide problem of sterilization. Plutarch said of Diogenes that the latter told an idiot to get out of his way "because your father was a drunkard", and it was known that, to this day, children in Italy who were mentally defective were called "Sunday's children," because in that country Sunday was the great drinking day, and when the mother conceived at the time of a drinking bout it was considered probable that the progeny would be mentally defective. Would his hearers sterilize people whose parents were under the influence of drink at the time of conception? It was important that those who were studying the matter should set themselves the task of establishing a uniportal system for examination and admission to an institution, whereby children would be seen at an early age by people who knew something about the subject. The medico-psychological specialty subtended all general medicine, and was the greatest special medical field of work; and he believed, as a result of his long experience, that the knowledge of it had been built, like the house of the coney, in the rock.

Dr. DOLL, in reply, remarked that in fairness to the other speakers, he hesitated to say very much, but he would comment on the remarks already offered. He agreed with Mr. Brock that the question of mental deficiency should be determined on social grounds. The figure given

of the incidence in the United States was a social figure, and that was the reason he quoted particularly the figure which was the finding of the Surgeon-General of the United States Army. The diagnosis of mental deficiency in the army was not based on mere psychological examination; these cases were certified by the Army Board, which was the authority for discharge, and so the criterion for mental deficiency in the army was one of social competence for army purposes. When one realized the limited degree of social adaptation required by the ordinary man in the ranks, particularly in the Army Labour Battalion in the War, it would be appreciated that this was a very low standard. The figure of 1% had been confirmed by intensive surveys.

With regard to the survey of Dr. Potts, it was well to bear in mind that people were working on different figures. One in which he was interested, for scientific purposes, was the percentage of incidence of mental deficiency, and the other was the figure to be used for commitment purposes. In his own State, where it was developed, they were committing less than one-tenth of 1%. So they worked on one figure, the total percentage in the country, and on another figure for institutional commitment. They had a means of allaying public fear as to the expense of dealing with the problem and the deprivation of personal liberty. He thought that the educational problem of mental deficiency should be faced educationally. The criterion of mental deficiency should be one of social conditions; and he thought that in the United States, and probably here, those interested would see a serious re-organization of elementary education in the first grades. The development of the junior and senior high school had only partly dealt with the problem. In the States there were 25% who could not graduate in the sixth grade in school, and it was necessary to have a different system. When mental defectives were agreed to be those who could not profit by the instruction given in the ordinary school, the school itself should change its programme so that these children could profit. The school system should be reorganized. The estimate of incidence in the States was not based on intelligence tests; if the latter were used, the result was to give a much higher percentage incidence. The intelligence level of Binet ran to 11 and 12 years, but it was found that there were many people, supposed to be on the normal level, who fell below that standard. There was a border zone between the mental ages of 8 and 12, within which it was impossible to distinguish between normality and deficiency on the basis of intelligence tests alone. That was taken account of by the speaker and his colleagues in examining the children of foreigners, and also in examining negroes. There were, in the Southern States, adult negroes of a mental age of 7 or 8 mental years, who could not be certified as mental defectives. Therefore the language problem must be taken account of by a dual system of standards in estimating the results of intelligence tests. And he would like to call attention to the important differences in incidence in the community, as arrived at in different States. In Vermont it was given as 3%, and in Arizona two-tenths of 1%.

Probably workers in England had not the same problem in regard to the supervision of parole. In the States a number of different parole systems were in operation. One of them was that known as the "extended vacation". Under that the patient could leave the institution and go home for a visit, and if such visit proved successful it could be extended indefinitely, or if it were unsuccessful the patient could be recalled. Under another system the patient was discharged to a central parole bureau, and it was somewhat similar to that of correctional institutions. Where the paroling was carefully done the percentage of failures was low. In his own institution it was done as a scientific classification, based on the entire history and record of the individual. Dr. Bernstein, in New York, whose work in the United States had not received very wide approval—though he was himself a believer in it—had a system of paroling which was more offhand than that in other States, and that authority had had rather a high degree of failure in his parole cases. But Bernstein said that if there were 100 mentally defective persons in the community who could be sent out on parole and there were 50 failures, the state of matters was bettered, as long as the proportion of paroles remained less than those who were receiving attention. In the Vineland institution population of 550, 40% were private patients, and numerically they turned over their population once in seven years. With 555 patients they dismissed 80 patients a year for all reasons, and there would be a new population in the institution once in seven years. But about 50% of the patients stayed for a long time, and the other 50% were turned over rather quickly.

He could not conclude without saying something with regard to Miss Fox's generous statement about the courtesies which were extended in the States to visitors there. He felt that they in the States could never repay the generosity of which he had been the recipient. At Vineland they were always glad to have visitors, and he brought to the members of this Association the particular invitation of Mr. Johnston, the Director of the training school, collectively and individually, to visit the Vineland institution at any time they might happen to be in the States. (Applause.)

The PRESIDENT said there were many things he would like to ask Dr. Doll, but there was only one suggestion he wanted to make. The American journal *Mental Hygiene* used to contain

many articles on the different aspects of mental deficiency when Dr. Fernald was one of the Editors; but during the few years which had elapsed since that Editor died, they on the mental deficiency side had not received so much instruction through that Journal as they had hoped. Perhaps Dr. Doll, when he returned home, would drop a hint in that direction, for those in England who read that journal would appreciate more material in it on the subject of mental deficiency than was supplied at present.

He wished to say, on behalf of the Association, how grateful members were to Dr. Doll, who was the foremost research authority in the States on this subject, for having come over to read this paper. He expressed the hope that Dr. Doll's visit to England would repay him a little for the time taken by the visit. He was sure that those who had heard the address had enjoyed it enormously.

PAPER.—“Cholesterol: Its Relation to Mental Disorder,” by A. GLEN DUNCAN, M.D., D.P.M., Deputy Medical Superintendent, Essex County Mental Hospital, Severalls, Colchester (*vide* p. 626).

Dr. W. F. MENZIES remarked that he ought to begin by saying he knew nothing about laboratory methods; he was speaking of the results of experiments which had been done in cases in which there was hypocholesteræmia or hypercholesteræmia. The impression on his mind was that cholesterol had primarily nothing whatever to do with the mental state, and for this reason: Cholesterol was, like many other substances, present in the cells of the body; lecithin was particularly present in the central nervous system and in the generative organs. His view was that wherever there was a neurolysis there was a reactive protective tendency. Severe neurolysis might be very important from the point of view of conduct, *i.e.*, from one's own interpretation of mental conditions, but still the amount of lecithin and cholesterol in the brain was, in comparison with the amount in the whole body, not insignificant, but certainly small. The impression he had at present was that where neurolysis was proceeding rather rapidly there was a considerable destruction of lecithin, and that cholesterol, which decreased the surface tension in the cell, was increased in order to protect the cell; it was a secondary result of the loss of lecithin.

How was cholesterol produced? Little was known except in relation to diseases of the liver; it was known that there must be some intimate connection between the quantity of cholesterol and liver function.

What was the mechanism whereby the protective cholesteræmia was produced in the liver? The present idea was that it was produced through the activity of the thyroid acting on the liver by means of nervous influences, but it might be partly through the pituitary. It was not possible to increase the blood cholesterol beyond a certain degree, except by giving enormous doses. There was, for instance, the disturbance of the calcium metabolism in rabbits and the production of bone when enormous doses were given.

He thought that explained the present small amount of knowledge on the matter, and the Association must feel very grateful to Dr. Duncan for having made one of those very careful investigations which were the only means of making further progress.

Dr. REES THOMAS said he wished to ask Dr. Duncan one question: Whether he had also tested the effect, not of cholesterol, but of ergosterol on the depression which arose, *i.e.*, taking a parallel series of experiments. It seemed to him that Dr. Duncan was using enormous doses to bring about his effects; such effects might equally well be produced in mild degree by exposure to sunlight. Ergosterol, in certain of its effects, was eight times as active as cholesterol.

Dr. RUDOLF remarked that Dr. Duncan had pointed out that the amount of cholesterol varied in fever. Templeton, in 1923, published a series of cases of dementia præcox treated by induced malaria. Almost all the cases so treated improved markedly for three or four months, then all relapsed. In the next year the speaker started treating them, and obtained exactly similar results. So he reinoculated some of them up to as many as five times, and in each series the fever became less and less as the patient became more immune to the malaria. None of them improved after a second course of malaria, or after subsequent courses. He asked whether Dr. Duncan had any explanation of the temporary improvement if the cholesterol always varied after fever.

Dr. T. WILLIAMS said he had two questions he would like to put to the reader of the paper. He wished to ask (1) in the four cases which were described, where diminution of psychomotor activity seemed to follow definitely the exhibition of cholesterol, was there any concurrent estimation of the pH, which also had a very profound effect on the psychomotor activity? (2)

If in the four cases showing improvement after the two doses of cholesterol the estimations were continued, whether the blood content of cholesterol was in accordance with the observations made in the physiological cases and elsewhere, modified, or remained modified during the period of remission?

Dr. DUNCAN, in reply, said that in regard to what it was that varied the blood-cholesterol physiologically, he knew of no experiments which had resulted in a settlement of that question. He thought most workers who had studied the question with regard to the changes in animals had agreed that cholesterol was kept constant more or less by the removal of small excesses of it by the liver, the spleen, and possibly other organs of the reticulo-endothelial system. The evidence for that had been very closely studied by Noble Chamberlain, and he had published a good deal of the supporting views of the French on the matter. He, Dr. Duncan, had tried to get evidence by feeding rabbits and guinea-pigs with thyroid, and then estimating the cholesterol content of the liver and spleen, but it was not an easy matter to estimate the cholesterol content in an organ, and, of course, it could only be done once on any given animal; once one had estimated the cholesterol content of an animal's liver, the effect on that liver of giving thyroid could not be ascertained. Hence it required many treated animals and many normals, and he had not had time to do that.

Ergosterol he had not tried in this connection. The statement as to ergosterol being eight times as effective as cholesterol surely meant as to its vitamin properties, as it could scarcely be eight times as potent in physical properties, seeing that one could scarcely expect ergosterol to reduce the surface tension of a cell membrane eight times as much as the same quantity of cholesterol. It seemed highly improbable that the consumption of oxygen by a cell or by tissue powder would be reduced by one-eighth of the quantity of ergosterol as compared with cholesterol, though he did not know of such work. Exposure to sunlight might raise the blood-cholesterol, but he thought that the liver would diminish it and keep it constant. It was now many years since it was shown that sunlight increased the amount of cholesterol and of ergosterol, but, as far as he remembered, the increase was largely limited to the skin, and did not take place to any great extent in the blood, and it was only an increased quantity in the blood which could be expected to have any effect on the nervous system.

Dr. Rudolf's findings of the effect of fever in dementia praecox were of considerable interest, in that the first attack of fever reduced the dementia considerably. But after that, as the quantity of cholesterol rose, the patient became duller, and a relapse occurred. But what happened after fever occurred also after thyroid. One stopped the thyroid, and the blood-cholesterol rose to a degree higher than originally. After a malarial attack a second attack of fever should reduce the blood cholesterol somewhat, but it could not reduce it as low as the first attack did.

Cholesterol was not a cause of excitement. The patient became excited for psychological reasons, and as a consequence of that excitement the blood cholesterol fell. But that did not prevent one from trying to raise the patient's blood cholesterol, and so using the material as a sedative. The pH value of the blood he had not ascertained in connection with these investigations, largely, because the medical officer of a mental hospital must regard the laboratory field as an amusement and recreation, and the time that could be given to it must be as much limited as that given to golf and tennis.

With regard to the patients who showed some improvement after cholesterol injections, he did not proceed with further estimations of their blood-cholesterol, except in one or two cases. Some of them were so much improved that they proceeded to the convalescent villa and were getting ready to go home; and he did not want to take any steps which might possibly retard their progress. In fact, he accepted the findings of Harrison Lipkin, who did perfectly reliable work with injections of cholesterol, showing that they did raise the blood-cholesterol value.

The PRESIDENT said members would wish him to thank Dr. Duncan very much for his address. He appreciated the immense amount of work that the preparation of the paper must have involved, covering as it did an investigation over a number of years.

PAPER.—“Emotional Factors in Mental Retardation,” by EMANUEL MILLER (*vide p. 614*).

The PRESIDENT said that owing to the exigencies of time, Dr. Miller had had to omit portions of his paper. When one had a fixed point of view, as he, the speaker, had, the tendency was to pick out, in everything heard, the things which underlined one's own point of view, forgetting the things which did not emphasize that view. Dr. Miller's paper seemed to bear out what he, the President, had tried to put into his own address, namely, the important point that affective disturbance acted as an inhibitory effect on the intelligence output, and the effect of environment

in that way could produce deficiency, or difficulty in conduct, sometimes not as low as certified defect, but more on the borderline. Dr. Miller was a very distinguished man in the child guidance world, and the Association was very grateful for his paper.

VOTE OF THANKS FOR HOSPITALITY.

The PRESIDENT proposed a vote of thanks to those who had helped to make the meeting a success, and, if approved, he would ask the General Secretary to write official letters of thanks to the Chairman of the Clacton-on-Sea Council, who had so kindly allowed the use of their Council Chamber, and to the Mayor of Colchester, for having allowed members and their guests to have the use of the Moot Hall for the luncheon, and of the Albert Hall for the proceedings on Wednesday.

He also wished to say how much the presence had been appreciated of three distinguished representatives of other nations: Dr. Doll and Dr. Williams from the United States, and Dr. Pameijer from Holland.

Dr. CAMPBELL said that in proposing this vote of thanks to those who had helped to make this Annual Meeting such a success, the President, while naming the officials, had carefully avoided all reference to the prime mover, Dr. Turner himself, who had contributed so very largely to the enjoyment attached to this delightful series of meetings. The day spent at the Royal Eastern Counties Institution on Thursday was probably one of the most enjoyable the Association had ever experienced. Frankly it was to him an eye-opener to see the excellent work being carried on at the Institution. He wished to express the thanks of the members specially to Dr. and Mrs. Turner for the very kind hospitality they had extended to all, fully appreciative of the immense amount of work these preparations entailed. The arrangements had been made in a masterly manner, and, as a member remarked to him, it was "excellent staff work". The whole meeting had been a huge success—an opinion he was sure was shared by all who had participated in it. (Applause.)

Prof. J. H. PAMEIJER said: Permit me, Mr. President, to seize the opportunity afforded by the end of this meeting to say a few words.

It is for me more than a formality to fulfil what I have in mind; it really comes from my heart, for I wish to thank you and the members of your Association for your excellent receptions of us at these meetings, and at the same time to show you of what great importance the social problems that have been discussed here are to ourselves also in Holland.

I have in view the application of your Mental Treatment Act of 1930, and the effect of your Mental Deficiency Act of 1913.

As to the Mental Treatment Act, as a consequence of a corresponding mentality which our country has in common with yours, until recently an order by a magistrate was required for each admittance, and in the mental hospitals there were only certified patients. Now, in our country, at the mental hospitals, so-called open wards have been established as separate sections. The admittance in such wards does not involve any order by a magistrate. As far as I can judge, those admitted in these sections correspond in many respects to your voluntary and temporary patients. Now, in order to answer the question as to whether we are on the right track with our open wards, it is very interesting for us to observe the application of your new system, and in particular to examine what will be the proportion of the number of certified and uncertified patients in the long run. In our country there are a number of people, especially medical officers of the institutions, who are of opinion that only for a relatively small part of the inmates of the mental hospitals is a certificate wanted.

Next your Mental Deficiency Act. Let me begin by assuring you that in Holland we sincerely admire the scientific and practical organizing work that has been carried out in this domain in your country, particularly during the last decennium. As to the British scientific papers about mental deficiency, many of them have been studied seriously in my country, and as to Dr. E. O. Lewis's inquiries, an account of which has appeared in the Wood Report, they also are generally known in Holland. I may say that we have reason to be jealous of your Mental Deficiency Act. I gather from the discussions of this morning that in this country, and it is so in the United States too, you see the problem of mental deficiency as a separate one, especially separated to a certain degree from the problem of dealing with the mentally ill. The problem is, in its whole extent, treated in a prophylactic manner, and your more preventive working method forms a great contrast to the more repressive measures in the continental countries, including my own. It seems to me, also, these countries will be compelled in the end to follow the more preventive direction in the fight against mental deficiency. They will then derive the greatest profit from your experience.

The whole of your provisions, including, as they do, the ascertainment of the number of

mental defectives by the local authority, the admittance to colonies, the community care and supervision, must be considered as a measure of real mental hygiene.

Reading in the last annual report of the Board of Control the chapter about mental deficiency, I was astonished at the development which has taken place in colony nursing, as well as in community care, but especially it struck me that in spite of the now prevailing economical difficulties, there was a firm desire to arrive at further developments in accordance with the scheme of the law. I sincerely hope that those who occupy themselves with this work—and I say this especially with a view to your own work, Mr. President—will come nearer to the ideal they aim at. With respect to scientific and social work there are fortunately no barriers, and others will, no doubt, profit by that which you have attained.

During the last few years, Mr. President, we, in Holland, have experienced great interest in your work with respect to the manner of nursing in our mental hospitals. The more active treatment of the mentally ill has evidently attracted several among you. It was a great honour to us to be visited this year by the Chairman and several Commissioners of the Board of Control. The interest shown by the representatives of this important body and by other visitors was a great satisfaction to us. It fortifies our expectation, that the methods that are being applied with us will influence your institutions, and as is the case with us, will contribute to the improvement of the position of the patients. I need not say that any of you who would like still to come over to my country can be sure that we will receive you with the greatest pleasure.

Permit me also, on behalf of the Dutch Association for Psychiatry and Neurology, to present to your Association our best wishes for its further life, and to express the hope that the excellent relations between our Associations will continue, certainly to the end of our days. (Applause.)

The PRESIDENT expressed his gratitude and that of Mrs. Turner to members for the very kind vote, and thanked Dr. Pameijer, on behalf of the Association for his kind remarks.

In the afternoon members were entertained by the President to a motor coach drive to Felixstowe, where tea was provided, and to the Constable country.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Royal Medico-Psychological Association was held at Roxburgh District Mental Hospital, Melrose, on Friday, June 2, 1933.

There were present : Drs. Douglas McRae, J. H. Macdonald, W. D. Chambers, C. J. Shaw, T. F. Rodger, D. C. Dewar, Thos. Dymock, P. Steele, Donald Ross, W. M. Ogilvie, Neil T. Kerr, J. H. C. Orr, W. M. Ford Robertson, R. Mary Barclay, R. B. Campbell, H. C. Marr, T. C. Mackenzie, Reginald Bailey, Thos. Junor and W. M. Buchanan.

Dr. J. H. Macdonald, Divisional Chairman, presided.

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

Apologies for absence were intimated from the President-Elect, Drs. Dunlop Robertson, C. A. Crichlow, Angus Macniven, Constance Hunter, Alex. Dick, W. Boyd, A. Ninian Bruce, D. J. Forbes, Ronald Stewart, R. D. Hotchkis, C. C. Easterbrook, Dods Brown and Sir Arthur Rose.

Drs. C. J. Shaw and C. G. A. Chislett were unanimously elected Representative Members of Council for the year 1933-1934, and Dr. Wm. M. Buchanan was unanimously elected Divisional Secretary.

Dr. C. J. Shaw was unanimously elected Chairman of the Division.

The following were unanimously nominated as members of the Mental Nursing Advisory Committee to the General Nursing Council for Scotland : Drs. Douglas McRae, T. C. Mackenzie, R. D. Hotchkis, Donald Ross and Wm. M. Buchanan. The Divisional Committee of Management was appointed, consisting of the Nominated Member of Council, the two Representative Members of Council, the Divisional Secretary and Dr. T. R. C. Spence.

The following candidates, after ballot, were unanimously admitted ordinary members of the Association :

GEORGE JAMES IRVINE LINKLATER, *O.B.E.*, M.D., M.R.C.P.E., D.P.H., D.T.M., Assistant Medical Officer of Health, Edinburgh ; 16, Dudley Avenue, Leith.

Proposed by Drs. H. Ferguson Watson, C. D. Bruce and Wm. M. Buchanan.

JAMES JOHN MITCHELL, M.B., Ch.B.Glas., F.R.I.P.H., Medical Officer, Uganda Medical Service ; 14, Norse Road, Scotstoun, Glasgow.

Proposed by Drs. Angus Macniven, Aidan Thomson and Wm. M. Buchanan.

Dr. MARR reminded members that at the approaching Honorary Graduation Ceremony at Edinburgh University Sir Arthur Rose, Chairman of the General Board of Control, would receive