The latter is partly explained by unequal adequacy of provision made, and by the attraction to certain States of young, virile workers. B. *Mental defectives not counted under* A: These number 40,519 (20,123 male and 20,396 female). In spite of great increase the numbers are still too inadequate to the need to give an indication of the incidence among the population. C. *Epileptics not comprised under* A: These number 14,937, *viz.*, 7,939 males and 6,998 females. D. *Inebriates (alcoholic and other drug addicts) not included under* A: The figures are of interest in relation to the Restrictive and Prohibition Acts. The numbers on January 1st were—in 1917, 4,891; in 1918, 3,565; in 1920, 1,971. In 1920 these comprised 1,163 alcoholics (6 males to 1 female), of whom over half came from 5 of the 48 States, while 10 States reported no alcoholics in institutions. All State hospitals for inebriates have now been closed. *Patients absent from institutions, but still on the books*, numbered 18,268. Parole laws differ in different States, the period varying from 30 days to 2 years. Some States have a well-organised system of after-care and supervision under the direction of social workers, while others exercise no supervision over patients on parole. MARJORIE E. FRANKLIN.

Decline of Alcohol and Drugs as Causes of Mental Disease. (*Mental Hygiene, January*, 1921.) *Pollock, H. M.*

The data for this paper are furnished by the Bureau of Statistics of the New York State Hospital Commission, and include returns from 13 State hospitals. Only first admissions—*i.e.*, to any institution for mental disease—are considered. First admissions and the alcoholic ratio were both abnormally high in the war year 1917, while for part of the fiscal year ending June 30th, 1920, the Prohibition Amendment was in force. Excluding 1917, (*a*) the ratio of first admissions to 100,000 of the population increased steadily from 58·6 in 1909 to 67·3 in 1918, and fell to 66·3 in 1919 and 1920; (*b*) the alcoholic psychosis fell gradually from 10·8 *per cent.* of first admissions in 1909 to 5·2 *per cent.* in 1918, and was 4 *per cent.* in 1919 and 1·9 *per cent.* in 1920; (*c*) the intemperate use of alcohol among first admissions without alcoholic psychosis was returned as 28·7 *per cent.* in 1910, 16·2 *per cent.* in 1918, 14·2 *per cent.* in 1919 and 12·2 *per cent.* in 1920. Mental disease due to drugs, always low in the hospitals of this State, has not increased, and was 0·2 *per cent.* in 1920. MARJORIE E. FRANKLIN.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

EIGHTIETH ANNUAL GENERAL MEETING.

THE EIGHTIETH ANNUAL GENERAL MEETING of the Association was held on Tuesday, Wednesday, Thursday and Friday, July 12th to 15th, 1921, at the house of the Royal Society of Medicine, London, under the presidency, in the early proceedings, of Dr. W. F. Menzies, F.R.C.P., and later that of Dr. C. Hubert Bond, C.B.E., F.R.C.P.

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MORNING SESSION.—TUESDAY, JULY 12TH.

Dr. W. F. Menzies, President, in the chair.

There was a large attendance of members, including several distinguished honorary members and foreign associates. The Educational and Parliamentary Committees met on the previous day, as did the Council. The latter also held a meeting just prior to the morning session.

The following wrote regretting their inability to be present: Sir Clifford Allbutt, Dr. J. T. Anderson (Perth W.A.), Sir John Baker, Drs. H. W. Dudgeon (Khanka), M. H. Downey (Adelaide), Gommes (Paris), Sir Frederick Needham, L. D. Parsons (Ceylon), E. Powell, J. Macpherson, D. J. Williams (Jamaica), J. Warnock (Cairo), D. Nicolson, Prof. Pear, and Dr. Semelaigne (Paris).

MINUTES.

The minutes of the last meeting, having already appeared in the Journal, were taken as read and approved.

THE LATE SIR GEORGE SAVAGE.

The PRESIDENT said he was sure members, before commencing the business of the meeting, would like to express the sense of grief they felt at their recent loss by death of Sir George Savage, who was almost the *doyen* of the specialty and of the Association; he was its father and mother, and always took an immense interest in all that it did. Members knew him so well that words became really superfluous. Sir George was one of the three original minds—Hughlings Jackson, Maudsley and Savage; they were men whose mentality extended far beyond their mere professional interests. They were eminent in every line of human thought, and could talk on any subject, whether it be sport or work. He asked the meeting to pass a vote of condolence with the members of Sir George Savage's family.

This was carried by members rising in their places.

ELECTION OF OFFICERS OF THE COUNCIL.

The PRESIDENT proposed that the officers of the Association for the year 1921–22 be:

President.—C. H. Bond, C.B.E., D.Sc., M.D., F.R.C.P.
President-elect.—G. M. Robertson, M.D., F.R.C.P.Edin.
Ex-President.—W. F. Menzies, B.Sc., M.D., F.R.C.P.
Treasurer.—James Chambers, M.A., M.D.
Editors of Journal.—J. R. Lord, C.B.E., M.B., H. Devine, O.B.E., M.D., F.R.C.P., G. Douglas McRae, M.D., F.R.C.P.Edin., W. R. Dawson, O.B.E., M.D., F.R.C.P.Irel.
General Secretary.—R. Worth, O.B.E., M.B.
Registrar.—Alfred A. Miller, M.B.

This was agreed to.

He next proposed that the nominated Members of Council be:

Sir Frederick Mott, K.B.E., M.D., F.R.S., Lt-Col. D. J. Thomson, and Drs. Bedford Pierce, G. W. Smith, J. Keay, and Nolan, and also Dr. A. Helen A. Boyle.

This was likewise carried.

ELECTION OF AN HONORARY MEMBER.

The PRESIDENT proposed that Sir Henry Carr Maudsley, K.C.M.G., C.B.E., M.D., F.R.C.P., Physician and Lecturer to the Melbourne Hospital, be elected an Honorary Member of the Association.

The motion was unanimously agreed to. It was supported by Drs. Bond, Chambers, Worth, and Sir Frederick Mott.

APPOINTMENT OF AUDITORS.

Drs. Colin F. F. McDowall and C. Molesworth Tuke were appointed auditors for the current year.

COMMITTEES.

The members of the following Committees were severally re-appointed:

Parliamentary, Educational (to which the names of Drs. Helen Boyle, E. B. Sherlock and G. W. Smith were added), Library, Research, Post-graduate Study.

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The Report of the Council.

The General Secretary (Major R. Worth) read the Report of the Council for the year:

The number of members—ordinary, honorary, and corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1921, was 689, as compared with 661 in 1920.

Number of new members elected in 1920	32
Number of members restored in 1920	0
Removed according to Bye-law 17	0
Number of members resigned in 1920	7
Number of deaths in 1920	12
Transferred to Hon. Members	0

Members.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.
Ordinary	690	696	695	679	644	632	627	626	626	656
Honorary	34	35	34	34	34	32	33	32	26	24
Corresponding	19	19	18	18	18	18	18	18	9	9
Total	743	750	747	731	696	682	678	676	661	689

That the representatives appointed by the Association to confer with the National Asylum Workers' Union with regard to the revision of the Asylums Officers' Superannuation Act have been in communication with the Ministry of Health, who have decided that the whole question of amendments for this Act will have to stand over until such time as they can be considered.

That Sir Frederick Mott delivered the Second Maudsley Lecture at the Maudsley Hospital, Denmark Hill.

At the Spring Meeting it was decided that Prof. G. M. Robertson should be nominated as President-elect.

That all the efforts made by the Association and all the discussions which took place on the Ministry of Health Bill had been made in vain as the whole Bill was withdrawn.

It appears that the General Nursing Council have done nothing definite in the matter of reorganisation of the examining of nurses for qualification. A small committee was appointed to watch what steps the Nursing Council were taking.

Meetings of the Council have been held in November, February and June, the latter taking place in June on account of the coal strike.

With regard to the accumulation of back numbers of the Journal, Messrs. Churchill were instructed to retain five copies only of all issues prior to 1914, and to keep twenty to twenty-five copies of subsequent numbers.

The Council had a sympathetic letter written to Mrs. Yellowlees on the death of Dr. David Yellowlees, who was President of the Association in 1890.

That the Hon. Secretary had been in negotiation with the President of the American Psychological Association with a view to co-operating in all matters concerning the welfare of the insane.

The President had received a letter from Dr. White, of Washington, expressing a wish for a meeting of some of the Delegates of the Canadian Branch of the American Psychological Association with our Association.

It is recommended that the Annual Meeting be adjourned for consideration of further Council report, *viz.*, the new edition of the Handbook.

The report was adopted.

The Treasurer's Report.

The Treasurer (Dr. J. Chambers) submitted the revenue and balance-sheet for 1920. He moved its adoption, which was agreed to.

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THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1920.

REVENUE ACCOUNT—January 1st to December 31st, 1920.

1919. £ s. d.	Dr. Expenditure.	£ s. d.	£ s. d.
542 19 1	To Journal—Printing, Publishing, Engraving, Advertising, and Postage	918 0 6	
351 13 4	,, Examinations, Association Prizes, and Clerical Assistance to Registrar	842 5 11	
22 5 2	,, Petty Disbursements, Stationery, Postages, etc.	29 12 2	
133 14 11	,, Annual, General, and Divisional Meetings ...	185 15 2	
109 18 0	,, Rent of Premises at 11, Chandos Street, care of Office	116 4 0	
8 8 0	,, Audit and Clerical Assistance	10 10 0	
110 17 9	,, Miscellaneous Account	153 11 3	
1279 16 3			2255 19 0
260 5 2	Balance		—
1540 1 5			£2255 19 0

Income.	£ s. d.	£ s. d.	Cr. 1919. £ s. d.
By Dividends—General		98 4 8	117 2 5
,, Sale of Journal	184 15 4		
,, ,, Handbook	69 13 0		
,, ,, Statistical Forms, etc.	15 4 1		
,, Advertisements	12 4 4		
		281 16 9	254 19 6
,, Fees, Certificates of Psychological Medicine ... / ,, ,, Certificates of Proficiency in Nursing ...		1146 2 0	497 0 6
,, Subscriptions		690 8 0	670 19 0
		2216 11 5	
Balance		39 7 7	
		£2255 19 0	£1540 1 5

BALANCE-SHEET—31st December, 1920.

£ s. d.	1919. £ s. d.	Liabilities.	£ s. d.	£ s. d.	£ s. d.
	160 19 8	To Journal Account, balance of		300 6 5	
	87 12 6	,, Examinations Account, balance of		131 0 0	
	2 0 7	,, Petty Disbursements Account, balance of ...		7 8 0	
	20 1 0	,, Meetings Account, balance of		40 17 6	
	29 1 0	,, Rent Account		29 1 0	
	24 1 10	,, Miscellaneous, balance of		32 15 7	
	14 8 6	,, Library Account, Dividends		12 5 8	
	165 11 0	,, Gaskell ,, ,, ...		115 14 10	
	3 15 0	,, ,, ,, Income Tax		3 15 0	
	122 11 8	,, Maudsley ,, Dividends		144 1 4	
	7 6 6	,, ,, ,, Income Tax		31 13 0	
	24 18 6	,, Dividends ,, ,, ...		28 10 0	
	—	,, Asylum Workers' Convalescent Fund ...		61 17 1	
					939 11 5
	662 7 9				
3791 8 0		Balance :—Balance at 1st January		3718 1 7	
260 5 2		Balance of Revenue Account		—	
4051 13 2				3718 1 7	
		Deduct:			
—		Balance of Revenue Account ...	39 7 7		
93 9 0		Subscriptions written off ...	44 2 0		
240 2 7		Investments, depreciation of ...	153 12 7		
				237 2 2	
	3718 1 7				3480 19 5
	£4380 9 4				£4420 10 10

Assets.	£ s. d.	£ s. d.	£ s. d.	1919. £ s. d.
By Lloyd's Bank :—Bankers		240 15 2		721 5 2
,, Deposit Account, General		400 0 0		—
,, ,, ,, Asylum Workers' Convalescent Fund		70 0 0		—
,, Sales Account, balance of		221 2 2		57 6 7
,, Subscriptions Account, balance of		411 0 7		370 12 1
,, Stocks, value at this date:				
New Zealand, 3½ *per cent.*, 1940	418 14 3			
Do. do. (Hack Tuke Memorial)	211 13 8			
Victoria, 3½ *per cent.*, 1923	175 15 0			
Do. 3 *per cent.*, 1929–49	56 17 0			
Manchester Corporation, 3 *per cent.*	109 0 0			
New South Wales, 3½ *per cent.*, 1930–50 ...	239 9 8			
Midland Railway Preference, 2½ *per cent.* ...	249 3 2			
War Loan, 5 *per cent.*, 1929–47	1617 0 2			
		3077 12 11		3231 5 6
		£4420 10 10		£4380 9 4

(*Signed*) JAMES CHAMBERS, TREASURER.
(*Signed*) BOLT, GOODFELLOW & Co., F.S.A.A.

FRANCIS H. EDWARDS } AUDITORS.
COLIN McDOWALL }

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Report of the Editors—1920.

The General Secretary (in the absence of Lieut.-Col. Lord) read the Report of the Editors:

As foreshadowed in our report for 1919, the improvement in the financial position of the Association has permitted of a further expansion of the Journal towards its pre-war size, especially as regards the "Epitome" and "Notes and News." We have been able to incorporate in the latter summaries of proceedings in Parliament relating to psychiatrical affairs, and under "Educational Notes" to suit the convenience of medical officers the syllabuses and announcements generally regarding the various courses for degrees in psychological medicine.

During 1920 there have been several outstanding and noteworthy contributions of wide interest, as instanced by Dr. C. Hubert Bond's "On the Needs for Schools of Psychiatry," Sir James Crichton-Browne's first Maudsley Lecture, Dr. Menzies' Presidential Address on "The Mechanism of Involutionary Melancholia," and Dr. John Macpherson's "Identity of the Psychoses and the Neuroses."

The Journal sustained a great loss in the decease of Dr. J. Barfield Adams in February, 1920, whose delightful critical studies of Zola's works will be well remembered by readers of the Journal. He was also a painstaking abstractor and did valuable work for the "Epitome."

We are again grateful to members of the Association and others for the assistance given in reviewing books and enabling the Editors to publish an increasingly voluminous and valuable epitome of current literature of psychiatry.

For the Co-Editors.
John R. Lord.

The report was adopted.

Report of the Auditors.

Dr. F. H. Edwards read this report:

We, the undersigned, having examined the Treasurer's books and scrutinised the vouchers and receipts, do hereby certify that the revenue account and balance sheet, as set forth, represent a true and accurate statement of the Medico-Psychological Association for the year 1920.

F. H. Edwards
C. F. F. McDowall } *Auditors.*

The Report was agreed to.

The Cost of Printing the Journal.

Dr. F. H. Edwards drew attention to the cost of printing the Journal and pointed out that it was considerably more than members' subscriptions. The matter was discussed by the President, Lt.-Col. E. White, Dr. C. F. F. McDowall, Dr. J. Chambers, Dr. R. H. Cole, Dr. Wolseley Lewis, Lt.-Col. D. G. Thomson, Dr. Nolan, and Lt.-Col. J. R. Lord. Finally the meeting adopted a motion by Dr. H. Wolseley Lewis, seconded by Lt.-Col. D. G. Thomson, that a small committee, consisting of the President, the Treasurer, Lt.-Col. J. R. Lord (representing the Co-Editors), Dr. F. H. Edwards and Dr. C. F. F. McDowall be appointed to inquire into the matter and have the power to invite tenders and to report the result of their considerations at the next general meeting.

Report of the Educational Committee.

Dr. A. W. Daniel read the report:

The Educational Committee have held four meetings during the year.

The number of candidates for the Nursing Certificate is steadily increasing:

	For the past 12 months.	For similar period 7 years ago.
Preliminary	4228	1524
Final	1382	611

There have been four candidates for the Association's Certificate in Psychological Medicine; all were successful.

One candidate for the Gaskell Prize failed.

The most important decision of this Committee during the year was that the conduct of the examinations in nursing of candidates from mental hospitals in

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South Africa should be delegated to representatives of the Association in the Union of South Africa.

During the year the new regulations for the conduct of the examination for mental nurses have been printed, the new syllabus of training has been agreed to and the necessary documents connected with the examination have been approved.

The method of paying examiners has been altered during the year, and a small fee is now paid to the coadjutors.

The Educational Committee have received with regret the resignation of Dr. Shuttleworth from the post of Senior Examiner for those nursing mental defectives, a post he has held since its initiation.

As regards the Gaskell Prize the Solicitor advises the following resolution:

"Now it is hereby resolved by the Council of the Association at a duly constituted meeting assembled, that until further order *in lieu* of the examination qualifications referred to in clause 5 (2) of the said trust deed, the qualification of a diploma in psychological medicine of universities and examining boards having the power to grant medical qualifications registrable in the British Isles and Colonies shall be accepted from candidates for the prize, but that the requirements referred to in clause 5, sub-clauses 1, 3, and 4 shall not be modified in any respect.

It was agreed to.

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. H. WOLSELEY LEWIS read the report:

Your Committee has met five times during the past year. Its activities have been much concerned with the Mental Clause of the Ministry of Health Bill, which at the last moment was rejected by the House of Lords. Your Committee has since continued to urge for a special Bill to deal with the treatment of mental disorder in its early stages in harmony with the report of the Association. Your Committee is pressing for important amendments to the Asylums Officers' Superannuation Act of 1909 in its application to the countries of the United Kingdom. Representatives have been appointed to confer with other bodies in dealing with these amendments. In the present state of public affairs the Minister of Health does not, however, see his way to receive a deputation on the matter.

H. WOLSELEY LEWIS, *Chairman*.
R. H. COLE, *Secretary*.

He added that in the present state of public affairs it was, he feared, too much to hope that the Committee could do very much in the immediate future. He moved the adoption of the report.

This was agreed to.

REPORT OF THE LIBRARY COMMITTEE.

Dr. R. H. STEEN submitted this report:

During the past year the Library has been used for the purposes of reference more than in recent years.

With regard to home reading, the number of books issued for this purpose has been about the same as last year.

It has been the custom for many years past to circulate certain journals among the members. During the later years of the war the supply of these became more and more irregular, and since the armistice, on account of labour and other troubles, matters have not improved to any great extent, so that it has been thought advisable to discontinue the subscription paid to two or three of these periodicals.

Members of the Association are reminded that arrangements have been made with Messrs. Lewis's Library so that any book required can be obtained on loan.

The Library Committee wish to state that a sympathetic reception will be given to any suggestions made by members as to the advisability of purchasing new books, or as to any method by which the value of the Library may be increased.

It was agreed to.

REPORT OF THE SUB-COMMITTEE ON POST-GRADUATE STUDY.

The GENERAL SECRETARY read this report:

The Sub-Committee on Post-Graduate Study, etc., has met on four occasions,

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the last being in February, 1921. Considerable progress has been made in the elucidation of this important and far-reaching problem, and a preliminary report made to the Council. The Council, on the whole, approved of certain recommendations the Sub-Committee had arrived at, and expressed satisfaction with the progress made. In the course of the discussion with the Council the Sub-Committee received valuable suggestions from various members as to future lines of inquiry, and it was heartily agreed that it should continue its investigations. Since February, however, it has been impossible to gather the members together again owing chiefly to the inconveniences caused by the strike and the very full programme of this year's annual meeting.

The members of the Sub-Committee are as follows: Dr. C. Hubert Bond (*Chairman*), Lt.-Col. J. R. Lord (*Secretary*), Maj. R. Worth, Dr. H. Devine, Sir F. W. Mott, Dr. D. Orr, Col. R. G. Rows, Dr. Percy Smith, Dr. J. Chambers, Dr. E. Goodall, Dr. J. Middlemass, Dr. O'Conor Donelan, and Prof. G. M. Robertson.

JOHN R. LORD, *Secretary*.

I beg to move the reappointment of this Sub-Committee, so that its labours, already far advanced, may be brought to a successful conclusion at an early date.

The report was adopted.

MOTIONS INVOLVING EXPENDITURE OF FUNDS.

The PRESIDENT said the Council had recommended that ten guineas be granted from the funds of the Association in support of the Memorial to Dr. V. Magnan, a former President of the Academy of Medicine of Paris and a very distinguished psychiatrist. The Council also recommended that the remuneration of Sir Frederick Mott, as Maudsley Lecturer, be fifty guineas. It was also proposed that the cost of reproduction of the Maudsley Lecture in the Journal should be borne by the Maudsley Bequest, and not be paid for out of the funds of the Association.

The Council's recommendations were agreed to.

Dr. R. H. STEEN, on behalf of the Library Committee, applied under this head for the usual grant of £25 towards the expenses of the Library. In 1914 it was suggested that this £25 should be granted annually, but Dr. Hayes Newington, the Treasurer at that time, said he thought the request should be made annually. He (the speaker) therefore asked for the grant on the present occasion. Very little had been spent this year on the Library, because books had been so expensive.

The PRESIDENT said the request just made was out of order. It had not been included among the Council's business; he asked if it was an urgent matter.

Dr. M. A. COLLINS said it was agreed in 1914 that this grant should be asked for annually; he remembered it very well, but instead of it being regarded as a permanent item of expenditure it was decided that the application for it should be renewed each year.

The PRESIDENT said the matter should have been presented to the Council. There was no urgency, because not only had arrangements been made with Messrs. Lewis, but there was a very good library at the Royal Society of Medicine.

Dr. R. H. STEEN said that as the Council had approved it in the past its grant this year was only a matter of form.

Dr. F. H. EDWARDS moved that on this occasion the request be refused, and he did so in no parsimonious spirit. It had already been shown that there was a deficit, and when there was money in hand it would be time enough to recommend such expenditure.

Lieut.-Col. E. WHITE seconded.

Dr. BEDFORD PIERCE asked whether it meant that if this sum were not granted the Library would be held up for twelve months?

Dr. R. H. STEEN said the Treasurer stated there was a balance of £12.

The TREASURER said the Library had some investments; the Association owed the Library account £12 5*s*. 8*d*.

Lieut.-Col. D. G. THOMSON said that this grant should have been brought before yesterday's Council meeting as a matter of courtesy.

Dr. D. BOWER did not think there had been any lack of courtesy on the part of the Library Committee Chairman; he simply overlooked the fact that he ought to have put the item in the report.

Dr. R. H. COLE said that a large amount was spent on books by other scientific

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bodies, yet this Association spent but little on books. There was a fine library belonging to the Association, which included that of the late Dr. Tuke, but it had not been added to for a long time. He thought men should be encouraged to use the Library. They did not, because they felt the books they wanted were not there. It would be a pity not to grant the £25 this year; the formal application to the Council was omitted accidentally.

On being put to the vote the meeting decided to grant the £25.

The PRESIDENT announced that the nominee for the third Maudsley Lecture would be Sir Maurice Craig, C.B.E., M.D., F.R.C.P.

DATES OF THE ANNUAL AND QUARTERLY MEETINGS.

The quarterly meetings for the ensuing year were agreed to as follows: November 22nd, 1921, February 23rd, 1922, May 25th, 1922. The annual meeting would be held in Edinburgh during the first week in July, 1922.

The SECRETARY announced that the Royal Wimbledon Golf Club had kindly made honorary members of the club all members of the Association during the progress of the annual meeting of the association.

ELECTION OF CANDIDATES AS ORDINARY MEMBERS.

The PRESIDENT appointed Dr. R. H. Hunter and Dr. B. M. Mules as scrutineers for the ballot.

The candidates were all elected as follows:

A. W. B. LIVESAY, Surgeon-Commander R.N., M.B., C.M.Edin., F.R.C.S. Edin., in charge Royal Naval Mental Hospital, Great Yarmouth.
Proposed by Dr. R. B. Campbell, Colonel Thomson, and Dr. R. Worth.

GEORGE NATHANIEL WILLIAM THOMAS, M.B., Ch.B.Edin., of the Middle Temple and South Wales Circuit, Barrister-at-Law, Assistant M.O., Napsbury Mental Hospital, Napsbury, St. Albans.
Proposed by Drs. L. W. Rolleston, H. F. Bodvel Roberts, and A. O'Neill.

GUY R. EAST, M.D., B.Hy.Durh., D.P.H., Medical Superintendent, Northumberland County Asylum, Gosforth.
Proposed by Drs. H. D. MacPhail, J. B. Tighe, and J. R. Gilmour.

BERTRAM WILLIAM FRANCIS WOOD, M.B., B.S.Leeds, Ministry of Pensions Neurological Hospital, Ewell.
Proposed by Drs. H. Eggleston, R. Worth, and J. Leach Wilson.

PIERCE NAGLE CREAGH, L.R.C.P.&S.I.Irel., Deputy Commissioner, Medical Services (Neurological), Ministry of Pensions, 142, Lexham Gardens, London, W. 8.
Proposed by Drs. R. Worth, G. Warwick Smith, and E. H. Beresford.

RECEPTION OF A DELEGATE FROM THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

The GENERAL SECRETARY said that Dr. W. M. English had just arrived from Canada, and had brought the following letter:

American Medico-Psychological Association.

BOSTON, MASS.,
June 1st, 1921.

DEAR DR. ENGLISH,—It is my privilege to inform you of your appointment by the Council of the American Medico-Psychological Association as a delegate to represent the Association at the annual meeting of the Medico-Psychological Association of Great Britain and Ireland, and to convey to our trans-Atlantic friends a message of goodwill and a desire for closer relations.

Sincerely yours,
H. W. MITCHELL, *Secretary-Treasurer.*

The PRESIDENT said that Dr. English was very welcome, and remarked that the Association was very pleased to see the representative of the American Medico-Psychological Association.

Dr. W. M. ENGLISH, who was cordially received, expressed his gratitude for the reception.

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PAPER.

"On the Goldsol Test in Mental Disease." By Dr. P. W. P. BEDFORD, of the West Riding Asylum, Wakefield.

The PRESIDENT said Dr. Bedford had gone deeply into this subject, and his paper showed that it was a matter which was not yet understood. Still, we were not so far behind the greatest investigators as regards the behaviour of colloidal metals. The amount of work Dr. Bedford had put into his paper was astonishing. Evidently all the literature to date had been carefully searched, and all the suggested causes of colloidal precipitation of gold had been reviewed. He did not know whether future investigations would be so much in the realm of organic chemistry as of inorganic chemistry. For example, there was the whole of the range of the reaction of the compounds of iridium, which also gave colour-reactions, and though uranium and other metals did not give such good colour-reactions, he understood all the gold family of metals which gave colour reactions had the same class of reaction, called colloidal suspension. So that it was hopeless, at present, to try to find out the proportion of different albumens in the spinal fluid. The claims of sodium chloride had been disposed of already. But until more was known about the difference between globulin and albumen and about the other bodies, it was almost impossible to come to a definite conclusion as to the causation of either the colloidal precipitation or concentration. Members would feel very much obliged for the paper, and he invited remarks.

Prof. G. M. ROBERTSON desired to associate himself with the remarks of the President as to the extraordinarily good work which Dr. Bedford had done. He had made very numerous observations, and, as the President said, the author had very thoroughly investigated the literature on the subject. The subject was of great interest to members, from the clinical point of view, rather than from that of the physical or electrical, about which Dr. Bedford said so much. The important point was that it formed another and independent test for the presence in a patient of general paralysis of the insane. Before the Wassermann and the goldsol tests were known many errors in diagnosis were made. Dr. Bedford mentioned 25 *per cent.* or 26 *per cent.*, but Southard, in America, followed to the *post-mortem* table a large number of cases which had been diagnosed as general paralysis by every medical officer in the asylum, and in these there were 15 *per cent.* of errors. When Wassermann was investigating his reactions in the case of the cerebro-spinal fluid, he asked the ablest physicians in Germany to send him cerebro-spinal fluid from undoubted cases of general paralysis, and there were, in these, 5 *per cent.* to 7 *per cent.* of errors. With regard to clinical reactions as a guide, he knew one case, that of a distinguished public man, who was seen by three of the ablest physicians, and they all said he had general paralysis and advised him to resign his work. But six months later he was better and had returned to his duties. The use of the Wassermann test had increased the accuracy of diagnosis enormously, so that now there was no serious disease which could be diagnosed with so much certainty as general paralysis. But there were always some cases, perhaps one out of every two hundred, in which in the early stage there was doubt, and now there was the goldsol test, which Dr. Bedford considered even more reliable than the Wassermann reaction of the cerebro-spinal fluid and more distinctive. At any rate, it was the strongest confirmatory reaction we had in the diagnosis of general paralysis. One could draw off the cerebro-spinal fluid and keep it for any length of time and it was easy to do the test on a small quantity of fluid. There was only one "fly in the ointment," and that was the chemical solution was very difficult to make. If all the mental hospitals could be supplied by Dr. Bedford with reliable solutions of goldsol, it would place them in a very strong position in regard to a confirmatory diagnosis of general paralysis. They had been told by their older teachers, like Sir Thomas Clouston and Sir George Savage, that when they diagnosed general paralysis they were pronouncing a death sentence; therefore physicians had no right to diagnose a condition as general paralysis until they had performed every known test.

Dr. R. H. STEEN said that at the meeting at the Maudsley Hospital recently he heard it said that the smallest amount of foreign matter, such as dirt, might vitiate the test, and he gathered from Dr. Bedford that this test was difficult to perform with any satisfaction. He hoped Dr. Bedford would reply on that point.

Dr. R. M. STEWART said he was very glad to have had the opportunity of

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listening to Dr. Bedford's paper, in which the author had dealt so lucidly with the technique of the goldsol reaction. His, the speaker's, experience dated from 1913, and his own conclusion was that the test was no particular index of any disease of the nervous system, unless one also took into consideration the other laboratory tests with the clinical findings in any particular case. He would say a word about two curves—the paralytic and the syphilitic. He had found the paralytic curve a constant feature in all cases of advanced general paralysis; in early cases sometimes it had been negative. Moreover the test, even when it gave the paralytic curve, was not pathognomonic of general paralysis; he had found it positive in disseminated sclerosis, in cases of brain tumour, in epilepsy, and especially in cerebro-spinal syphilis. The syphilitic curve, *i.e.*, the curve in which the precipitation was in the middle series of tubes, he had found in only 50 *per cent.* of the cases of cerebro-spinal syphilis, and even then it was only of value when other signs also were present—the positive Wassermann, and so on. A perusal of the enormous literature in America on this subject conveyed the impression that too often the goldsol test failed to discriminate between general paralysis of the insane and meningo-vascular syphilis. It might be argued that, on clinical grounds, one could usually distinguish these two conditions, but he was convinced that was not the case; the tendency in asylums to diagnose every demented patient who had paresis as a subject of general paralysis was too prevalent, largely because the difficulty surrounding the differential diagnosis of general paralysis and meningo-vascular syphilis was not sufficiently emphasised in the text-books. The student was taught to regard as general paralysis a state which presented certain features, such as dysarthria, etc., but what was seldom mentioned was that there occurred, in this disease, a pre-paretic stage, one in which the symptoms might be almost entirely mental, and it was only after the passage of several more months that the underlying organic brain disease became obvious. His war experience had convinced him that in cerebro-spinal syphilis the mental symptoms might precede the physical, and then the recognition of the condition became very difficult. One was dealing with two syphilitic infections in which the outlook was entirely different, and one had to try and discriminate which was going to be general paralysis and which would be cerebral syphilis which would yield to treatment. It was here that he had hoped the goldsol test would have proved of value, but it was disappointing. He would found upon this failure a plea for a more thorough teaching in neurology to those taking up psychiatry. He had himself abandoned the goldsol test for the simpler colloidal-benzoin reaction, which required merely tincture of benzoin and a simple saline solution for its performance.

Dr. BEDFORD (in reply) said of course one needed to be careful in making these laboratory tests, but the tubes did not need to be sterilised; they needed only to be washed out with a bichromate solution. With regard to the test coming out positive in other diseases than general paralysis he had referred to that in his paper. Moore found it positive in lead poisoning, in tuberculous meningitis, and in disseminated sclerosis, and therefore he said in the paper he thought the investigation ought to be carried further. It should be applied when these conditions could be met with at an earlier stage. The clinical differentiation between general paralysis and cerebro-spinal syphilis was very difficult, and when one labelled a case cerebro-spinal syphilis and one got the positive general paralysis of the insane test in it, it did not follow the test was wrong: the clinical diagnosis made in the first place might have been wrong. With regard to the rest of what Dr. Stewart said, he agreed.

THE LUNCHEON.

Mr. Trevor, H.M. Commissioner of the Board of Control, kindly invited the members of the Association to a luncheon at the Café Royal.

At the close of the meal the President said this day was an epoch in the history of the Association. Such magnificent hospitality had not, he thought, occurred before—he almost hoped it would not occur again. (Laughter.) If it did, members could not possibly keep up that nice scientific standard which it was to be expected would be maintained during the next two or three days. A special request had been made that there should be no long speeches, but he was sure the company would wish to drink Mr. Trevor's health for the great hospitality and extreme kindness which all the guests sincerely felt.

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The toast was pledged heartily to the singing of "For he's a jolly good fellow."

Mr. TREVOR, in responding, remarked that it was unnecessary for him to say what a pleasure it had been to him to see such a goodly company—a large number of whom he was glad to include among his personal friends—partaking of his humble luncheon. (Laughter.) When the proposition was first put to the Secretary, he, Mr. Trevor, said he hoped it would meet with the approval of the Association. One condition he made was that there would be no speeches, that it should be a merely informal gathering of friends, and that it should be over as soon as possible so that members would be in a proper state of mind to listen to what Dr. Bond was going to tell them.

One serious point had long been on his mind. In the year 1910 his guests were kind enough to make him an hon. member of the Association. It was a kindness which he appreciated most extremely at the time, and each year which had since gone by had heightened that appreciation and his desire to make some public acknowledgment of it. He took it at first as an expression of kindly feeling towards himself, but he also interpreted it as an indication that the Association at any rate did not regard the legal members of the Board of Control as nonentities. However that might be, he assured the company that the legal members of the Board had a very considerable influence, and he hoped it was an influence for good; and he was sure he could say they yielded in no whit to their medical colleagues in their firm wish to do everything possible to improve the lot of the insane, to improve the administration of lunacy where it required improvement, and to do everything as far as they could in the interests of the specialty which looked after the insane, and of all those in whose hands their happiness rested; he referred to the medical and nursing staff.

He would also like to say—and this was another point on which he really felt very deeply—he had been a Commissioner for nearly twenty years, and his visits to the various institutions which he had had to inspect may often have been inopportune, and his criticisms perhaps not very useless. But in the whole course of the period during which he had been Commissioner he had never received anything like an uncivil word from any doctor in any of the institutions he had visited. This was a matter which no one in his position could fail to appreciate.

He thanked the company most sincerely for the way in which they had received the toast, and he hoped they would now be in the mood to listen to Dr. Bond's address. (Applause.)

AFTERNOON SESSION.—July 12th.

Thanks to the Retiring President and Officers.

Dr. PERCY SMITH said a pleasant duty had been assigned to him to carry out before the commencement of the actual business of the afternoon, namely to move a vote of thanks to the retiring officers. He regretted that this function could not have been entrusted to one of the acknowledged orators of the Association, such as Dr. Yellowlees, or Sir George Savage, but they had passed away—Sir George Savage only recently—and he, the speaker, was the only member of the Association present when Sir George Savage's ashes were laid to rest at Sevenoaks. However, men came and men went, but the Association's work never ceased.

His first reference in this matter was to the retiring President, Dr. Menzies. He thought all members present would agree that Dr. Menzies had been one of the outstanding Presidents of the Association. (Applause.) The address he gave—which took a good many hours to read in the Journal afterwards—was a most exhaustive and stimulating one; and in its author's conduct of the business of the Association throughout the year members had seen an example of keeping to the point, and of carrying on the affairs of the Association with the greatest promptitude.

The Treasurer (Dr. James Chambers) fortunately was not vacating his post. All knew how well he had filled the office of Treasurer in succession to the former lamented Treasurer, Dr. Hayes Newington.

The Editors of the Journal, too, fortunately, would be going on, and it was very

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pleasing to see that Scotland and Ireland were still associated with the English Editors; they had not broken off for Home Rule; and it was hoped it would be very long before, at any rate in this Association, there would be any division of that sort. The best thanks of the members were due to the Editors of the Journal for their conduct of it throughout the year.

Then there was the General Secretary. An enormous amount of the burden of work came on to his shoulders. Some years ago he, the speaker, held office for eighteen months, and he found it more than he could do in conjunction with his other work, therefore he gave it up. But Dr. Worth was full of energy and youth, and Dr. Smith felt sure he would hold the helm of the ship for many years to come.

The next officer was Dr. Miller. He forgot when Dr. Miller became Registrar first: it must have been in prehistoric times. (Laughter.) But he was ever young, and the great work he did in connection with the registration of nurses, the conduct of examinations, and so on, would be incredible except to those who had held office in the Association and knew what such meant. The hearty thanks of the Association were due to Dr. Miller, and might he long continue to be Registrar.

There were other officers to mention. The Auditors fulfilled the rather thankless but very important duty of supervising the work of the Treasurer. Then there were the various committees—the Parliamentary Committee, the Educational Committee, the Library Committee, the Post-graduate Committee—and all those had secretaries, and some had treasurers, and they all did an amount of work for the Association, for which members ought to be very grateful. There were also the Divisional Secretaries, regarding whom it must be remembered that the success of the Association was largely due to the divisional meetings. When, some years ago, the question of the amalgamation of various medical bodies to form the Royal Society of Medicine came up, this Association discussed the matter concerning its own union with it. He, the speaker, was deputed to meet the President of the Royal Society of Medicine of that time, and was able to convince him what a large and important medical body this Association was. And it became very evident to the Royal Society of Medicine that, with the Association's Parliamentary work and other activities, involving a good deal of separate initiative, it would be very difficult for this Association to join with the Royal Society of Medicine, therefore the project was dropped. But a Psychiatric Section of that Royal Society was founded, which had not to do with Parliamentary and educational work, as this Association had. He concluded by moving a very hearty vote of thanks to all the officers of the Association for the strenuous work they had done during the past year, coupling with that especially the name of the retiring President.

The vote was carried by acclamation.

The PRESIDENT said it was particularly fitting that the retiring President should be called upon to return thanks for the officers of the past year; he therefore thanked Dr. Percy Smith and the meeting for the vote of thanks just accorded. The reason it was so fitting was, that since the earliest times mankind had desired a figure-head, and it had been noted in distant ages that it was wise to take a figure-head which would not do much harm. Therefore the Association elected him, the speaker, from a back part of the country, and he filled the post of figure-head, but the actual affairs were carried out by the General Secretary, the Treasurer and the Registrar. It followed, therefore, that he had been the least offensive of the officers in that respect, and he had been asked to thank the Association for its kindness in passing this vote of thanks. For the great consideration which had been shown to him during the past year he felt personally very grateful. One had to pass through the chair in order to be able to realise what this Association was to its President, its officers and its Council, what a pleasure it was to move, and not have one's dicta argued. It had been an extremely happy office to him, and he could not agree with the sentiment expressed by his predecessor that he was glad when the time came for him to relinquish it. He was personally very sorry, but all good things came to an end. Therefore he now had the pleasure of introducing to the meeting the President for the next year, Dr. C. H. Bond, whom he now invested with the badge of office. (Much applause.) He congratulated Dr. Bond, and wished him a very successful year of office.

Dr. BOND (the new PRESIDENT) thereupon took the Chair.

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PRESIDENTIAL ADDRESS.

The PRESIDENT then delivered his address on "The Position of Psychological Medicine in the Medical and Allied Services" (p. 404).

Sir ROBERT ARMSTRONG-JONES said it was unusual to offer any criticism upon the Presidential Address, and, in the present tropical weather, speeches should be as brief as was consistent with the occasion. He had been asked to propose a vote of thanks to the President for his address—an honour he much appreciated. Dr. Bond had already said it had never happened before that a member of the Board of Control (for England and Wales) had occupied, during his official tenure, the Presidency of the Association. It showed the great respect felt for Dr. Bond that the members of the Board of Control were present on this occasion. It was a very auspicious occasion for the Association, and one which was appreciated, enabling a word to be said of thankful acknowledgment for the attitude shown by the Board towards the Association. Dr. Bond was Emeritus Lecturer in Psychological Medicine in one of our large schools, also an active teacher at the Maudsley Hospital. As already known by members, Dr. Bond was a man of indomitable energy, and it was surprising that he had found time to prepare the address they had just heard. Dr. Bond had referred to the history of psychological medicine during the war, which reflected the greatest possible credit on Sir Alfred Keogh in the war's early days, and which had been continued by that gentleman's wise successor. He, Sir Robert, had been much struck with the demand made by the President for the fluidity, in the public interest, of the present able staff of the many hospitals. It was an interesting and novel point. The early treatment of borderland cases was most important, and was a matter of urgent public importance. The munificence of Sir Ernest Cassell was a sign that it was of deep interest in the public mind. Dr. Bond had referred to the restrictions of the certificate, to domiciliary remedial treatment, to primary and secondary centres, to institutional treatment, to out-patient treatment at hospitals, and to that particularly interesting topic, the varied influence of heredity and an infected environment. He knew that members would read and study this able and suggestive address, which augured a very successful year for the progress of psychological medicine in this country. He proposed the resolution of thanks with great heartiness. (Applause.)

Dr. J. G. SOUTAR said the enthusiasm with which Sir Robert Armstrong-Jones' proposal had been met rendered it unnecessary that he, the speaker, should do more than second it in a formal way, but this he did with great pleasure. It was pleasing to remember that Dr. Bond was a product of this Association, and members would remember with what enthusiasm and vigour he acted as its General Secretary. Dr. Bond did much to infuse new life into it, and from that time onward those who belonged to the Association had felt they had been gainers in strength and power ever since Dr. Bond was associated with them. It was true that the President had risen fast since then, and perhaps somewhat out of the plane he formerly occupied; but he had remained true to his interest in the work which the members were engaged in. For a long time the matter spoken of by Dr. Bond in his address had been discussed, and little by little opinion had evolved towards an adaptation to the requirements of the times. But the point had now been reached at which Dr. Bond, with his large practical knowledge of the application of theories, was able to propose a scheme by means of which there could be carried into effect, if not all, a large part of the purposes for which alienists had been working. That appeared to him to be the immense value of the address. He had the greatest pleasure in seconding the vote of thanks.

The motion was accepted with acclamation.

The PRESIDENT thanked Sir Robert Armstrong-Jones and Dr. Soutar for their kind words, and the members for their approval, which had touched him very much.

PAPERS.

The "Passage of a Barium Sulphate Meal in Ten Cases of Dementia Præcox," by R. V. STANFORD, M.Sc., Ph.D. (Cardiff City Mental Hospital), and EDWIN GOODALL, C.B.E., M.D., F.R.C.P. (Cardiff City Mental Hospital), with the advice

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and co-operation of ROBERT KNOW, M.D., Hon. Radiologist, King's College Hospital. (Read by Dr. GOODALL.)

The PRESIDENT said the Association felt very much obliged and indebted to Dr. Goodall for having come all the way from Cardiff, at great inconvenience, as he, the speaker, happened to know, and given such a fascinatingly interesting paper and demonstration. In one respect it was a reminder of Dr. Menzies' address of last year. He asked Dr. Goodall to say, in his reply, whether he had made similar observations in regard to any other classes of mental illness. It was known that bowel stasis was not by any means confined to this particular type of mental disorder.

Sir FREDERICK MOTT desired to express his great appreciation of the piece of work which Dr. Goodall had just placed before the meeting. It was very interesting, and had been beautifully carried out. If the President had not made the suggestion about other cases being treated in the same way Sir Frederick intended to have done so. But he thought the point Dr. Goodall had made with regard to the spasticity of the transverse colon, and the failure of the cæcum to empty itself in such a large proportion of cases, seemed to be capable of correlation with the katatonic condition. He asked whether it was especially the cases which during life showed katatonia which exhibited this condition, and whether Dr. Goodall would explain it by the fact that there was an antagonism between the sacral nerves, which corresponded to the cranio-sacral outflow of the vegetative system and the sympathetic, whether it was an over-action of the sympathetic through the failure to act completely on the part of the sacral nerves. Sir Frederick thought an examination of the sympathetic ganglia and the nuclei in the sacral region in the fatal cases would be a very instructive histological procedure. He had not had the opportunity of investigating many cases of dementia præcox, but in one such case he found that the sympathetic ganglia showed lipoid degeneration, the same as the cells in the central nervous system showed, and he wondered whether the same metabolic failure would not be found in the sympathetic system as was discovered in the central nervous system. The present piece of work was of very great importance. Another point was the following: It was known that many cases of dementia præcox died of pulmonary tuberculosis, and a considerable number of them had intestinal tubercular ulceration, and he asked whether any of the cases observed by the author had died of or developed pulmonary tuberculosis, and whether there could be any correlation with some of the conditions found. He did not think so, but the point was one which was of much interest to raise. He hoped Dr. Goodall would continue these admirable researches, and he congratulated the radiographer concerned on the admirable pictures he had produced. He knew Dr. Knox's work very well, and anything in radiology which that gentleman approved of one could feel the greatest reliance upon.

Dr. W. F. MENZIES added his own congratulations to those of Sir Frederick Mott on the fine radiograms exhibited in this demonstration. He had never seen anything more clearly in his life. The pictures showed very plainly the intestinal noding, so much so that if a patient were placed at a particular distance from the source of light he could measure those nodes. Attempts were now being made to correlate the noding of the intestine with the noding of the heart, *i.e.*, the auriculo-ventricular noding. It was now clear that the longitudinal and the circular muscles of the intestine were neither longitudinal nor circular, but both were spiral, and that they had a similar refractory period to that of the heart, and it was that refractory period which stopped the continuous action. So the thing went spirally round, each discharge being followed by its normal refractory period. If that refractory period in these dementia præcox cases was due, as he held, to vagotonia, and in melancholics was due to sympathicotonia, the refractory period would be altered; one would show a different noding length from that of the other. If Dr. Goodall was intending to continue these observations, Dr. Menzies asked whether it was possible to apply any mensurable distance, so that he could measure the nodal periods in these bowels. One saw they were vagotonia because the nodes of the large intestine came out strongly. One could find delayed passage of food through the intestine in either vagotonia or sympathicotonia, and he believed the two branches of the involuntary nervous system acted in correlation; it was not a case of paralysis of one and over-action of the other, it was a question of balance. They both went to and fro—one a little less, the other a little more. In those various states

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of the involuntary nervous system, one was a little too much in action, the other was a little under normal. The vagotonia came about through the autonomic system, through the inferior mesenterics, and the sympathicotonia would act only on the nodes, not the muscular nodes, but Keith's nodal points of the intestine—seven of them. He was anxious to know whether there was a clinical distinction between the delay in the passage of bowel contents and the alterations of the refractory period, and whether it had any similarity to the shortening of the refractory period in the heart which occurred in auricular fibrillation and flutter.

Dr. GOODALL, in reply, expressed his thanks for the kind reception which had been accorded to his paper. In reply to the President, the observations were absolute ones; there were no controls as yet as regards other kinds of insanity. He did not doubt the need for having controls. In answer to Sir Frederick Mott, only one of these cases was katatonic; the others were of the hebephrenic type. He had been very much struck with Dr. Knox's statement as to spasticity. That that gentleman should have commented upon spasticity and hypertonicity was very significant in a radiologist. There was no evidence of tubercle in any of these patients. He did not feel able at present to enter into the theoretical points which Sir Frederick Mott raised, but he thanked Sir Frederick for his remarks, which merited attention. He also thanked Dr. Menzies for his observations on nodal periods, and he, the speaker, would remember them with a view to future work.

PAPER.

"Note on the Diastase Contents of the Urine in 120 Cases of Mental Disorder." By EDWIN GOODALL, C.B.E., M.D., F.R.C.P., and H. A. SCHOLBERG, M.B., D.P.H. (From the Pathological Laboratory Cardiff City Mental Hospital, and read by Dr. GOODALL.)

The PRESIDENT said it was somewhat of a feat to hear, associated with the same authors on the same day, two papers of such value and showing such a volume of good work. They showed the fine use to which the excellent laboratories of the City of Cardiff Mental Hospital were being put. This must be an immense satisfaction to those responsible for the enlightened policy in that area. There was another point which he would like to emphasise, though he did not intend to discuss the paper, and that was the duty owed by science to the chronic patients in asylums, not only on their own behalf, but to use the lessons which could be obtained from that clinical material to the fullest extent, as had been done in connection with the present research.

MORNING SESSION.—WEDNESDAY, JULY 13TH.

The President in the chair.

PAPERS.

"The Oxford Clinic." By Dr. T. S. GOOD, Littlemore Hospital, Oxford.

The PRESIDENT said the paper just read was one he had been looking forward to listening to with very great interest, and he had not been in any way disappointed. That would no doubt be the feeling of the members too. Dr. Good had just described a work which had been to him (Dr. Bond) an obsession for the past twelve years. And when he was called away from Long Grove Asylum, just at that moment, in conjunction with Dr. Campbell Thomson, of Middlesex Hospital, they had elaborated a similar scheme, subject to the goodwill of his own Committee and of the Governors of Middlesex Hospital. If it was not given to oneself to do something which one took a keen interest in, it was a compensation to see it carried out in the way it was done at Oxford. War hospital matters had taken the speaker a good deal to that delightful city of Oxford, and on arriving there he found this particular work was going on, and that Dr. Good, with no other initiative but his own, had evolved it and followed it out. He had not done justice to the work in his paper, and perhaps he would allow the speaker to supply some of the deficiency. Some of the cases Dr. Good had been treating were definitely certifiable; it was not a mere question of cases being treated in their early stage; therefore institutional treatment had been obviated for those patients. In visiting one of the big provincial mental hospitals and discussing matters with the

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superintendent, the latter showed him, as a matter of interest, the report of his committee (not yet published). Dr. Bond was perturbed by a paragraph in that Committee's report to the effect that they wanted to see this legislation passed "because it would save people having to be sent to an asylum." As he said at the time, in a friendly way, that was not the way to put it, and that the real object was to cut short the illness in its early stage, and so obviate the necessity of institutional treatment, or, if that were impossible, then to avoid certification for a reasonable period.

Prof. G. M. ROBERTSON said he had listened with the very greatest pleasure and interest to this paper by Dr. Good. There could be no doubt that that gentleman had struck out on a more or less new line, and he had done very excellent work. It was work on these original lines by the younger men of the profession when they started out which made for progress in the treatment of mental disorder. At the same time he thought it would be paying a very poor compliment to Dr. Good if one did not ask him certain questions, and at the same time took the opportunity of offering a few criticisms. The first point which occurred to the speaker was that Dr. Good did not say what the cases he was treating were diagnosed as. What was the nature of the cases Dr. Good had in his clinic? Some light had been thrown on that point by the remarks of the President, who said that some of the cases would have been certified, but nothing definite on the point was stated by the author of the paper, though he referred to a certain report of the D.C.M.S. of the district, who referred to the patients as cases of neuroses. If the cases were correctly so diagnosed by the D.C.M.S. of the district, that made a considerable difference to the whole subject. What was attempted was to treat patients showing undoubted mental symptoms, not only neuroses, but psycho-neuroses and the early stages of the psychoses. With regard to the treatment of these cases he understood from the paper that the clinic was held on one day in the week. Those who had had to do with the treatment of psycho-neuroses realised that these cases required a great deal of time and attention. Dr. Good stated he had placed on the list of forms of psycho-therapy, psycho-analysis. That was a very important form, but there was no kind of treatment yet devised which required so much time to carry out as psycho-analysis; it was of no use to give exclusively to the patient less than half an hour at a sitting, and such attention should be almost daily. If the cases reported on by Dr. Good made the extraordinary progress they did from being seen only once a week, he (the speaker) would have said that the amount of psycho-analysis required could not have been great, and the cases could not have been of the severe type to which many members of the Association were accustomed. The clinic presided over by Dr. Good was called the Department for Nervous Diseases; if the cases treated at it were functional nervous cases with a basis of mental symptoms—which, of course, the majority of the neuroses were—then one could understand the success of the treatment at that clinic, and Dr. Good's high recommendation of the out-patient treatment. He proposed to revert to that point later. There seemed to have been a feeling, as evidenced in the general medical press, that psychiatrists had not done exactly what they might have done during the recent war, that in general they had taken a very secondary place to the neurologists. But he wished to point out that the neurologists had had under their care these functional cases of nervous disorder for the last fifty years, but had not recognised them to be functional and of mental origin. It had been the association of the psychiatrist with the neurologist which had brought this matter home to the neurologist. The differentiation between neurology and psychiatry had been most harmful; it had done much harm in the matter of the treatment of mental disorders. But it had done just as much harm to the treatment of nervous disorders. It was to the separation of these two forms of nervous disease that the fact was due that until the war the neurologist did not recognise that half the cases which passed through his hands were of mental origin. Therefore the majority of the cases which had been treated at the Oxford Clinic would appear to have been, largely, cases of neurosis, but that, fortunately for Oxford and for that hospital, a distinguished psychologist was assisting in the care of the neurological cases, and, as a result, they had achieved success with them. He wished next to say a word on the out-patient treatment. If it were true that the cases referred to by Dr. Good were of a simple nature, mainly neuroses, one could understand quite well that these cases would be best treated at home. But if cases were something more than that, if

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they were psycho-neurosis cases, and early instances of psychoses, they were far better treated away from home, in a small hospital or a hospital of any kind with wards. Such cases needed a great deal of attention, and this could only be given when they were brought together. He, the speaker, had some nursing homes for cases of neurosis, psycho-neurosis, and the early stages of the psychoses. A medical man patient was sent to him recently who was seen by all the physicians and neurologists of one of our greatest centres of education in this country. He had been ill for nearly eighteen months, and it was finally decided to subject him to psycho-analytic treatment. In the minds of many people there was something wrong in this process, and many of the patient's friends objected. For some reason the patient came under his own care for psycho-analytic treatment. He had not had the time to engage in psycho-analytic treatment, but he had studied the method, and he subjected this medical man—who was very anxious to get well—to a small amount of psycho-analysis; in fact, it was really psycho-synthesis, because he merely explained to the patient what, he thought, was the nature of his disorder. As a sequel, this man, who had been bedridden seventeen months, was up and about and going to luncheon-parties in ten days. Up to the speaker seeing him he had been treated from the physical point of view. Cases of that kind were best treated in a home or a hospital, for only in such a place could they receive the amount of treatment they required. Dr. Good himself said there should be wards in hospitals for the treatment of these cases. Such wards did exist, but not so many as there should be. Among those present to-day was Dr. Carswell, a former Commissioner of the Board of Control in Scotland, who was one of the first to open wards of this character in Great Britain, and therefore he hoped that gentleman would discuss Dr. Good's contribution. There were similar wards in the Royal Infirmary, Edinburgh. The amount of accommodation and the treatment were most inadequate, largely because they had not the benefit of psychiatrists assisting the neurologists, as the Radcliffe Infirmary at Oxford had. Therefore he was much interested in Dr. Good's paper, and he entirely approved of what Dr. Good said as to the need of a combination of neurologist and psychiatrist: the man who had been looking at these symptoms from the mental point of view all his life, and the man who—at any rate among the neurologists at the present day—had been looking at diseases from the organic point of view. It was this combination which would produce the best treatment. Therefore he hoped that in the wards which might be opened there would be provision made for this combination, and that the psychiatrist would not be excluded from his proper place, as, he thought, he had been to a large extent in the past. The President had referred to a point which occurred to the speaker also, namely, the exclusion of certain cases from asylums. There was no reason whatever why these cases should be excluded from asylums. They were as well managed and as well organised as were any medical institutions in this country. It was said yesterday that when the War Office wanted hospitals for the soldiers the establishments they wanted were the mental hospitals, because they found that in them everything was organised and up-to-date. He wished to point out that those who had so much to do with our great general hospitals—and no one had a greater admiration of them than he had—had no idea of the management and the state of efficiency of our mental hospitals, and the sooner they knew, the better. Neither had they any idea that the mental nurses were so efficient and proficient. He believed that the military men who reported on the administration of the various military hospitals formed the opinion that there was no class of hospital where nursing was more efficient than that by mental nurses at mental hospitals. Therefore there was no reason why patients who required treatment should not go to mental hospitals, where everything had been prepared for giving them the best treatment possible. But the difficulty in the way was that at the present time the mental hospitals lay under a stigma—a stigma which must be removed. When that had been done, mental hospitals would come into their own. At the present time these mental cases would go to a general hospital; they would not go to a mental hospital because of the stigma which was supposed to be attached to such, as distinct from the general hospital. He was glad to say that this "stigma" was in process of being removed. All in the profession, especially distinguished members of it, had seen a change gradually taking place, and that change was much assisted by what had occurred during the war, in removing the grossly false ideas which existed concerning mental hospitals. Remarks had been made about them even in

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Parliament which were a disgrace to those who uttered them. At the bottom of the stigma was the legal certification of the person of unsound mind. That might have been all right seventy-five years ago, when the public were under the impression that people were put into mental hospitals so that their money could be appropriated. At the present time, however, no such thing existed, and the majority of the inmates of such institutions were persons of very small means, most of whom could not even afford to pay for themselves. He considered that the certification by a magistrate of a person because he was of unsound mind, as if he were an offender, was an outrage to medicine, and it should not be perpetuated any longer. Mental hospitals had the best accommodation which could be provided, and Boards were responsible for them which had been exceedingly generous in the furnishing of them, and as physicians, especially the younger physicians, were showing a keen desire to acquire the higher degrees and diplomas in psychiatry, if the stigma he had referred to were removed, the mental hospitals of the country would soon come into their own, and they would be looked upon as hospitals in the same sense as were the general hospitals, and patients would come for treatment at an earlier and a more hopeful stage. At Craig House more than half the patients came as voluntary patients. Not a single patient, however, could come in as a voluntary patient if he could not pay for himself. The Government grant was only given to those who were stigmatised as lunatics, whereas the rich man could come in at once as a voluntary patient and with less of a stigma attaching to him than if he were certified. That the subject was such an important one was his reason for having spoken so long, and he felt grateful to Dr. Good for having broached it, and congratulated him on the success which had attended his department at Oxford.

Dr. D. BOWER said he was too late to hear Dr. Good's paper, but he would like to say a word in corroboration of what Prof. Robertson said. There was a need for a diffusion of accurate knowledge about our asylums among the public generally. Yesterday, after hearing the President's address, he went to his consulting room, and two ladies were there who had come to see him about a patient in a public asylum, one of the best county asylums in this Kingdom. They seemed to have no notion of what was done for patients in asylums. One of them asked him, "Is any treatment given to lunatics in these asylums at all?" Such serious impressions and reflections could only proceed from want of knowledge concerning asylums.

Dr. J. J. F. E. PRIDEAUX (Cambridge), speaking as one connected with a kind of rival clinic to Dr. Good's, namely that at Cambridge, desired first to congratulate Dr. Good on his excellent paper, because he, the speaker, knew the difficulties to be contended with. He did not propose to enter into the subject of the treatment, but he agreed largely with the author of the paper. The carrying out of psycho-analysis was almost impossible in an out-patient clinic. His own department at Cambridge was called the Psychological Department, and he had psycho-analysed half a dozen patients in the last sixteen months. But he would like to lay more stress than Dr. Good had done on the question of the treatment of in-patients, partly for the reasons which had already been expressed by others, but chiefly because the patients lived such long distances from the department— he covered a radius of some forty miles—and it was necessary to have some sort of in-patient treatment and provision for purposes of diagnosis. The only difficulties at present about the in-patient department at a general hospital were due to the fact that the nursing staff had had no experience to fit them to deal with these cases adequately. And he urged the further plea that the clinic, as they used it at Cambridge, was a much broader matter than the one at Oxford seemed to be. At Cambridge there was an agency which bore the name "The Voluntary Association for Mental Welfare"; it had visitors attached, and they worked very much on similar lines to those engaged in social service, and in association with the clinic. In that way information was obtained as to the home conditions of the patients, their family histories, and these visitors helped former patients to find work when they were cured. The other function of the clinic was that it was of extreme value to the general practitioner, who was often in great difficulties among the poorer classes as to whether or not he ought to certify. In many instances the doctor was unwilling to certify when he should do so, and in others he was anxious to certify when he should not. In fact, the general practitioner generally seemed to have but little knowledge on the subject. A third function of the clinic was in

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connection with the school service. At Cambridge it was worked in conjunction with the school medical service, and difficulties in mental cases at the school clinic came up for an opinion at the mental clinic. And the magistrates had taken to referring cases to the clinic for an opinion as to the mental condition of alleged criminals. Also the Cambridge clinic was used as a research centre; they got their material from the clinic, and took this material to the psychological laboratory at Cambridge, where they had facilities for carrying out the necessary research. In other respects he thoroughly agreed with Dr. Good's remarks, and he thought his own experience had been similar to Dr. Good's.

Dr. H. WOLSELEY LEWIS said he was particularly interested in Dr. Good's paper, first because it struck a very hopeful note, and secondly because it had taught him how ignorant he, the speaker, was, because for some time he had been seeing neurasthenic patients—shell-shock patients—at the local branch of the Pensions Board, and he had been asked whether he would start a clinic in Maidstone. From his experience of the patients he saw, he replied that he did not think there would be any use in starting a clinic unless he had an in-patient department attached to it. He said that because the experience he had had of this type of patient seen generally at Pensions Boards was that one must remove them from their home surroundings and general environment, because the one factor in the perpetuation of the trouble was the home atmosphere and condition. In many cases the friends of the patients were worse than were the patients themselves, and those with whom these patients came into contact were the very last who could be expected to give the patients any help in recovery. He could endorse a great deal of what Prof. Robertson said about the mental hospitals. He could quote a case he saw not long ago in consultation, that of a girl suffering from hysteria. The parents were not very well off, and he had to put the case before them in this way. One thing which was essential was that she should be removed from her home. He further told them that if they could afford to send her to a really good nursing home he could probably find one where she could be made well. Failing their being able to afford this, he told them the alternative would be to have her certified, in which case, if she were sent to him, he would undertake to get her well. It was necessary to explain that in order to come to him for treatment certification was essential. This was the course adopted, and she got quite well, and had since remained well. But there remained the one great regret, that in order to get the required treatment she had to suffer the stigma of certification, when she ought to have been able to secure that treatment without any question of a "stigma" arising.

Lieut.-Col. E. WHITE said that after nearly five years' experience as a war office mental specialist—three years in the Western Command and the last two years in connection with the cases which came from all commands—he had had a large experience of these psycho-neurotic cases. He reminded members that in the early stages of the war, before anything definite was known about the treatment of so-called "shell-shock," the patients, when they broke down, were discharged from the army, and were given a temporary pension, which was subject to revision, the men being sent to their homes. They did no good whatever. Many of those patients had now been brought forward and placed in the special neurasthenic hospitals, and were being treated under most unfavourable circumstances due to the long delay in the commencement of the treatment. Many of the patients went to local hospitals and were treated by neurologists attached to them, but made no progress. They were the most difficult cases to treat, *i.e.*, the cases which came only in their later stages for treatment. Afterwards, when institutions such as at Maghull and Bridlington were started, marvellous progress was made with them; indeed in one institution Col. Rows got good recoveries in practically every case; the more recent the case, the quicker the recovery. They therefore came to the conclusion that in-patient treatment—hospital treatment—was the correct method for these cases in order to achieve speedy recovery. When they were at home they were, as Dr. Wolseley Lewis said, under the wrong treatment.

Dr. COLIN McDOWALL regretted that, in consequence of being detained, he was not able to hear Dr. Good's paper, but he had gleaned something of its scope and contentions from the discussion he had heard. One point which seemed to have impressed speakers was that if the kind of case under consideration must have treatment, it was necessary they should be removed from their home surroundings. At present he, the speaker, was occupied with a clinic at Tunbridge

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Wells, where he saw a certain number of pensioners; and he wished to say emphatically that he did not think indoor treatment was at all necessary. His view was that the clinics, under the Pensions Board, were doing a great deal of good. At his particular clinic a large number of those who attended would never have otherwise been sent for treatment at all. Looking at the financial side, this meant a good deal of saving of public money. Occasionally organic cases of insanity were brought, but a very large number of functional cases came whose condition had not previously been diagnosed, many of whom had been suffering from four to six years. It was not a very difficult matter to show some definite improvement in cases like those. It was true that while such patients remained under the care of the pensions authority they were a financial drain on the country: they cost, perhaps, two or three pounds per week each. But they got well. Dr. Wolseley-Lewis had referred to Maidstone; he, the speaker, had under treatment for a year a man who came from Maidstone. For some months before coming to him he had been at a rheumatism hospital at Buxton. He suffered, however, from neurasthenia, not rheumatism. This man was now at work. There had been four years' delay in applying mental treatment, and that was probably why it took a year to cure him. He had previously been costing the country £4 a week. At his clinic at Tunbridge Wells they had no beds; members might call the treatment psycho-therapy if they pleased. It was only due to the Ministry of Pensions that someone should point out what it was doing for these cases.

Dr. J. CARSWELL said he had heard a great deal that morning which had given him occasion for serious reflection. He had been amazed at the confident statements and the results which had been secured by Dr. Good and others who spoke, though, he gathered, their sole therapeutic method was what might be termed the psycho-analytic method. Neither his observations nor his reading had led him to entertain the same confident anticipations as the results he had just heard of seemed to imply. But he had an open mind, and he would not prejudice his consideration of the claim so made by any predilections. But he thought he would have some sympathy from his psycho-analytic friends when he told them that from 1904 to 1914, he had personally selected from the mass of occurring insanity in a great industrial population a total of 7,000 patients, all of whom he treated in special wards attached to a general hospital. Of those 7,000 cases, something like 4,000 never went near an asylum, and most of them were discharged recovered. If psycho-analysts would consider a record like that and not ignore results obtained by ordinary methods of treatment they would have the sympathy of members when relating their claims to results obtained by psycho-analysis. The psycho-analysts counted in tens, he himself counted in thousands. They followed a method which had a new nomenclature—he was almost saying it had a jargon of its own. Psycho-analysts were all in the some boat: "Deep answereth unto deep"; echoes went about their ears; everything favoured the suggestion in their own minds that they were the saviours of the medico-psychological world. He had to stand alone; he had to be content with the means at hand. He had to attempt every kind of case—acute mania, melancholia, adolescent melancholia, adolescent mania, puerperal insanity of the confusional type, early conditions of general paralysis, epileptic mania occurring, perhaps, in patients who for years had been able to continue at work. All those types of cases he had treated successfully without psycho-analysis. He agreed with what Prof. Robertson said as to the need for putting the care and treatment of the insane on a fresh basis. To-day he had heard the psycho-analytic method given as a reason for the establishment of psycho-therapeutic wards in general hospitals. But the real justification for the establishment of mental wards for the treatment of mental patients otherwise than in asylums was that it meant freedom. If there was one thing which this branch of medicine wanted to-day it was that in the care and treatment of their patients they should have freedom; and, in the exercise of that freedom, every one of the practitioners of psychiatry would gladly avail himself of wards attached to general hospitals. There was no need to argue the case on any other grounds than that in the exercise of its functions the specialty should be free to exercise the methods which appealed to it as most likely to yield the best results.

Dr. J. G. SOUTAR remarked that after hearing this discussion he was not quite sure he had definitely settled in his mind as to what was right and what was wrong in this difficult problem—as yet unsolved—as to how best to deal with these cases.

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He felt sure the extremist on either side must be wrong. When the banner of freedom was unfurled, as it had just been unfurled by Dr. Carswell, all felt they would like to follow it. Still, in regard to the treatment of those suffering from mental disorder there was a disastrous period of "freedom," which resulted in very serious consequences, and required that very restrictive legislation should be introduced, with the object of doing justice to the patient. That time must not return. It must be remembered that the person who was of unsound mind was not in the same position as was the person suffering from pneumonia, scarlet fever, or chickenpox. He was not in a position to know whether he was being properly attended to or not. There must always be some legal protection for those persons who were in that state of mind. It was true that at the present time a very large number of persons had to be certified in order that they might have the benefit of the treatment they required. That, however, should not be. It was absolutely wrong. But, short of the degree of freedom desired by Dr. Carswell, he thought much might be done, and ought to be done, to make provision for the treatment of many patients. It was work upon which they, as an Association, had been engaged for a long time. The President, in his address on the previous day, showed, in a very interesting and useful way, how far it was practically possible not to attain to their ideal, but to approach it to some extent; and that was all that any one generation could do. Each generation must be content to do a little towards the end in view, to make a little move, and leave it for the next generation to move on too. That had been the history of all progressive work. The clinics which Dr. Good had described to-day had given a practical demonstration that the ideas entertained theoretically by alienists could be carried into practice, and with very good results. In a county neighbouring Dr. Good's the speaker had the privilege, for two years, of conducting a small clinic entirely confined to ex-soldiers. He did not know that he could say there was anything very special done for those patients beyond what he had been accustomed to do for patients for many years past. What was done might be briefly summed up as an intensive individualising of them. There were various ways of doing this—spoken of as methods—such as suggestion, persuasion, etc., all of which had been employed for ages past in the treatment of mental cases. So long as the patient had some insight into his condition one had to help him towards a still further insight into it. He had seen very good results, not only in these cases, but also in the voluntary boarders who had been treated in this country for a long time past. Therefore he felt that the experience of voluntary boarders, in registered hospitals, and the larger experience in clinics which members had had, justified the claim that opportunity should be given to the general mental hospitals of the country to have patients coming to them in a voluntary way. He had a dislike for the word "stigma," which was constantly bandied about when speaking on this subject. The constant repetition of it by medical men was apt, by suggestion, to keep the idea of a stigma in the public mind. He did not himself know what the "stigma" was. There was no stigma held to be attached to a person who suffered from pneumonia, and he could not see why such should be considered as attaching to a patient whose disorder happened to be of the nervous system. With regard to the question whether bed treatment should be given, he believed that many cases required bed treatment, though in only a small number in clinics of the kind Dr. Good spoke of was in-patient treatment necessary, except for the fact that the patient's home might be a long way from the clinic. But he did not agree with Dr. Good in what he implied, rather than actually said—that a patient being treated as an in-patient was made to feel that he was ill, and that this was undesirable. He, the speaker, thought it was a good thing that the patient did realise that he was ill; he liked patients to feel that they had come to him for that very reason, and that the anxieties, hesitations and distresses he suffered from were simply manifestations of a disordered function for which he required treatment. By getting the man to recognise this one had progressed a long way towards his successful treatment. In some cases bed treatment was very important, in others it was not. One had to exercise freedom in this respect. The mental physician should have means available to treat patients on the lines he considered to be best in each particular case. He emphasised, in conclusion, the words he used earlier in these remarks, that intensive individualising in the treatment of the patient lay at the root of the successful dealing with cases of psychosis and psycho-neurosis.

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Dr. Good (in reply) thanked members for the way in which they had received his paper, and in that he included thanks for the way in which he had been attacked—for that was what it really came to. He was only another example of what occurred when a man tried to move a little forward. In the discussion the term "psycho-analysis" had been used, and he had been accused of being a psycho-analyst. But he had not used that term; he used the term "analysis." He did not know what "psycho-analysis" meant to the speaker; did it mean that if he used the term "psycho-analyst" to describe himself, he was a Freudian? Or if he used the term "auto-augnosis or anagogie analysis," he was a Jungite? What was analysis? It was trying to get to the bottom of something, and a particular group of men were being blamed because they were trying to get to the bottom of something. Freud was, in his opinion, a genius; it did not matter whether one agreed with him, for truth would be proved by time, and when Freud discovered the laws of association, and when he worked with Breuer, and when he found out his cathartic method, Freud got something from what was called the unconscious. Jung said the unconscious was a "unawaridness." The view he, the speaker, had expressed was his own view, even though it might be a wrong one; but speakers attributed to him views they themselves held, views they had projected upon had him. He had been accused, rather indirectly, of being against the mental hospital, but that idea must have been due to his lack of skill in writing his paper, a task he did not relish, therefore he asked that the blame for his having contributed a paper should be laid on Dr. Bond, the President. He had been at a mental hospital and connected with nerve work for twenty-six years, and for three years before that he was at various forms of nerve work. He might be wrong, but he had held the view that if one pretended one was a neurologist and one was not a psychologist, one was like a man who looked after the wires of a telephone, but did not understand the mechanism of the instrument. Some members of the Association seemed like the people who said, "Yes, there is the telephone, but there is no voice at the end of it." He maintained there was a telephone and a voice, and he, and many more, were out to discover what the voice had to say. Prof. Robertson rather complained that he, the speaker, did not give the diagnosis of every case he spoke of. That was true. Prof. Robertson himself said he had not had time to practise psycho-analysis, though he mentioned one patient whom he psycho-analysed for ten days, and then said a case could not be psycho-analysed if he were treated only once a week. But he, the speaker, did not say he only saw his patients once a week. What he said was, that lack of time and other factors prevented one analysing every case. A neurosis seemed to be some condition for which the cause could not be found in the body mechanism. It had something to do with thought, and if that were so, a psychosis was only a further stage of what was at present called a neurosis, and he could not see any essential distinction between the two, except in degree. Until the public saw there was some hope in these conditions being treated, sending them to an asylum would appeal to them as something a shade worse than going to prison. His activities were being expended in the same area as he had worked in for many years, and the clinic he had described had gradually evolved. He was not criticising the mental hospital, but he asked that the men who presided over the mental hospitals should go outside and be on the staff of a general hospital; it was better that alienists should see that it was only by working with those staffs that progress would be made in the treatment of mental disorder. Every general hospital ought to have a psychiatrist on its staff. If he had given the diagnosis of all his cases he would not have been able to keep his paper within reasonable limits.

Prof. G. M. Robertson pointed out that phobia was a very simple form of psychosis; hundreds and thousands of persons suffered from phobias and consulted physicians because they thought they were going out of their minds. If a large percentage of the cases dealt with by Dr. Good were phobias, that fact would diminish the value of the work done there. All he suggested in regard to diagnosis was an indication of the general type of cases treated by Dr. Good at the clinic.

Dr. Good, continuing, said that many of his civilian cases were those who, in his opinion, would have otherwise been very soon in a mental hospital. At the clinic he had treated cases which he regarded as certifiable.

"Psychological Medicine in Relation to Industry." By C. S. Myers, C.B.E., M.D., F.R.S.

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The PRESIDENT said the paper was a very interesting and stimulating one. He had had his own say on the subject in his address on the preceding day; and so he would not say more now than that it did not seem right that a body of men could rule out in this way their stricken fellow creatures and co-workers. Arrangements should be made to cater for those men, and dilute, if need be, physically sound labour with the unsound.

Dr. J. G. SOUTAR expressed the indebtedness of the Association to Mr. Myers for having brought before the meeting this very interesting subject. Psychiatry was in touch with every possible activity of the human being, and it was important to recognise this fact. A point raised by the author was as to whether there should be special training for such practitioners, and at what particular age these men should specialise. Nothing could be so bad as that a specialist should not be trained as a general physician first.

Dr. G. A. AUDEN spoke as to the position of the certifying factory surgeon, remarking that his view had generally been that such an office was a redundancy. The office was created in 1844, at a date when there were no Public Health Acts and no official circulars, and then the choice in regard to overseeing lay between two persons—the parson and the local doctor. Factories were springing up in areas which were, or had recently been, rural, and it became necessary to appoint someone to carry out the Factory Acts of 1833, 1844 and 1847, and as the only available person in most cases was the local medical practitioner, the choice fell upon him. The growth of legislation had included provision for the appointment of large numbers of factory inspectors from the Home Office, and the elaboration of the work of the Public Health services had gradually reduced the work of the certifying factory surgeon, and placed it more and more in the hands of the local health authority. Therefore the factory surgeon now had little more to do than examine children in regard to their fitness for particular employment, *i.e.*, if a child was proposed to be put to a particular class of work he was examined as to his fitness for it; if he were moved to another kind, another examination was made. This meant that the number of separate examinations was extraordinary. The late certifying factory surgeon in Birmingham told him he made 14,000 examinations of children every year, and for the sum of sixpence per child that examination was likely to be quite perfunctory. There were perhaps cases in which the examination by the certifying factory surgeon had proved to be of real value. He had seen a child with a blind eye passed as fit for spinning work. He had no desire to be simply a destructive critic, but he thought there should be a closer relationship between the school medical service and the certifying factory surgeon. The school medical officer had already got the information which the certifying surgeon hoped to get when his turn came with the child, especially if the children had attended the ordinary and continuation schools. Some might ask whether the information obtained by the school medical service was not placed at the disposal of the factory surgeon. That had not yet been managed at Birmingham, and though post-cards were sent to factory surgeons, in no year had there been fifty replies. With regard to juvenile labour and advice as to choice of occupation, under the Employment Act, 1910, that was under the local education authority, and many of the more progressive of those authorities had done much under the Act; they had the means of bringing together all the salient facts which were of importance in determining the fitness of each for individual employment. It had, however, frequently fallen to him to examine children who had been placed in, or who had chosen, employment, and who, from physical or mental reasons, were unsatisfactory.

Dr. W. M. ENGLISH (Canada) said that in his country this matter had not progressed as far as it should, but they had started the examination of mentally-deficient children, who heretofore had been compelled to attend at the ordinary public elementary schools. School physicians were now being appointed, who worked together with the teachers, and were able to suggest the placing of certain children in special classes. He hoped that later the industry aspect would be developed in his own country. In the United States they were, he believed, somewhat ahead of Canada in this matter.

Dr. MYERS, in reply, said it was evident he did not make his meaning clear in regard to trade unions; he meant there should be some kind of examination as to men's fitness to carry on their work, and when speaking of their fitness he meant their knowledge, just as no one could be allowed to practise medicine

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without passing a proper examination; similarly in regard to the law, to architecture, and so on. He agreed with the remarks of Dr. Auden, but much of this kind of work was necessary, and it needed mental qualification. The more he saw of such work, the more he was confirmed in his view that the men who undertook it required to be mentally trained. Even school clinic physicians must feel how much better it was to have a mental qualification. His plea was for a wider extension of psychological medicine merely on the preventive side of industry, in order to secure the best possible conditions for the people's work, and to avoid, as far as possible, worry and anxiety, which led to functional, perhaps to organic, mental disorder.

"Phantasies of Childhood and Adolescence as a Source of Delusions," by E. MAPOTHER, M.D., M.R.C.P., F.R.C.S. (Long Grove Mental Hospital), and J. E. MARTIN, M.B., B.S. (Hanwell Mental Hospital). (Read by Dr. MAPOTHER.)

AFTERNOON SESSION.—JULY 13TH.

DISCUSSION.

The PRESIDENT said that when he saw the case at Middlesex Hospital he did not think it would be the subject of a paper at a medical meeting. There was a statement in the paper which he (Dr. Bond) wished to contradict in part. It was to the effect that the speaker advised the case to be certified with the view to being sent to Long Grove Mental Hospital, and that the patient should be taken first to Marylebone Infirmary and thence to Long Grove. The fact was he (the President) reluctantly concluded that the wish of the Hospital to retain the case and treat it there could not be maintained, and that mental hospital treatment was needed. He went out of his way to write a letter to obviate the necessity of this girl going into the Poor-Law infirmary, as that was unnecessary, there being no urgency. Yet custom prevailed, and the girl went to a Poor-Law infirmary on her way to Long Grove.

Dr. WILLIAM BROWN congratulated the authors on their extraordinarily interesting paper; it was one of the most interesting he had heard for a long time. The description given made it clear that in certain classes of cases the "memories" which the patients brought up were not accurate memories at all. So-called memories should be accepted with great reserve, and in every case an attempt should be made to verify from other sources what was gleaned from the patient. That was one of the weaknesses of present-day psycho-therapy, that at present the need of confirmatory evidence was not sufficiently emphasised. In every other science in which experiments were carried out, control experiments and confirming processes were carried out, and everything was closely scrutinised. The tendency of analytic work nowadays seemed to be in the other direction—that of getting more and more from the patient in an uncritical way, indeed encouraging lack of criticism in the patient's mind, and that in itself seemed, by a curious reaction, to tend to produce a lack of the critical faculty in the mind of the analyst. It was true that Freud himself, before Jung made his suggestions in the matter, had discovered that many of the "memories" of his patients were fantasies, not realities. But the President deserved the credit for emphasising the true significance of this. And yet Dr. Bond, like Freud, attached great psycho-therapeutic value to pseudo-memories or phantasies, and used them to explain the beneficial results of analysis. If he had followed Dr. Mapother aright, he gathered that in his case, and in other cases of psychosis, memories and pseudo-memories had very little to do with the causation of the disease. The disease was caused in various ways: either through the hereditary factor, through shock, through physical or mental strain, and that, as a result of that and of the failure of adaptation to the present on the part of the patient, earlier fantasies or pseudo-memories had the opportunity of coming to the surface of the mind and making themselves apparent. There was a diminution of the general intellectual control, and these phantasies, under analysis, showed a definite rationality, not so much from the patient's point of view as from that of the outside beholder; but that they were not efficient factors in the disease—they were effects, not the causes. The evidence in favour of that view seemed strong in many cases of psychosis. But in the more approachable cases of psycho-neurosis one must admit that analysis—the recall of earlier memories and phantasies—produced a very pronounced and beneficial effect, which was inde-

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pendent of any suggestive effect, independent of any autognostic effect, independent of the increasing of the patient's insight into his own condition and increasing the suzerainty of his intellect over the rest of his mind. Freud and his followers had definitely proved the course and the efficacy of these pseudo-memories, and said these should be accepted, and one should pass on to the consideration of how best the beneficial result could be explained. The beneficial result varied from patient to patient, and in the case of a psychosis this was often very small. In some instances, possibly, taking the patient back much into the past might do harm instead of good. The simpler cases of the war neuroses, as dealt with in the field very shortly after the mental trauma proved, he thought, almost like an experiment in the laboratory, that past experiences when dissociated from the mind under certain conditions did persist in some form, though it was difficult to say in what form, and it would be necessary to avoid too popular an explanation of it, and to consider it from the point of view of the general explanatory systems of psychology. He thought dissociated emotional experiences did persist in some form and continued to affect the mind, and that if these emotional experiences were brought back into a more normal relationship to the main personality the patient definitely benefited. He admitted that was a matter of degree, and in regard to some of the psychoses the degree might be slight, but it was very important that its value should not be under-estimated. On the other hand it, of course, did not exclude other factors as partial explanatory elements of mental disease, and also as factors of cure when acted upon. Undoubtedly treatment directed towards the present mental condition of the patient was of great importance, as also was prophylactic treatment in the matter of the social environment of the patient. But, without accepting the Freudian or the Jungian doctrines, one could at least say that this theory of continual working of earlier memories, especially if they were of emotional nature, also earlier phantasies, was a proved fact in psychology.

Dr. DEVINE desired to pay his tribute of praise to the authors for this paper, which was the finest and most balanced contribution on the subject he had heard. He also agreed with the opinion that there was no necessity for special technique in regard to mental cases. He had tried, to the best of his ability, to study a large number of cases psychologically in a tentative way, and he had never used the free association method, because he felt that in an asylum one had a chance to work very objectively. The patient revealed to the physician very much what the psycho-analyst tried to get out, and, as Dr. Mapother said, it was best to let the patient tell about himself, and then one got Nature's revelation of the case, not an artificial one. He also agreed that one did not find in one's cases proof of the theory of repression, as apart from the proof of something not being remembered, or which it was the wish to forget. He thought Dr. Mapother was quite right when he said this girl did not wish to tell what she knew all the time; it was what he (Dr. Devine) found very much in his own cases. It was that the patient did not wish to discuss certain matters with the doctor, and the whole process of negativism seemed to be a shutting away of those memories. He would give a greater significance to the content of the psychosis than Dr. Mapother did, in so far as he thought the content of her psychosis revealed, to an extent probably greater than the author would say, the nature of the cause of the disorder. The speaker thought the whole organism had to be taken into account in explaining these cases. This patient's case was described very beautifully, including her physical inferiorities. Dr. Devine assumed that she met with certain difficulties, physical and mental, before she broke down, and that the latter was because her libido, or life impulse, was defective; she was under-developed. Hence she went back into fantasies owing to her diminished capacity for adapting to the claims of real life. In a case of insanity, as in the one he was himself to describe that day, there might be various causal factors, but one could attribute it to a definite biological, perhaps inherent, defect of the organism, and the whole psychosis was the outcome of a specific form of inferiority. Thus the fantasies in a given case were important in respect to their content; they indicated the special direction in which the individual was biologically inferior. The matter was, however, a difficult one to discuss, and his object in rising was to say how much he appreciated the paper.

Prof. G. M. ROBERTSON desired to associate himself with the expressions of opinion which had already been uttered in regard to the very excellent paper

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which had just been submitted by Dr. Mapother. It was a stamp of paper which it would have been impossible to have written ten or a dozen years ago, and it represented the last word which could be said on the subject at the present time. If one looked backward and thought of the descriptions of mental disease of Maudsley, Savage and Clouston, one realised that there was no account of those late authors which in the least resembled the description and the account which members had just listened to. It could be admitted that alienists now possessed an insight into the nature of mental trouble such as was never possessed fifteen or twenty years ago. The case had been so thoroughly presented and worked out in every respect that one could deal with many points in connection with it. Dr. Mapother had more or less described his views on the nature of insanity and of the ætiology of mental disease, as well as his ideas on treatment. He, the speaker, did not propose to go through all the subjects referred to in the paper, but would speak on what apparently struck Dr. Brown as well as himself, *i.e.*, the ætiology, as it might be called, of the disease. As the author said, the ætiology in any case of mental disease was very complex, but he thought members could agree in saying that the condition practically always started off with a hereditary predisposition, as Dr. Devine had said, *i.e.*, with some biological defect. He, the speaker, thought that, wanting this, the individual, in ordinary circumstances, would meet with the troubles of life and overcome them. Secondly, he thought there was, nearly always, some form of physical disorder. Although at the present time members and others were greatly interested in the psychical condition of these mental cases, the work which had been done, and was still being done, on the physical aspect of mental disorder was equally important. He thought there must always exist a physical disorder in these cases, which tended to weaken the mental powers and to cause the overthrow of the mental balance, and so the morbid conditions were able to assert themselves. This physical disturbance, sometimes called the somatic preparation, was not always entirely physical, such as an intoxication; it might be emotional, and it was probably through the action of the endocrine glands in this case. But there was a physical disturbance of the nervous mechanism which predisposed to disordered action. And one saw the psychosis developing lastly, and the author laid stress upon this, that the nature and the content of the psychosis were two different subjects. Owing to the experience of the individual, certain mental characteristics asserted themselves, and although two persons might be subjected to the same hereditary influence and to the same physical disorder, if their mental experience was not the same, the content or the form of the psychosis was totally different. Lastly, one came to the practical point, namely, the treatment of the condition. There must be a combination; one must take a broad view of the situation. One could not affect the heredity except from the eugenic point of view, but the physical condition must be restored as far as possible, and there was no doubt that various physical measures, drugs and vaccines, with improved hygienic conditions if the physical state was improved, enabled the state of the brain to recover from its disorder. At the same time, with regard to the psychical aspect, he thought the amount of help which could be given varied enormously in different cases. Dr. Brown laid considerable stress on the help which could be given by psychic means. He, Dr. Robertson, said there could be no doubt that in a large number of instances that was so, and he believed that in the cases which were already recovering as a result of the restoration of the physical balance, an analysis and the presentation of the mental condition to the patient might be beneficial. At the same time he felt bound to admit that in definite psychoses, especially in the more acute forms, little or no benefit could result from psychic treatment. But, of course, that was no reason why psychic investigation should not take place. It added enormously to the interest of the psychologist in the case to make this investigation, and it enabled the symptoms of the patient to be understood and interpreted by the physician, and, when improvement had begun, it enabled one to help the patient to overcome his abnormalities. He thought that, in the more acute stages, little or no good could be done from this point of view, though help might come from it at a later stage. Another important point was the following: Many of the commoner psychoses met with were recoverable, and they were recurrent, and the knowledge obtained might help the physician during the stage when the patient was well. During the period of recovery the physician might help the patient to understand his difficulties, his worries, his repressions,

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his disordered emotions, in such a way that it acted as a preventive, and might stave off a relapse in the future.

Dr. MAPOTHER, in reply, said he wished to acknowledge, in one sentence, the kind remarks which had been made by all the speakers; especially did he wish to express his appreciation of the President's observations on the paper, and to say that without Dr. Bond's encouragement and suggestion the paper would not have been written. Still, everyone who had worked with and under Dr. Bond knew that when incited by him one did most things. He had the good fortune to be one of the original members of the staff at Long Grove, and he did not think anybody who shared that good fortune with himself would ever forget the influence Dr. Bond had on all the staff, and they would feel that any success they might hereafter achieve would have been due to him. With regard to the remarks of individual speakers. he was glad Dr. Brown agreed as to the need of confirmatory evidence; that was one of the chief points sought to be made in the paper. He also agreed as to the tendency of the psycho-analytic method to encourage fantasies. His own feeling was that the recurrence, in a psychosis, of either remote events or fantasies connected with the long past was due to their being in harmony with the mood of the present. But he agreed also with Dr. Brown when he said that he thought these fantasies in themselves had an effect, but he thought that effect was rather a secondary one. If a simile were permissible, he thought of it in a similar way that one conceived of a sequestrum in a case of osteomyelitis; long after the disease proper had ceased these sequestra might persist, and he thought the reaction to the fantasy might be the cause of the persistence of the psychosis. At the same time he thought the argument from results in neuroses, as well as in psychoses, was very much overdone—that it was riddled with fallacies, that the whole of medicine was littered with the remains of theories which were based on the same claim. It was not, perhaps, fair to the psycho-analytic school to demand production of their cases; it was difficult to produce cases. Reference had been made to the war cases. Some of them illustrated one fallacy, and that the simplest—that the improvement existed only in the mind of the person who claimed to have brought it about. Cases used to be presented as having undergone remarkable improvement, but it was sometimes an improvement which he himself had not been able to detect. One did not often get the opportunity of seeing other people's cases, but one was able to do that in the war hospitals. In many other cases the improvement was rather symptomatic, and the lasting tendency was still continuing, though perhaps the patient's interest or attention might be diverted in another direction. In many cases there was an improvement as a result of such treatments, but the improvement was really attributable to something else; there was something which Déjerine called "the therapeutic effect of kindness," and he, the speaker, believed that was very great. Another thing, and a very important one, was the patient's will to recover. That was a very important factor in all cases, and in private practice it certainly was evinced by the patient seeking out the psycho-analyst. During the war the great desire was to get out of the Army, and in asylums the same thing applied. In his own experience it had been very frequent to find that it was with commencing improvement one heard these stories—stories which could not be obtained at an earlier stage in the case, for often the story was too horrible for the patient to narrate. He saw that exemplified in a case in the previous week. It was the case of a woman who told a long story of sexuality all her life—all kinds of sexual misdemeanours. She was an alcoholic case, and this came out at a certain stage in her illness. In the earlier stage of it she was too agitated about the whole matter, but last week she came to him and unburdened herself of it, but this occurred only after improvement had commenced to set in. She was better afterwards, and a day or two ago she regarded it much more lightly. He thought that, apart from physical treatment, there was much to be done for these patients in the way of psycho-therapy, but it was mainly in getting the patient to adjust himself to existing relations, difficulties in patients' married lives, etc., and common-sense advice on such subjects had been the ordinary practice of psychiatrists, and he did not think there was much to be learned about that from psycho-analysts. He had been glad to hear Dr. Devine's agreement with him on two matters, namely, the absence of therapeutic effect from listening to the patient's narration, and the absence of a need for special technique. He agreed with that gentleman, too, when he spoke of the girl's libido being deficient. He, the speaker, believed

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that was merely an expression, in psychic terms, of a physical defect, and that was a point he himself tried to make in the paper he read when he spoke of the disease of the girl's ovaries and the stoppage or slowing down of her intellectual and physical development thereby, and the consequent retardation of growth and tendency to arrest of mental development, also the fixation and regression all essential features of the defective libido. He agreed with Prof. Robertson as to the all-importance of hereditary predisposition. He thought it was true, not only in the functional psychoses so-called, but it was certainly a very important factor in any psychoses, even when there was a grossly physical cause superadded, such as alcohol or some infection.

PAPER.

"Legislative Restrictions in connection with the Treatment of Incipient Insanity." By Dr. WILFRED COROLEU, Secretary of the Royal Academy of Medicine, Barcelona (see p. 470).

The PRESIDENT said the Association really felt much obliged to Dr. Coroleu for coming all this way to deliver his paper. It was true that the author suggested the title of the paper, but to be quite frank, his (the speaker's) object in saying "Yes" had not been exactly attained, because he was casting about to find some good place in the world which had more or less perfect lunacy laws. He had hoped the Association might have heard that they were not so rigid in Spain, in some ways, as we were here. However, it was not so. Spain had even more early treatment deterring than our own, because in order to secure institutional treatment a person must be dangerous, and between the certifying doctors was thrust another pair of doctors—municipal doctors—who decided whether the patient was to get treatment or not. However, his search was not in vain, because he discovered that in South Africa there was passed, in 1916, a Consolidating Act, called the Mental Diseases Act, 1916, which embraced nearly the whole of the wishes of alienists in this country, with the exception that it only allowed of institutional treatment without certificates for the very short period of just under fifty days.

Lieut.-Col. D. G. THOMSON said that while members were very grateful to Dr. Coroleu for his interesting paper, there did not seem to be in it much material for discussion. They had been interested to hear of the practice and the laws in the ancient Kingdom of Spain, and he, the speaker, would like to hear what was the practice in these matters in the Spanish-speaking countries of the world. He had seen reports from one or two of the South American mental hospitals, which gave the idea that they were not so much behind in these matters as they might be imagined to be. He referred particularly to Chili. Were the laws in that country based on the Spanish principle, which seemed to be the general principle throughout the civilised world? Or were they more on the lines which the President had just shown had recently been established in South Africa?

Dr. COROLEU (in reply) said the Spanish-speaking countries in South America were, in many respects, more enlightened than Spain herself. Spain was the mother, and her offspring had made more progress than had the parent; there they took up Spain's work and improved upon it.

PAPER.

"The School Medical Service in Relation to Mental Defect." By G. A. AUDEN M.A., M.D., F.R.C.P. (see p. 475).

Dr. J. J. F. E. PRIDEAUX said it was difficult to pick out of this paper the points one would like to discuss. One of the questions dealt with by Dr. Auden was as to whether intellectual and temperamental deficiency always went together in the same person. He gathered that the author considered this was the case. But the speaker would not have thought that temperamental deficiency was a necessary accompaniment of intellectual short-coming. Dr. Auden also spoke of testing the general capacity for control; and the speaker would like to hear what method he used for testing the control, because it was very important. The question came up again later on when discussing the emotional reactions of the feeble-minded as a class. He (Dr. Prideaux) objected strongly to the way in which the term "emotional" was used. He did not think the feeble-minded experienced, subjectively, very much emotion, and he believed that idiots suffered no emotion at

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all. He had based his views on experiments which had been carried out. But there was a general fall in the emotion, in a true sense, using the word in the sense of a subjective experience—an experience in the presence of some situation, and which facilitated, or opposed strongly, some distinctive impulse. That was now the best way of using the term "emotion." As generally used, the word signified something impulsive. As one went down the scale, one found these people were much more impulsive, and therefore he had tried to get some accurate work on this question of control of movements. Many tests had been done with the idea of showing impulsiveness. With regard to the special innate defects, among which was word-blindness, did he consider such should not be certified under the Epileptic and Defective Children Act? He, the speaker, had had much to do with schools for defective children, where, from time to time, these defects were found, and, as far as he could see, unless they were admitted to a special school there was nobody who would educate them. Another question related to certification was, Should one certify cases of pure temperamental deficiency under the Epileptic Children Act? That was a subject still in dispute. It seems that these children could not be educated at the ordinary school, and for that reason they must be certified under the Act, although not truly defective. Another point, which was one of difficulty with the authorities, was as to what "defective" meant. There were children who could not be educated at a special school, *i.e.*, apart from moral imbecility. At Cambridge, in connection with the Diploma in Psychological Medicine, there was a special allowance made for those who were studying mental defect, and six months' experience as school medical officer was allowed if it could be shown that the candidate was examining cases for mental defect.

Sir ROBERT ARMSTRONG-JONES said he had enjoyed Dr. Auden's paper very much, but on one point he did not agree with the author, namely, as to the slightness, or inadequacy, or insufficiency of the term "moral imbecility." That he regarded as a most important class of mental deficiency. These children had a "good shop window"; they were high up in their class at school, which class was generally the "ex-seventh," and yet no punishment was able to keep them from doing wrong; they would throw the cat on to the fire, steal, tear books, pinch other children, tell lies—in fact they would do everything which was morally wrong. He maintained there was a moral sense, not in the way of a fifth or a sixth sense, or the muscular sense, but a sense of the moral fitness of things, and hence he considered it was a very proper term to use. Out of the Physical Deterioration Committee inquiry the only distinct recommendation which was made was with regard to that. School medical officers were appointed in consequence of the evidence given before that Committee. It was the usual thing to decry a Royal Commission, the statement made being that nothing came of it, but out of the Physical Deterioration Committee's Report this appointment was definitely made. He did not propose to travel over the ground covered by the paper, but he did not understand what Dr. Prideaux meant by temperamental deficiency as opposed to intellectual backwardness. Temperamental deficiency was far more difficult to define. At Earlswood he was medical officer with that class for two years, and later he was recalled there as medical superintendent, which post he kept six years. He had also seen privately a fair number of children who came under the category of moral-sense deficiency, including a Harrow boy, an Eton boy, and boys from Charterhouse and from elementary schools, and he felt the definition "moral imbecility" which had been given was an excellent one to apply to these children who were backward in the moral sense.

Dr. J. F. BRISCOE said he thought they should be satisfied with such a term as "moral dwarfism": it was a term which had been handed down for generations.

Dr. F. R. P. TAYLOR asked whether he rightly understood the author to say that most moral defectives were intellectually defective also. If so, he, the speaker, disagreed. He had had considerable experience with these mental defectives, and he had found that "moral defective" was a very good term. These subjects were quite up to the standard intellectually; some, indeed, were what would be called the bright boys of the school.

The PRESIDENT said he would like to lay a little more emphasis than he had done in his address on the very real importance of that work. He had a feeling that the general body of this Association were lacking in cognisance of the amount of work going on both in this department and in the police-court field—crimi-

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nology; and it was only when one began to open reports of either government or local bodies, which did not ordinarily come into one's own run of work, that one was struck by the fact that here were two realms of work containing a vast amount of material, a great part of which was the psychiatrist's own, and it was being done by men whom the latter did not often meet, which was a pity. The Association was very proud to contain a certain number of medical officers of schools. It was, he thought, a pity some arrangement could not be come to for having a standing committee of members of this Association, including primarily those gentlemen, with others interested, and members of the associations to which school medical officers and others belonged. Such a standing committee would be, he thought, of great mutual advantage. The author had spoken of the prominence of the school medical officer and the training ground for his work, which was the school itself. Doubtless this is true, and up to a point rightly so. But the field of psychological medicine is wide, and to be a master of any one division of it demands at least some clinical experience in all of it.

Dr. AUDEN (in reply) said, in regard to the test of control, "the proof of the pudding was in the eating," and the only test of control was when the child controlled its actions. He did not think control could be tested properly or accurately, because it was under such an intricate set of circumstances—those which were included in the term "environment." With regard to the question of moral imbecility, he was looking at it from the point of view of psychology rather than the use of the term in the Act of Parliament which had been quoted, though he was coming more and more to feel that what seemed to be perverse conduct was due to a mal-adjustment to environment. The experience of institutions for the feeble-minded in America went to prove that if moral imbeciles came under care early, many of them could be, in time, taught to conform with the ordinary canons of an ordered society, and they might acquire, though perhaps late, that subjugation and that subjection to the group-mind which was necessary for the stability of society.

PAPER.

"Expiation Mechanism in a Case of Schizophrenia." By HENRY DEVINE, O.B.E., M.D., F.R.C.P.

The PRESIDENT, in thanking Dr. Devine for the paper, said this was an admirable description of a highly interesting case. Members had had the advantage of reading already a part of the case, and the author had done well to bring it up to date.

Dr. J. CARSWELL said he did not feel competent to follow the line of reasoning of the author, and probably there were others in the audience in like case. But he supposed one would not be far wrong in assuming that the interpretation in this present case, and the presentation of it, had been largely influenced by the teaching of Freud. It had always occurred to the speaker that Freud was particularly fortunate in the time at which his theories were presented—at any rate in the date at which they were given to this country. Probably some were getting a little tired of looking into test-tubes and into microscopes to find an explanation of human conduct, even of insane human conduct. At the time Freud came along with his teaching, the profession here had reached nearly a dead-end in pathology in regard to these states. And whatever else Freud had said—and much of what he had said he, the speaker, could not understand—it could be said that at any rate Freud had projected a new idea into our methods. So that, instead of looking into nerve structures and the influence of the fluids of the body on nerve tissues, to find the explanation of morbid feelings and ideas they ought to look at conduct itself as an explanation. And so Freud sent the minds of psychiatrists back to the experiences of life, and so far as the Freudian school had done that for the speciality, he thought it had performed a great service. He did not know that they were quite prepared to apprehend what was meant when they were told they were to look back to the unconscious, or to the subconscious; but gradually they were beginning to admit that there were past experiences which were at any rate material in the way of formation of habits of thought and forms of conduct, which had been entirely forgotten by us. That was plain psychology, before the days that Freud taught it; but that authority brought it into this field, so that in order to explain some mental cases it was necessary to hark

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back to the individual life-history. Having done that, there was, clearly, a great field for work in explaining the mechanism by which these patients had evolved their experiences in the past. Probably the chief value of such a paper as Dr. Devine had to-day read was to direct attention to the mechanism whereby those lost impressions and past experiences came to be effective in existing conditions and in an awkward and fantastic guise. There was no one who had had experience of mixing among men of great varieties of temperament who had not come across men with extraordinary habits of mind, but who were by no means insane. He knew a gentleman with the religious temperament, who did much good work; he was an inoffensive person and an acceptable companion, and normal in regard to the ordinary standards of the world. Yet he was known to have done some acts which appeared to be sinful in the company among which he was accustomed to move, though in other spheres of environment these would have been regarded as ordinary. But this man was so distressed by these acts that in his diary were entries such as "I did so and so, and I feel very sorry," and next day there would appear the entry "I bought" (naming a religious book) "and presented it to So and So"—that was his expiation. He, the speaker, did not doubt that millions of people did that sort of thing every day of their lives. They had to adjust themselves to the human environment in which they lived, moved and had their being, and when they did anything which did not correspond with that standard, they sought and obtained relief in expiatory acts. That such should happen in the insane was to be expected, and the mechanism by which such a state of mind was reached was well worthy of careful scrutiny and attention, such as Dr. Devine had given it in this paper. While saying that, he reserved all views as to the application of the Freudian interpretation of cases of systematised delusional insanity and other forms of obsessions, but that was quite apart from one's high appreciation of this paper.

Dr. W. BROWN said he had very much enjoyed Dr. Devine's paper. It was of extraordinary interest, and one felt that, as the President said, it was only one chapter in a long and interesting novel. Cases like that were better understood if one could relate them to similar cases, and the difficulty here was in finding other cases of the same extreme nature and sufficiently akin. While Dr. Devine was reading his paper, he, Dr. Brown, was trying to think of cases of types similar among the patients he had recently treated, and it occurred to him that a good analogy was provided by one in which there was a hatred of dirt—mysophobia—which one found in many patients. Recently he had the opportunity of analysing such a case in which there was a great fear of infection. This fear had broken out at the age of puberty; it was then resisted. Later it fell into abeyance and broke out again after a time, under the stress of a love affair. On the second occasion it became more extensive, and spread over a larger area of the patient's life, resulting in her taking a longer time in getting up and getting herself ready in the morning. She would always be using thoroughly clean towels, and her life became a burden to her and to her relatives. Such a case had close analogies to that which Dr. Devine related in his paper; there was a tendency in the mind for a reaction formation to occur when an impulsive tendency was stronger than normal. The patient tried to react to it, and reacted in an excessive way, and the effect of the reaction seemed to be to stimulate the original impulse to greater and greater activity. In the case he had just mentioned it turned out to be an excessive interest in her own excretions, an interest felt in early life, which produced a reaction formation, and the excessive repressive tendency produced an excessive desire for cleanliness, as manifested in a washing mania at eight years of age. It was more serious when it took the form of a fear of tuberculosis, and especially a fear that she might carry the infection to others. So that in Dr. Devine's case there were certain sadistic tendencies, which Freud considered to be primary, and there seemed to be some evidence in favour of that—tendencies towards cruelty, towards overpowering people, inflicting pain upon them, and especially upon those whom the patient loved. That had been felt to be out of harmony with the rest of the character, and so had called out a reaction tendency, and this was the origin of the expiation. This, in the nature of the case, became stronger and stronger. One was irresistibly reminded of the analogy of the electrical condenser, in which there was a small charge calling out an induced charge of an opposite kind, and that

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charge called out intensifying the original charge, so that there was a stronger and stronger bipolar charge on two sides of the dielectric. Here also one saw an effort at self-cure, an effort which was doomed to failure. The mind moved straight on in an irrational way; it feels there is a certain impulse or tendency, feels that it was not in harmony with the rest of the mind; then the mechanism of malevolence came in, reaction occurred, and the patient was so swept along by the actions and reactions that he never stopped to consider what was going on within him. The further he was carried from the normal, the more difficult was it for him to come back. But, as a result of experiences in analysing patients, one could say that this part could be traced in analysis, and the patients were relieved. He agreed with this particular line of explanation which Freud gave. In cases which the speaker had analysed himself, he had found that on going back into the patient's past and enabling him to retrace it and see the mistakes he had made in rushing to the opposite and giving himself up to the quasi-mechanical working of his mental forces, and showing him other ways out than that of crude negation, submission, etc., there was pronounced improvement. It would be very interesting to see a following out further of Dr. Devine's case, and watch what therapeutic effect would be obtained as a result of further analysis. In spite of the patient having been ill a long time, he thought the analysis was working out so accurately that one might expect pronounced improvement. That prompted him to ask the author one question, *i.e.*, what degree of improvement in the patient's condition had Dr. Devine reached to date as a result of his analysis.

Dr. J. CARSWELL, in further remarks, said Dr. Brown's narration of his case suggested that he, the speaker, might mention a similar case which he treated long before psycho-analysis was heard of in this country. The only way to usefully discuss these cases was to have control cases put alongside them. Many years ago he was asked to see an elderly lady who had not left her house for years. When he arrived she declined to shake hands with him, and it was a long time before she would consent to do so. And she would not allow people to come into the house, the explanation of both of which refusals being fear of infection. She was clever, and had considerable means. When she was ill practically everything was at a standstill; it was difficult to get along with her, and her house was the home of a recluse. Not having the benefit of a knowledge of psycho-analysis, and being merely a physician who trusted to the older methods of diagnosis and treatment, he diagnosed gout, and treated her for that. And she got well, and kept well so long as she was on a suitable diet, and so long as gouty manifestations were treated. She gave dinner parties, and lived until her eightieth year.

The PRESIDENT said he felt, with Dr. Carswell, that these lessons in expiation or compensation were going on in hundreds of people, and perhaps no one could altogether acquit himself of some such process; he personally did not think he would wish to, as he found them most useful. Dr. Devine's case was of twenty years' duration, and it showed the value of long-continued observation in chronic cases. He made that remark because of statements sometimes made in papers that it was only recent and new cases which required much attention. He was opposed to that; chronic cases often afforded the best possible chance for study.

Dr. DEVINE, in reply, said Dr. Carswell had stated that what was presented in the paper was a Freudian interpretation of the case; but he, the speaker, wished it to be understood that such was not quite the case—it was the patient's own interpretation. It was a purely objective study. The patient did not speak intimately for a year, and was partially inaccessible. Suddenly he spoke, and Dr. Devine made a complete note of what he said, without influencing him in any way. He, the speaker, did not look out for anything in particular, and he did not anticipate anything. He did not start out to prove any theory, and what he did find expressed he had never met with before. He had not had a good result in this instance, and scarcely anticipated one. But they had an advantage over therapists who dealt with recoverable cases of neurosis, in so far that suggestion was entirely eliminated. This was not a case which he had created or imagined; it was as much a fact as was the man's face, and it was entirely uninfluenced by the speaker. Therefore he thought it was rather an important case, in this way—that coming in this purely objective way it was surprisingly confirmatory of the basic principles of Freud, and that was a valued feature of the case. Dr. Brown had brought up an excellent example, and, as Janet showed

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one got an expiation process in psychasthenics, and Freud showed it was met with in neurosis, and here it occurred in a psychosis. It was met with, too, in mythology, in the Bible, and in children, and he thought it was a very natural thing to reveal, for what was insanity but an exaggeration of normal reactions? Unfortunately the patient was not better; he had an intense hatred of the speaker and of everybody else. He had only got four smiles out of him in two years, but once he said he liked talking to him. Under the mask-like faces of these cases there was intense life and mentality of a very interesting kind. In conclusion he wished to say what a pleasure it was to read this paper before Dr. Bond, to whom he owed so much.

MORNING SESSION.—THURSDAY, JULY 14TH.

The President in the Chair.

PAPERS.

"Chronic Bacterial Infections in Dementia Præcox." By W. FORD ROBERTSON, M.D. (Pathologist to the Scottish Asylums).

The PRESIDENT regretted there was not a larger audience to hear this not only interesting but very important paper. He thought those who were present might well feel commiseration for those absent who had missed so good a paper. The Association's gratitude was the more due to the author for having come so great a distance at,—as he, the President, happened to know—at no little personal inconvenience. In corresponding with Dr. Robertson he said that what the Association would like would be some sort of lead and guide as to the importance of each psychiatrist having a competent knowledge of bacteriology, not of its technique, because that all could not attain to, but of its principles and of the very great importance of the relation of psychological medicine to bacteriology, or, rather, of the relation of psychological medicine to general medicine, as expressed by the link of bacteriology. And he thought Dr. Ford Robertson had done that to the full, and in a very helpful and convincing way.

Dr. J. MIDDLEMASS said he rose to offer a few remarks only because he was requested to do so by the President, not for any special qualification he felt he possessed to discuss Dr. Ford Robertson's interesting paper. Probably all present would concur in the President's expressed regret at the paucity of the audience, and he would like to think the cause assigned by the President was the correct one, and that it was not due to apathy or lack of interest in the subject brought forward. He himself was not a bacteriologist, but he knew sufficient of the subject to be well aware that the amount of time which had been necessary to prepare this paper and to go through all the experiments and investigations involved must have been very great. He wished to thank Dr. Ford Robertson for all the trouble he had taken in coming here to lay before the Association his very interesting calculations and conclusions. He was glad to note that the author, at the outset of his paper, did not claim that bacteriological infections were sufficient to explain all the symptoms which occurred in the cases he had described; he stated, rather, that he recognised in all his cases a multiple causation. It would be admitted that in matters of controversy the *via media* was the ideal one; but when one was engaged in any particular investigation, and one seemed to have struck a particularly fruitful line of investigation, one's judgment was apt to be warped, and ideas were apt to be pushed further than they should go. All had heard about psychogenic causes of many diseases, and an interest in the present paper was that the author turned the matter on to another equally important line of investigation to explain many mental symptoms; and it would probably be found that the real explanation of many mental diseases and symptoms was, that there was a combination of various causes. One great merit of this paper was that the author brought another factor to notice, and that an important one. Another satisfactory feature was that Dr. Robertson did not limit his investigations to the cases of dementia præcox—the subject he specially set out to deal with. The first part of the paper contained a reference to a large number of patients who were not the subjects of dementia præcox, and he, the speaker thought that

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anyone who had to do with a statistical investigation of causation must recognise that before any satisfactory conclusions from an investigation could be drawn from a series of mental cases, there must be investigation of a large number of cases not suffering from mental disease at all. That point had been emphasised again and again on the part of those who were writing papers on statistics; but it was one which mental specialists were apt to forget. Before one could assign any particular factor as an important cause in the production of mental disease, it was necessary for him to ascertain the influence of that factor in those who did not present symptoms of any mental disease at all. That showed the value of Dr. Ford Robertson's method in directing his investigations to a large number of cases outside dementia præcox. But he would ask Dr. Ford Robertson to consider further the necessity for investigating cases who suffered from no mental symptoms at all, in order to ascertain whether the bacteria he had told the meeting about occurred to any great extent in these cases. The importance of this factor would largely depend upon the results of such an investigation. Dr. Robertson instanced a large number of cases investigated by him who were suffering from neurasthenia, which might be regarded as a closely allied symptom to a psychosis. Another difficulty he found in the way of a complete acceptance of the author's statements—and he knew Dr. Robertson would not accept the criticism in a spirit of hostility—was in understanding why these anaërobic bacteria were able to exercise such an apparently powerful influence in producing symptoms. He always understood that the lymphatic fluid of the body, and particularly the intestinal tract, was practically free to obtain as much oxygen as was required, and one of his difficulties was to account for the growth of these organisms under anaërobic conditions. In some of his cases the author instanced the occurrence of anæmia as one of the concomitant symptoms. If anæmia existed there was no doubt that in these cases there would be a smaller supply of oxygen than in healthy people, and that might be one of the favouring conditions of the growth of anaërobic organisms. Another difficulty he had was in understanding how it was one could get aërobic and anaërobic strains of the same organism. Perhaps the author would be able to tell the meeting how it was one could get practically the same organism grown under such different conditions. A further detail of the paper on which he had been reflecting was, that there was such a multiplicity of mental symptoms apparently caused by the same factor—the bacterial growth and the absorption into the system of the toxins they produced. Dr. Robertson had already said that many cases of neurasthenia, of insomnia and inhibition dementia præcox were produced by the presence of these organisms and their toxins. That was not a very serious difficulty, because one knew there was a great multiplicity of mental symptoms in different cases which, to all appearances, were produced by the same factors; in fact the author went on to emphasise what Dr. Clouston so often referred to, that mental disease was a unity. It was, Sir Thomas Clouston said, a multiplicity of symptoms, but, in its essence, it was practically one disease. Another thing which he thought psychiatrists would find of great importance and interest in regard to the cases which the author had described was to obtain subsequent histories. One felt, in reading many surgical and other papers, that one would like to know the subsequent history of the case, say, two or three or more years afterwards, after a certain operation was performed or a certain course of treatment carried out. It was not sufficient only to cure the actual attack, but one would like to feel that it had removed from the patient the possibility of subsequent attack, or, should a subsequent attack supervene, that a similar course of treatment would bring about a cure again. If at some future time there could be accessible a statement of the subsequent history of the cases now narrated, he was sure the arguments Dr. Robertson brought forward would be thereby much strengthened. One conclusion which could be drawn from the paper as a whole was the very great importance of having some laboratories to which alienists could have recourse in the more elaborate investigation of the causation and treatment of mental disease than could be carried out themselves in their small laboratories. Dr. Ford Robertson was himself the head of an ideal conjunction of asylums for the support of an investigation laboratory, and many years ago the speaker did his best to try and inaugurate a similar scheme in the North of England. Unfortunately it was not legally possible to do that, but he thought that since the passing into law of the Mental Defectives Act there was greater hope that such a scheme might be established. He was sure that if they

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had a laboratory in connection with the University of Newcastle, to which alienists could have recourse in the way Dr. Robertson had put before the Association to-day, it would represent a material gain. He felt that however much trust one might have in what Dr. Robertson had put forward, they who were engaged in this work would like to have the opportunity of carrying out a similar investigation in their own patients. At present they had very little facility for it, and that was one of the things one could legitimately urge in support of having University laboratories where mental cases could be investigated; it was a system which might with benefit be extended over England as well as Scotland. The President had referred to the Diploma in Psychological Medicine, and to the fact that in some of the Universities the course of training required to obtain that Diploma required a very prolonged course in bacteriology. In Newcastle University, which granted the Diploma, that had been found to be one of the great drawbacks to candidates who might think of entering for this distinction; they were required to attend a six months' course in the subject, and that involved attendance twice a week for six months—a difficult thing for an asylum like his own to arrange for, though it might be much easier for asylums which were situated close to the University. However, the subject was now under consideration, and he thought the solution of the difficulty might lie in removing this compulsory attendance at the course of bacteriology for the first examination, but making it a special subject for the second examination. Undoubtedly bacteriology was a subject which many asylum medical officers might wish to prosecute, and which it would be very useful for them to study, and if they were anxious to take up that study it might be arranged by including it as a subject in the second examination. He tendered his personal thanks to the author for his interesting paper, and he hoped it would lead to a useful discussion.

Dr. R. H. STEEN desired to add his thanks to those of others for the paper. He would like to ask Dr. Robertson whether he had correlated his work with the work of McCarrison, who found different organisms in the intestine which caused endemic goitre and also exophthalmic goitre. The late Mr. Robert Farrant, whose death all deplored, examined the fæces of a number of cases of dementia præcox at the City of London Mental Hospital, and the result, he regretted to say, was *nil*. Dr. Farrant found some aberrant forms, but further than that there was no result. At that institution a number of cases of dementia præcox were treated with thymol, with the hope of killing these aberrant bacilli, but there was a negative result.

Dr. ENGLISH (Canada) said he had listened to the paper with very great pleasure. He regretted he was not an expert bacteriologist himself. For this work he depended upon a man who had been assigned to him in part service. So far their reports only extended back a couple of years, so that the material was not voluminous enough to base statistics on. Dr. Robertson's paper showed he had reviewed a tremendous amount of work, and it had been a great pleasure to him to hear it.

A MEMBER (name declined) said there was one point on which he would be glad to have further information. In all these cases of infection or contagion there was a local source—at any rate that was the present-day belief. Even in the specific fevers, such as scarlet fever, there was a local source of infection; and by attacking that local source, even if the disease had developed, the disease could be modified. In the cases of dementia præcox, with the small amount of information given, one was led to look upon the pharynx and the nose as most likely sources of local infection. In the cases quoted to-day by Dr. Robertson he had laid special stress on the intestinal conditions, and the speaker would like to know whether the author looked upon the intestinal infection as the primary seat, or whether he did not think it came about secondarily to a primary focus in the nose or naso-pharynx. There were two ways of attacking the malady: one was by means of antitoxin treatment after the condition had developed, and the other was by bestowing attention on the likely or probable seat before regular symptoms had developed. In dementia præcox there must be huge infection, for even in ordinary people the mouth and naso-pharynx were very septic. The introduction of septic matter into the peritoneal cavity led to definite intoxication of the spinal cord and to the development of organic changes very like those in locomotor ataxy. It had been said that the intoxication occurred from the peritoneal cavity along the lymph spaces of the nerves. There was not much information available on the pathology of dementia præcox, but Sir Frederick Mott had demonstrated definite changes in the basal ganglia; and in that disease a large number of the symptoms—the

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physical ones particularly—pointed to the basal ganglia involved as the optic thalami. That seemed to confirm the speaker's view that probably the throat or the posterior nares might be the source of infection, because the infection was then very near the basal ganglia, and it had not far to travel along the nerve. He did not think the question of infection from the nose had received much attention. Many years ago—before he had himself taken up mental diseases—he was investigating lead-poisoning. Those present would know the cases which were called saturnine encephalopathy; these cases came on rapidly in people exposed to lead, especially those with a neuropathic tendency so exposed, and he then concluded that the poisoning probably occurred by some direct route. He had been interested to look up the anatomy of the subject, and he found that Quain's *Anatomy* stated that the lymphatics from the nose opened directly into what was then called the subarachnoid space. If there was the condition of nose so commonly seen in subjects of dementia præcox, and it was so easy for that infection or intoxication to pass up through the lymphatics into the skull-cavity, he thought that was a very likely source of infection. And in it diphtheroid bacilli seemed to play a rather important part. His own experience in bacteriology was unfortunately limited, but he recently had the case of a very unstable neurotic girl, who developed rheumatism of the post-scarlatinal or child-like type, and the sudden onset and the irregularity of the symptoms pointed to malignant endocarditis. The blood was examined, and a diphtheroid bacillus was the only one which could be cultivated from the blood. The treatment was devoted to attacking the throat as the possible source of the endocarditis if the latter was the correct diagnosis. When the bacteriologist found the diphtheroid bacillus he laid special stress on pushing antiseptic treatment of the throat. He understood from that pathologist that the commonest channel of diphtheroid infection was *viâ* the pharynx. He would be glad to hear the author's views on the points he had raised.

Dr. FORD ROBERTSON said that bacteriology in its application to mental diseases had become a special branch; the orthodox bacteriology of the text-books did not carry them far enough in the direction in which they wished to go. He had recognised in his paper that the evidence of the importance of these infective disorders in dementia præcox was incomplete; the next step was to investigate and treat a long series of cases. This he proposed to do. He agreed with Dr. Middlemass that it was necessary to take all the pathogenic factors into account in cases of insanity. He was well aware of the importance of the psychogenic factors, but so far he had left their study to others. The special importance attached to anaërobic bacteria was, no doubt, novel to many of them. The evidence of the neurotoxic action of the anaërobic streptothrices and diphtheroids was now too strong to be set aside. That some species of common aërobic bacteria could assume an anaërobic habit of growth, and even become incapable of growing under aërobic conditions, was a statement that was also rather unorthodox, but the accumulated evidence was unassailable. Many of the negative results of intestinal investigations in cases of dementia præcox were probably to be accounted for by the fact that anaërobic methods had not been used. He had not correlated his work with that of McCarrison, and would make a point of doing so. He attached far more importance to the selective action of bacterial toxins upon special elements in the nervous system than to the localisation of the infective focus. It was quite possible that the infections he had described did not start in the intestine, but higher up. This was almost certainly true, at least, of the pneumococcus and *Streptococcus pyogenes* infections. He thanked the meeting for the encouraging reception given to his paper.

PAPER.

"Change of Phase in the Psychoses." By THOMAS BEATON, O.B.E., M.D., F.R.C.P.

The PRESIDENT said Dr. Ford Robertson had looked at the question of dementia præcox from the bacteriological point of view, and it raised a great feeling of hope in one's mind as to the possibilities of treatment. So also did Dr. Beaton's paper. The latter showed that chronicity did not necessarily mean dementia, using that word in the sense of irrecoverability. It explained many worries of diagnosis. It helped him, personally, over the very case which Dr. Mapother so fascinatingly put before the Association. That case, when he saw her at Middlesex Hospital,

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was so truly typical of what was known by all as a confusional form, with delirious symptoms, that the occasion was taken to gather in some students for the purpose of conducting an informal clinical demonstration, the opportunity being too good to be lost. Yet later on that case was regarded as of the dementia præcox type. As Dr. Beaton had shown, that did not mean that either was wrong. At the end of his paper his remarks went far to explain what the old teachers used to emphasise, how intercurrent pyrexias did sometimes stimulate recovery, and that was part of the reason why thyroid tablets used to be given and pushed; also the clearing up of long-standing mental symptoms in furunculosis and tuberculosis cases. It brought to his memory a case he had known many years, a man with symptoms conforming to what is now termed paraphrenia. In all his experience he had not known a patient so persistently and daily maintain an abusive manner, directed towards him. He had hemiplegia, and never quite recovered power of movement, but on coming round from it he entirely changed in his attitude. He had not forgotten his former attitude, and his apologies for his former behaviour were most abject; the change of phase in him was very vivid.

Dr. J. CARSWELL remarked that he would not like this excellent paper to pass without at least saying how much he had enjoyed hearing it; the excellent clinical study had been most refreshing. And the manner in which the clinical aspects were adjusted to the pathological theory was so splendidly done that probably many would hesitate to follow in extemporary speech lest they should fail to do justice to so excellent a presentation, with the atmosphere so often fugitive when one wished to get right down in an intimate way with one's subject. And another thing the paper did, namely, to direct the thoughts of the listeners to an aspect of mental disease which, he thought, text-books universally failed to give to the student and practitioner. It was that if one was to call the abnormalities mental disease at all, they must conform to pathological laws, if those laws were right. There could not be a pathological law applicable to heart affections and not also to brain affections. The impression he got from the paper was the following: Taking the analogy of a heart affection, a man had rheumatism, or endocarditis. He recovered from the endocarditis with disabled cardiac valves. Then new processes were set up of a compensatory character. All that was called a heart affection. But the secondary and sequential conditions which ultimately led to failure were in the nature not only of compensation, but they obscured the real deficiency from which the patient was suffering. It was so with many of the mental cases which gave rise to differences of opinion, particularly those in the stage of mental confusion. Perhaps Dr. Ford Robertson and pathologists might be able to say why it came about that one case went through its confusional stage and recovered, while another case was followed by a sequential condition which could not be called confusion, and cannot be rightly called dementia, and, as Dr. Beaton showed, might all be cleared up by another attack of acute infection, setting up a confusion. These secondary changes gave to the course of a mental disorder the suggestion that came from the ordinary study of medicine, an illustration of which he had tried to present by referring to the case of the heart. The more the Association got studies presented to it like Dr. Beaton's, the more there would be a clarifying of views, not only as to the pathology of insanity—he did not mean the tissue changes—but the doctrines which explained the clinical symptoms, and would also help to interest the young men whom one did not find so keen to go into asylum work. An awakened interest would probably be aroused when it was realised that the wards of mental hospitals were busy with clinical studies.

Dr. BEATON (in reply) thanked Dr. Carswell for the very kind way in which he had received the paper. There was little to discuss in it, and he was not surprised that he had not been able to awaken the necessary cerebration to enter into such a vague subject. It was simply a matter of clinical experience, and the reason he thought of writing it was, the very grave practical difficulty he had recently had. He was repeatedly being asked to diagnose early cases, and he did not think it could be done. It might be all very well to talk about early stages of dementia præcox, but they could not be diagnosed. One did not know what phase a particular case was going to pass through, or what was likely to be the ultimate condition. He was very glad the attention of the meeting had been drawn to the text-book side of the matter, because the difficulties did not appear in those works; people read text-books and then came to mental hospitals asking to be shown the types of disease, and in the case of early types it could not be

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done, and the visitor did not seem to understand the necessity of waiting until a case developed further—until it had passed through several phases and began to settle down into one of the types. He regarded those types as secondary adjustments: they were the resultant of what had been occurring before. He did not think the confusional phase would be of much practical value in a chronic case of long standing. The whole argument was, that confusion occurring fairly early would break up the recently-acquired sentiments much more completely than it would break up the previously acquired sentiments, and if a chronic case had been going on for many years there was not much left of the personality except those sentiments, and it was not very probable that any adjustments would occur. With regard to the two types of melancholia patient, he thought what had been said represented a common experience; the melancholic patient was found to be full of remorse or of self-pity; the melancholic person was as an instance of reaction to environment, and when he had remorse, it was a reaction which depended upon something within. Therefore he thought that the self-pitying one, in whom there was hostility to environment, was the one most likely to readjust himself to social conditions, because his condition was dependent to a much greater degree upon environment than upon internal change. There could be a change from the remorseful state to the self-pitying one, and it was a newly awakened interest in environment which brought that about. He felt grateful for the discussion.

PAPER.

"The Problem of Prevention in the War Psycho-neuroses." By BERNARD HART, M.D., M.R.C.P.

The PRESIDENT said the Association was again fortunate in hearing a very stimulating paper.

No discussion took place because Dr. Hart was unavoidably unable to remain longer.

AFTERNOON SESSION.—JULY 14TH.

Held at Springfield Mental Hospital. The President in the Chair.

PAPER.

"Mental Hygiene and Prophylaxy." By Dr. HENRI COLIN (Paris). (See p. 459.)

The PRESIDENT said that by the kindness of Dr. Colin, members had enjoyed the opportunity of listening to a most interesting paper. If he were to attempt to enter into a discussion of the subject, either in opening or closing, he might easily absorb twenty minutes, and on that basis he assumed that two hours would be required for the discussion, which the arrangements for the afternoon did not permit. The same ideas as the author had described were germinating in this country, and a number of the members, he thought, would like to get into correspondence with Dr. Colin, who was at the hub of this movement which seems to have advanced further in France than here.

GARDEN PARTY.

Dr. and Mrs. Worth held a reception of members and their friends on the lawn of the hospital, where a band discoursed an excellent selection of music. Unfortunately a sudden change in the weather necessitated retirement to the marquee, where tea was partaken of by those who remained and much enjoyed.

MORNING SESSION.—FRIDAY, JULY 15TH.

The President in the Chair.

PAPER.

"The Problem of the Feeble-Minded in South Africa." By Dr. J. T. DUNSTON (Commissioner in Mental Disorders, Union of South Africa). (See p. 449.)

The PRESIDENT remarked that the Association had had, as he knew it would,

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a most interesting paper from Dr. Dunstan. Not only so, but it was most important for our own country, in regard to the measures it was decided to institute here. Dr. Dunston and he were not only old friends, but also old colleagues, but he did not know that either of them could boast of being very good correspondents. They had not met for about twelve years, but when they did recently meet, their long talk showed him, the speaker, that though they had not met for so long their minds had been working on precisely the same lines in regard to the specialty. The synthesis of suggestion which had been germinating for years was identical. As he said in his presidential address, the Union of South Africa had undoubtedly given this country a lead. There were many points he would have liked to allude to, but would content himself with naming the matters he hoped would be discussed. The first was, the ability to proceed further by ordinary regulation. That had its advantages and its disadvantages, and at the moment that process was not in fashion in this country. He had listened attentively to all the author's remarks on ethnology, because they were of the profoundest interest, and it was the greatest pity that money was not privately found to promote research into questions concerning the mental characteristics (normal and morbid) of certain races; they might soon be extinct, and we might thereby lose lessons of extraordinary interest. The author's mention of the Alexandrian Hospital showed that here again workers in the two countries were working on much the same level, because in this country we were opening two big institutions—one in North Lancashire, the other in London —for mental defectives.

Dr. G. E. SHUTTLEWORTH said it had been a great gratification to him to hear this admirable paper by Dr. Dunston on the progress which had been made in South Africa during the last few years in regard to the care and treatment of the mentally disordered. When he was in active consulting work, he was frequently approached, by letter and personally, by parents from South Africa, who desired to know what to do with their defective children. He believed there was at that time a special institution for such cases in Grahamstown, but that was the only place of the kind that he personally knew of in the Union, and that seemed to be very inadequate. He was pleased to hear that the matter was being taken up in all parts of the Union, and he hoped that, by-and-bye, there would be adequate provision for both public and private cases, the latter being children whose parents could afford to pay for their maintenance in a proper training institution. The history of the movement given by Dr. Dunston was similar, on a compressed scale, to that in England. First, there was the philanthropic movement sixty or seventy years ago, which had as a result the founding of voluntary institutions such as those at Earlswood and Colchester, and the Royal Albert Institution. As time advanced, a number of societies became interested in children, and charitable efforts were made to reclaim them when mental abnormality was recognised. This eventuated in the establishment of homes of another character, most of them small voluntary homes, and, what was more, in the formation of special schools on a large scale; in these some fifteen thousand children were under education at the present time. That brought to light the element of mental defect, of greater or less intensity, in a very large section of the population. Then, of course, the question arose as to what was to be done. After a good deal of discussion, and—at first—disappointment, the Mental Deficiency Act of 1913 was passed and became law, though it could scarcely be said to have come fully into force even now, owing largely to the war and the consequent financial depression. Hence the accommodation for those needing life-long care was, at present, quite inadequate. That state of things was, however, gradually, by temporary measures, such as the use of disused workhouses, being to some extent met, but he thought it would yet be some years before there was full enjoyment of all the resources which were foreshadowed in the Act to which he had referred. He asked if Dr. Dunston could tell him of any institutions in South Africa other than the Alexandra Hospital which were specially adapted for mental deficiency cases, as distinct from cases of actual insanity; also whether there were, in the Union of South Africa, any private institutions.

Dr. J. G. SOUTAR said this meeting of the Association would be memorable for many things, and for nothing more markedly than for the extraordinarily interesting circumstance that in the old countries of Europe and in new countries, too, it was found that the minds of men were working strongly in one particular groove to effect the solution of a very difficult problem. Members had heard from those who had spoken from Spain and from Canada at the different meetings, also from

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South Africa, that exactly the same problems were in the minds of men who were dealing with the particular work in which the Association was interested. England, France and Spain, as old countries, were learning a good deal from the new countries which were solving their problem in their way, and the new countries could learn from the old countries the failure to recognise that the movement ought to have been more steadily progressive in the liberation of treatment from purely legal restrictions. What struck him as being of enormous advantage in the system which had been pursued in South Africa, was that they in that country were recognising that mental disorder was a unity from start to finish, and that the differentiation, which had been so markedly established in this country, in separating mental disorder according to the age of the individual, perhaps, or according to the particular manifestation of it, was altogether artificial. An intensely interesting part of Dr. Dunston's paper was that in which he referred to the mentality of natives in South Africa. He showed how very important it was, in dealing with various constituent races of our great Empire; that psychological consideration should not be left out of account in dealing with those races. It was not accurate to speak of them as an "inferior race," but as a race possessed of peculiar qualities which required special environmental conditions for the best and fullest development of these qualities. But to expect them to come up to the standard of other races which possessed a totally different mental make-up, was to place upon those so-called inferior races a restrictiveness, and to make a call upon them which was absolutely certain to bring about disaster and failure. The inquiry which Dr. Dunston had indicated showed that psychiatry was not only concerned with cases of mental disorder, but that the knowledge derived from this study was a highly important factor in the government of people. Less in the curative and more in the preventive sphere, as the principles of mental hygiene prevail, will psychological medicine prove the wide range of its utility.

Dr. F. H. EDWARDS wished to assure Dr. Dunston how deeply he, with others, had appreciated his all too brief remarks on the aborigines in South Africa. The author did not differentiate between those races. We knew little of them in this country, but some who were students of anthropology realised that there must be marked differences in psychology between the Basuto, the Kaffir, and the bushman belonging to the different periods. It was singularly unfortunate that we had no collected work, so far, on the mentality of the earlier races, especially from the morbid psychological standpoint. Practically all his reading had been confined to the observations of missionaries or other travellers, and, to a large extent, owing to the lack of special knowledge, they mislead. Last year, at a Congress of the Church of England held in London, a certain bishop assured him he had been asked to try and destroy a were-wolf which was haunting the village, and that he had gone out with his gun—the incident happened in the author's area—and, in the darkness, had seen the leopard coming across the open clearing. He fired and brought down a leopard, but it got up again and the bishop followed it into the jungle. In doing so he arrived at a little hut in the clearing, and found a Hottentot in the last stages of dissolution, and extracted from the man's jaw the bullet which he had fired at the panther or leopard. That was the kind of story which was told over here, by missionaries and others, and it would be a matter of great interest to students over here if further information could be obtained about some of these earlier races before they had become altogether extinct. It was of extreme interest to realise that one could not give the civilisation of the white races to certain of these earlier races. It was known that in Australia a race had practically become extinct as a result of an endeavour to civilise it, and he took it that in the South African Commonwealth there was that extraordinary distinction between races. Some were in a condition to go into mines and work, others could be employed in agriculture, while some were unemployable.

Dr. C. CALDECOTT much appreciated the President's invitation to him to speak, but he was not present to hear Dr. Dunston's paper. With regard to the remarks about the nigger mentality, all he could say now was that about forty or fifty years ago, at the time of the Ashantee war, Col. Lanyon brought home from South Africa the son of the King of Ashanti. His name was Kofi Nti; he was brought to their school, and remained there seven years. With regard to his educational capacity, he was at first found to be highly intelligent, *i.e.*, in the first year he rapidly went through the ordinary teaching, which even included elementary mathematics, but after the second year he learned nothing at all, and could not be moved

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further up in school. He was Prince of Ashanti at the time, and presumably one of their most educable. As a matter of historical interest it happened that he, the speaker, as medical officer of an institution for mentally deficient, had the privilege of working under the Lunacy Acts, at the Colchester Institution, in January, 1886, the year in which the Idiots' Act was brought into force, but its enforcement was postponed until March owing to difficulties in the Government. In 1914 the new Mental Deficiency Act came into force; therefore he had worked under all three measures. The institutions he had worked in were charitable ones. There was some difficulty in the old institutions getting their working schemes in accordance with what the authorities desired, but he felt that there was nothing which need cause trouble if there were a little amicable discussion. But as they had still to work as a charity during the last few years, it would be understood that their difficulties were great. He understood Dr. Dunston to say that the Binet tests did not apply for the natives; did he mean thereby that the Stanford revision also did not apply? It was known that the Binet tests had to be altered, because they did not apply in many ways, even to ordinary mental deficiency. Personally, he thought the revised tests might be satisfactorily used.

Dr. W. M. ENGLISH said he had been very much interested indeed in Dr. Dunston's report of the active steps being taken in Africa on the subject of mental hygiene. And results were being obtained there. It would no doubt take a long time to educate and to isolate those who required it. How far this rapidly-developing population could be educated was a great question. In America, especially in Massachusetts, they were making wonderful advances in the congregation and isolation of mental defectives; and a little was being carried on in this way in Canada too, though in the latter country they were really only just waking up on the question. Men from this country had been kind enough to come over, and he understood that they were shortly to come again, at the invitation of the several provincial Governments, to give aid in this most essential work.

Dr. DUNSTON (in reply) thanked his hearers very much for their kind reception of his attempt to put the position of affairs in South Africa before them. In answer to Dr. Shuttleworth's question, they had an institution in Grahamstown, which was built for defectives to be educated in. It became necessary for the lowest grade idiot the country produced. There were no private institutions there at all. One or two nursing homes had been licensed, but they were only for the temporary treatment of patients who were suffering from some acute form of mental disorder which appeared likely to be recovered from in a few days. There were many tribes in South Africa. Only the Hottentots and Bushmen appeared to be dying out; all the others seemed to be thriving, and were increasing their populations faster perhaps than the white population. In this the Bantu people were included. Most of the other tribes did not vary much in the matter of mental capacity. The Zulus were much more warlike than the Basutos or the Kaffirs. In fact there might have been no Kaffirs at all in the country if the Zulus had had their way. In their native state they all seemed to be lazy and improvident, and it required a good deal of stimulus to keep them steadily at any kind of work. The expression "working like a nigger" as usually applied was quite out of place, for the nigger did not believe in doing anything unless someone was looking on to see that he did it. There was a very important economic factor which might make a great difference, *i.e.*, that huge tracts of territory in South Africa had been set aside purely for the use of natives, in which they lived their kraal life, and were out of touch with civilisation generally. It might be that these reserves had a great influence in preserving the races. Every employee at the mines and elsewhere wanted to go back to his kraal or village for six months in each period of about three years. This also had a bearing on the question of mental calibre. If, as time went on, laws were modified and the reserves were not kept as strictly as now, the tribes might begin to die out. He had been very interested to hear Dr. Caldecott's remarks about the Ashanti Prince. One of the first things he read of in South Africa was an article by a very intelligent missionary lady, who ran a very well-established school. She found that up to the age of puberty the children got on rapidly, but at the age of puberty progress stopped and they became duller mentally. That seemed to be the experience of many people. He agreed with Dr. Soutar that psychological medicine would never come into its own until it was recognised that it had something to do with every branch of human activity.

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Rules Under the Registration of Nurses Act.

Dr. Bedford Pierce said it would probably interest members to know that an important step was taken on the previous day with respect to the registration of nurses, in that the Minister of Health signed the rules which had been framed by the General Nursing Council. Therefore those rules were now statutory. They regulated the conditions under which nurses were to be registered. They did not deal with nurses in the future, but with those styled in the rules "existing nurses" and "intermediate nurses." "Existing nurses" were those who completed three years' training prior to November, 1919; "intermediate nurses" were those now in training who would complete their three years' training before July, 1924. A particular part of interest to the Association was, that there was a separate section for mental nurses, and this was divided into two parts: (1) Those who were mainly nurses dealing with the insane primarily; (2) those engaged in the nursing of mental defectives. In both those subdivisions the certificate of the Medico-Psychological Association had been formally accepted as providing evidence of sufficient training. That was very satisfactory, so far as it went. The future, however, was not quite so clear. It must be borne in mind that there had now been created a new profession, that of nursing, with a definite statutory position in the country, and the law intended that in the future these nurses should manage their own affairs, very much in the same way that the medical profession managed its own affairs. The body which was to do this was the General Nursing Council. That, in the future, would be very largely constituted by elected members, *i.e.*, persons elected by the registered nurses. Therefore, if the section of nurses which this Association was primarily interested in, the mental nurses, was to have a voice in the future management of the nursing profession, they must become registered nurses so as to have the right to nominate members to sit on the General Nursing Council. At the present time that Nursing Council was singularly void of any representative of mental nursing; he himself was on it, but he was not a mental nurse. The only representative of mental nursing was a male nurse; there was no woman representative of this particular branch. He, therefore, hoped the new council which would be elected in 1922-3 would be differently constituted.

He felt sure members would be glad to hear the news he had just imparted, and that the certificate, which had been worked at for so many years and of which they were so proud, had been formally recognised. (Applause.)

The President said he desired to take this opportunity of expressing the Association's great satisfaction that they had been able to have with them at this annual meeting two of their corresponding members, one a representative of France, their old friend, Dr. Henri Colin, and the other from Spain, Dr. Coroleu. And he repeated what he said at the beginning of the meeting—the pleasure felt at having present Dr. English, the representative from America. It was a great encouragement to have delegates join them in this way. The Association had received letters of regret at not being able to attend from practically each Dominion of the Empire, and of all these friendly messages due record would be made.

A further matter was, that certain resolutions ought to be passed, resolutions so clearly required that if this were not done the President could be rightly blamed for an important omission. On the previous day many of the members enjoyed the kind hospitality of the Committee of Springfield Mental Hospital, and he was quite sure the meeting would wish that to be fittingly recognised in a letter. And perhaps he would be authorised to forward a similar letter in regard to this afternoon's programme of visits.

This was agreed to.

Lastly, the Dinner which was held was, he hoped, very enjoyable, but he did not think it was generally known to whom the arrangements, so well carried out, were due. The arrangements were left in the hands of a committee, consisting of Dr. Chambers, Dr. Edwards, Dr. D. W. Smith and Dr. Worth. He knew well the tremendous labour it had been to those gentlemen, and to some wizardry on the part of Dr. Edwards was due the serviceable arrangement of the printed dinner list, although the printers had at first said it was impossible to get the work done earlier than ten days after the date fixed for the dinner. And he specially wished

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thanks to be given to Dr. Worth for his Herculean labours, which he, the President, watched with sympathy and admiration.

Expressions of thanks were unanimously passed.

The PRESIDENT also proposed that the President and Council of the Royal Society of Medicine be thanked for the use of the admirable rooms for the meeting, which had made all the difference to the success of the gathering.

This was also heartily agreed to.

PAPER.

"Psychology and Psycho-therapy." By WILLIAM BROWN, D.Sc., M.D.

The PRESIDENT said he was sure those present had most thoroughly enjoyed listening to Dr. William Brown's contribution, which had been eminently constructive, not destructive. It was what one would expect from the Reader in Psychology at Oxford. While members would deplore the fact that Dr. McDougall had relinquished that post, they were glad to know that his successor was Dr. William Brown. He did not propose to attempt to discuss the paper, but, beneath it all, one felt that a man who could do the class of work outlined in the paper must be steeped in the humanities. It was not because of a man's abilities in the matter of Greek or Latin, as they were mere tools to enable him to become interpenetrated with the humanities, and that was also necessary for the philosophic attitude which Dr. Brown realised as a necessity. He hoped that the short time available for discussion on the subject would be valuably used.

Dr. J. CARSWELL said he did not think anyone could fail to appreciate the lucid exposition of the subject which Dr. Brown had given, and if remarks of a critical character were offered, he asked Dr. Brown not to regard them as hostile in intention. The new orientation presented was bewildering, and he thanked Dr. Brown for having, to some extent, relieved him of his lack of orientation in regard to it. He was very pleased to hear Dr. Brown end with the much more understandable statement of the position he took up, as to the necessity of combining psychological studies with philosophical habits of mind. He was glad Dr. Brown departed from what appeared to be, in the earlier part of his address, an assertion of the need—which would be appalling to those at the speaker's time of life—of reading and studying the great philosophies before there could be much hope of understanding psycho-therapy. He was pleased to discover, towards the end of the speech, that all he meant was that philosophy was not contained in the learned books but in the minds of men, in the emotions of human beings; and that all he could ask one to do—what he, the speaker, claimed and hoped even psycho-analysts would always do—was to bring to bear the ordinary standards of what appealed to sane and reasonable men. There was no need for him to invoke the name of James and his pragmatical philosophy in support of that position. No man could have the scientific standpoint in life who was not characterised among his fellows as a man of common sense. He feared some of their psycho-analyst friends had been impatient about that. Someone had said that common sense was common ignorance. He was glad to notice in Dr. Brown's address an absence of that kind of thing; it would encourage a further study of the position. He was glad also that Dr. Brown emphasised or justified the attribute of the "religious outlook" on life which the physician might impart to his patient, or which the patient might discern in his physician, even if it were only subconscious. He therefore did not need to offer any apology for quoting one of the greatest preachers and ecclesiastical leaders Great Britain had ever known, a great philosopher as well as a great theologian—Dr. Thomas Chalmers. He once preached a sermon which, until recently, used to be read by young men in Scotland as a model of exposition. It was known as the great sermon on the expulsive power of a new affection—a title given to it by Chalmers himself. If Dr. Brown could find time to read that, the speaker thought he would find justification for much he had said to-day. The same method had been known and organised with very successful results in religious and ecclesiastical spheres by the Jesuits. Every melancholy patient resented being told to buck up and knock that nonsense out of his head and get back to work. But if the well-groomed physician spoke to him in sympathetic tones the patient would feel drawn to him by the show of sympathy, and the physician would have some power over him. One of the outstanding blots on medical treatment was the failure to treat scientifically the inebriate. He would take, for an example, the adolescent inebriate At nineteen or twenty years of age the youth began to drink alcohol

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to excess, and by his thirty-fifth year he was a confirmed inebriate. It was regarded as an inherited or acquired fault in a person with a psychopathic constitution; and there was much to justify that view. But psychiatrists had never been able to treat these cases successfully. Had psycho-analytic methods yielded results in that class of case? It was believed to be of combined psychic and physical origin; could the psycho-analysts disentangle the physical entirely, and make the case a purely mental one? If the psycho-analysts could point the way to removing this stigma on their special branch of the profession, many would be most grateful to them.

Dr. BEDFORD PIERCE said all present had been fascinated by this paper, and perhaps few felt competent to criticise it. He did not himself venture to say anything in the nature of criticism. He asked whether Dr. Brown had been in any degree successful by any psycho-therapeutic method in directly assisting a melancholic patient. They should be capable of help, seeing they had intelligence and desired to be helped.

Dr. SOUTAR said he knew Dr. Bedford Pierce had helped many a melancholic patient by psycho-therapeutic methods, as he had been applying the method for many years; it was simply that he had learned these methods so completely that they had dropped down into his subconscious mind, and so he was applying the practice without knowing it. The subject was too large to discuss at the end of a heavy meeting. With regard to the psychologist being a philosopher, one might call him a philosopher, but after all, one required to be a man of the world and to understand human nature, and the effect of environmental conditions upon different types of nature. It was summed up in having a good knowledge of the world and of human beings, and the capacity of putting oneself in the position of the type of person who had come for assistance. One must be able to realise how the difficulties they had experienced and continued to experience appealed to them, and not to oneself only. In reference to Dr. Carswell's remarks as to religion, the physician must realise that religion was a real thing to many patients, and he must be sympathetic towards it, and help them to adjustment on the lines of their particular mode of reaction. At the present time a very large number of people, particularly women, were finding difficulties with regard to their religious life. They were recognising that the well-established conventional restrictions did not appeal to them as truth, and yet they could hardly throw them off. And the conflict existed between the two until they recognised and realised that they had a right to be true to themselves, which, after all, was the best type of religion. That was where conflicts came in. A particularly pleasing thing, he thought, in Dr. Brown's paper was, that he recognised that many psychiatrists hesitated to use the word "psycho-analyst," not because they did not believe in analysis —they had believed in it long enough—but because there had been attached to the term a preconceived theory which they did not accept. To start out on a process of investigation with a preconceived theory and determine that one was going to bring every little incident in to square with that theory was unscientific. But to investigate the mental history of a patient was just as necessary as was an investigation of physical histories in the individuals who came before the physician. When a patient came to a surgeon with a pain in his right iliac fossa, the surgeon did not fail to ask whether the patient had attacks of colic in his early days. The same applied to the history of a patient's mental make-up which one obtained by psycho-analysis. Members were very much indebted to Dr. Brown for this moderate and very understandable exposition of what he, the speaker, regarded as an organising of methods of investigation into mental cases and methods of treatment which had been long recognised as the appropriate ones. The great advantage nowadays was that people were more alive to the necessity of coming for advice in the early stages of mental disorder, at a stage when they could understand their difficulties, and when they could be readjusted on the basis of understanding and knowledge.

Dr. WILLIAM BROWN, replying on the discussion, said Dr. Carswell, in discussing the contribution, had been all too kind in his remarks about it; there were some things he (Dr. Brown) ought to have brought in, others ought to have been considered at greater length. But he hoped he had not given the wrong general perspective when he emphasised the contention about philosophy. By philosophy he meant a little more than common sense, though he realised that that in itself was

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an outlook on life. He was thinking, rather, of something which would not necessarily take the place of, but at any rate would supplement, religious beliefs, that, under the influence of criticism and under the influence of education, were becoming much less clear cut and pictorial to one's patients, as to other people. He felt that in many patients this difficulty was a great one: they knew what their repressions were and how they could solve them. They might get relief, but they were vaguely aware that they might get another conflict, and they experienced a conflict higher up on the moral plane. The alternative was to say: "Don't worry about that; let us get on with the analysis"; and one went on month by month laying the mind bare. One said: "I have no philosophy; all I know is that the moral distinctions of the present day are not entirely satisfactory; you must find the truth yourself." That was rather hard on patients. In some cases it worked, in others it did not. One heard stories of that kind from the clergy at the present day. Clergy were now getting experience of persons who had been psycho-analysed and had had their general religious outlook disorganised thereby. He agreed that modern terms were appalling; even Freud admitted that. And Freud had made great changes in his general theory recently. In his last pamphlet—*Jenseit's des Lustprinzips*—he modified his theory of dreams, though up till then he said the one thing which stood firm was his wish-fulfilment theory of dreams. There was another principle at work, the repetition principle—*Wiederholungszwang*—the tendency for experiences to repeat themselves. Freud now admits that this impulse cannot be subsumed under the pleasure-principle, but must be added *ab extra*. But, curiously enough, Freud does not like anyone else to suggest changes of theory; if left to himself, however, he quietly introduces modifications from time to time and his followers docilely follow him in these changes. With regard to James's pragmatism, he had heard a Frenchman describe that as "not a philosophy, but a way of doing without philosophy." No metaphysician claimed to produce a complete philosophy or system; he simply said one must have as an ideal one all-inclusive system. With regard to results being poor in the case of inebriates, he was aware of that. With suggestion-treatment one could get temporary benefit, and as long as one kept in touch with the patient, when he got another outburst he could have further treatment. Analysis enabled one to see some of the mechanisms at work—disappointment, jealousy, etc., sometimes homosexuality. One felt there was not only obvious heredity, but symptoms pointed to physical and physiological as well as psychological factors. In speaking of psycho-therapy he hoped it would not be thought he depreciated physio-therapy, which must be used: psycho-therapy was, it seemed, only a small portion in every case. In one's interactions of mind and brain there was a vicious circle; as soon as the mind went wrong the brain went wrong, too, and though one got a "purchase" on the brain through the mind and on the rest of the body—the other side had also to be considered in so many cases. The intractable nature of the illness, whatever psycho-therapeutic methods were employed, constituted a most important physical factor. One could watch patients in different phases and get a quasi-physical explanation. For example, in manic-depressive insanity the cycle from the depressive to the manic stage and conversely was more like a physiological process than a psychological one. Dr. Bedford Pierce referred to melancholia; he (the speaker) could well believe that Dr. Pierce could get good results in melancholia, because these patients responded to a readiness to understand them, but they were very difficult cases, even if one could spend a long time with them. But those who were working in institutions must be especially impressed by such cases. Suggestion-treatment helped, especially if they were put on the look-out for the law of reversed effort. All these patients had a fear that the opposite would take place. They said one's words were comforting, but a little voice told them that the opposite would occur. It was not repression, but a subconscious fear. All these patients had that fear. Dr. Soutar said the psycho-therapist should be a man of the world. That was what Plato said: he meant by philosopher the man of wide outlook and deep insight into humanity, and the humanities were humanities at the time Plato wrote. It was only since then that philosophy, at certain epochs, got a bad name through its dry-as-dust exclusiveness and the tendency of its votaries to live the life of the recluse. It really involved the mental putting of oneself in the place of the patient. If there was one thing more essential than another in equipment it was this readiness to put oneself in the position of the patient—to see the world through the patient's eyes. That was the process which

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was always going on; it was that which made the strain of this work so real. It was not merely recording what the patient was saying, but trying to attune one's mental processes to his. With regard to religion, he did not agree with Dr. Soutar that it did not matter whether the physician had religion or not. Patients themselves were very sensitive in this matter, and they quickly summed up what degree or intensity of religion the physician had. During the two years since the war, in treating civilian patients he had had to reconsider his own religious beliefs more and more, because he had found that what he had to say must be said with conviction. If he did not believe it it did not help the patient, but disturbed him still more; patients were on the edge of believing or not believing, and a sign of deficiency or uncertainty in oneself merely made the patient worse. It was not one's irreligion which disturbed them, but the uncertainty in attitude in these matters.

This concluded the meeting.

THE DINNER.

The Dinner was held at Connaught Rooms, Great Queen Street, and was presided over by the President, Dr. C. Hubert Bond, C.B.E., and supported by a large gathering of members, both honorary and foreign, associates and ordinary. The guests included members of both Houses of Parliament, the Church, several Ministers of State, the Navy, Army, and Pension Medical Services, the Lord Chancellor's Visitors, the Lunacy Commissions of England, Ireland and Scotland and South Africa, the University of London, London County Council Asylums Service, Metropolitan Asylums Service, medical societies, and many distinguished surgeons, physicians and famous men of science and literature. Space will not permit the publication of a complete list of those present, and a few representative names must suffice: The Lord High Chancellor (Lord Birkenhead), Sir Alfred Mond, Bart., M.P. (Minister of Health), Lord Southborough, Lord Dawson of Penn, the Lord Bishop of Worcester, Lord Justice Atkin, Surg. Vice-Admiral Sir R. Hill, K.C.M.G., Lt.-Gen. Sir John Goodwin, K.C.B., Sir Lisle Webb, K.B.E., Sir Claud Schuster, K.C.B., K.C., Sir Arthur Robinson, K.C.B., Sir George Newman, K.C.B., Sir James Crichton-Browne, the Hon. John Mansfield, Sir Robert Armstrong-Jones, Sir William P. Byrne, K.C.V.O., Mrs. Hume Pinsent, Sir Marriott Cooke, K.B.E., Dr. Sidney Coupland, Mr. A. H. Trevor, Mr. S. J. Fraser MacLeod, K.C., Lt.-Col. B. T. Hodgson, C.M.G., Dr. R. W. Branthwaite, C.B., Dr. Hamilton Marr, Dr. W. R. Dawson, O.B.E., Dr. J. T. Dunston, Sir Reginald Blankenberg, Sir Sidney Russell Wells, Mr. H. F. Keene, O.B.E., Mr. W. C. Clifford Smith, O.B.E., Sir Duncan Mann, Sir Berkeley Moynihan, K.C.M.G., Sir Dawson Williams, Sir William Job Collins, K.C.V.O, Sir Walter Fletcher, K.B.E., Dr. Henry Head, Sir John Bland-Sutton, Sir William Hale-White, K.B.E., Sir Frederick Mott, K.B.E., Mrs. How-Martin, Dr. Henry Colin, Dr. W. M. English, Dr. W. Coroleu. In all some 150 members and visitors were present, the President acting as immediate host to the daïs, while the Treasurer, General Secretary, Editors and other officers of the Association represented him at the several tables.

"THE KING."

The PRESIDENT submitted this toast, and it was pledged with loyal enthusiasm.

"THE LEGISLATURE."

The PRESIDENT, in submitting this next toast, said: My Lord Chancellor, Sir Alfred Mond, My Lords, Ladies and Gentlemen,—That this toast is not usually on our programme marks no lacks of respect for that august assembly, but rather an exercise of self-restraint, enabling us the better, when fair occasion calls, to take her by the hand and proclaim our reverence. Verily we have good reason to revere, for of all departments of organised knowledge, and especially of medicine, none is more dependent on the goodwill of the Legislature for its practice than psychological medicine. And for progress in our specialty, most truly—if I may say so without disrespect—that body "yet holds the eel of science by the tail." Wherefore our reverence is coupled with entreaty to grant us that measure of relief which we believe will set free our medical activities without in the least endangering the personal freedom of citizens. Fellow

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