

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

THE usual Quarterly Meeting of the Association was held at the British Medical Association House, Tavistock Square, London, on Wednesday, February 25, 1931, when the chair was occupied by the President, Dr. T. Saxty Good, *O.B.E.*, *M.A.*

MINUTES.

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

OBITUARY.

The Late Prof. Piltz, Cracow.

THE PRESIDENT said that he regretted to have to announce the death of Dr. Jan Piltz, who was made an Honorary Member of the Association at the Annual Meeting last July, at Oxford. He asked Dr. Lord to say a few words on this sad event.

DR. LORD said it would be within the recollection of members that Dr. Piltz was a very breezy and enthusiastic personality; he was the Association's honoured guest at the Annual Meeting at Oxford last year, when it was the speaker's privilege to propose that Dr. Piltz be made an Honorary Member of the Association. Dr. Piltz was Professor of Neurology and Psychiatry in the University of Cracow, and Director of the University Clinic in those subjects. That clinic was one of the finest in Europe. One of Dr. Piltz's best works was that on manic-depressive insanity, and latterly he had been devoting himself to the biological approach in psychiatry, particularly to character formation. He was a great physician and a born administrator, and his talents had received recognition in his being made Dean of the Faculty of Medicine at the University, and President of the Neurological Society of Cracow. It was the pleasure of Dr. Worth and himself to be a good deal in the company of Dr. Piltz at the Oxford meeting; as he sat at their table he had tried to teach Dr. Worth and himself Polish; at the same time they tried to teach him English. The latter succeeded fairly well, because he already knew a good deal of English, and by the time he left Oxford he was fairly proficient in it. Dr. Piltz's instruction to Dr. Worth and the speaker was not so successful. It was with great regret that he heard, on November 28, of the passing of this great personality. It had been impossible to ascertain the manner of his passing, or what was the cause. At the time of making the inquiry the telegraph service to Central Europe was suspended, and there was no means of communicating with his relatives. Later, however, communication was established with his wife and daughter, and also with Dr. Hašcovec, another Corresponding Member, who was asked to attend the funeral on behalf of the Association. From conversations with Dr. Piltz when he was here, it was evident that he had created for himself a distinct place in a country which was one of the most promising in Europe. The magnificent clinic at Cracow, to which the speaker had referred, was created practically out of nothing, and must have sustained a great loss in the death of its distinguished head.

A vote of condolence was carried by members rising in their places.

MATTERS ARISING OUT OF THE COUNCIL MEETING.

The PRESIDENT remarked that there was not much to report to the members as a result of the meeting of the Council held that morning, except that it was proposed to hold a dinner commemorative of Sir James Crichton Browne's long and distinguished service to psychological medicine. Members had had notice of this from the General Secretary, and it was proposed to hold the dinner on May 21. It was felt that this would be an appropriate opportunity of presenting Sir James with a small token of the affection and esteem in which he was held by members of the Association. He hoped that all members who could possibly do so would attend, and whether they attended or not, it was asked that each member would send half-a-crown as a subscription towards the event, as it was the intention to invite certain people of position, whose dinner would be at the expense of the Association. He thought it would be agreed that Sir James was a worthy person to whom to give a dinner, and he hoped the General Secretary would receive a large number of half-crowns.

In reply to Dr. Percy Smith, he said a notification would be sent to every member.

Another matter he wished to mention was the fact that the National Council for Mental Hygiene had written asking the co-operation of the Association with the Council and the Royal Society of Medicine in an investigation concerning the aetiology, prevention and treatment of cyclothymias. The Council had appointed Dr. Helen Boyle to represent the Association.

There was also before the Council an invitation from Dr. Charpentier, Secretary of the Congress of French-Speaking Alienists and Neurologists, asking for a delegate to attend the meeting in Bordeaux on April 7. The Council recommended that the Association be represented by Dr. George W. Smith.

Dr. LORD suggested that Dr. Devine should join the Committee on the cyclothymias.

Dr. DONALD ROSS suggested the addition of Dr. J. Brander and Dr. G. W. B. James. [Agreed.]

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated Dr. Rice and Dr. McRae to act as scrutineers for the ballot.

The following were unanimously elected :

HARRIS, HENRY, M.D.Lond., D.P.M., Assistant Medical Officer, Banstead Mental Hospital, Sutton, Surrey.

Proposed by Drs. J. R. Lord, A. A. W. Petrie and G. A. Lilly.

MACMILLAN, DONALD MACPHAIL, M.B., Ch.B.Glas., D.P.M., Medical Officer, Great Barr Park Colony Children's Hospital, Great Barr Hall, near Birmingham.

Proposed by Drs. Wm. Reid, A. L. Taylor and J. C. Mackenzie.

LOWENFELD, MARGARET FRANCES JANE, M.R.C.S.Eng., L.R.C.P.Lond., Hon. Medical Director, The Children's Clinic for the Treatment and Study of Nervous and Delicate Children; Consultant, Pioneer Health Centre; 46, Queen Anne Street, W.

Proposed by Drs. Doris W. Odium, Isabel G. H. Wilson and Noel H. M. Burke.

SAMUEL, HENRY CHARLES, M.R.C.S.Eng., L.R.C.P.Lond., 6, South Hill Mansions, N.W. 3.

Proposed by Drs. H. Crichton-Miller, Douglas I. O. Macaulay and William J. Coyne.

REID, BENJAMIN, M.B., Ch.B.Glas., D.P.M., Senior Medical Officer, Whittingham Mental Hospital, Preston, Lancs.

Proposed by Drs. Ronald M. Clark, A. R. Grant and R. Worth.

McDIARMID, NEIL, M.B., Ch.B.Glas., Second Senior Medical Officer, Lancashire County Mental Hospital, Whittingham, Preston.

Proposed by Drs. R. M. Clark, A. R. Grant and R. Worth.

ALLAN, SAMUEL MILLER, M.B., Ch.B.Glas., Assistant Medical Officer, Lancashire County Mental Hospital, Whittingham, Preston.

Proposed by Drs. R. M. Clark, A. R. Grant and R. Worth.

PRENTICE, DAVID, M.B., Ch.B.Glasg., Assistant Medical Officer, Lancashire County Mental Hospital, Whittingham, Preston.

Proposed by Drs. R. M. Clark, A. R. Grant and R. Worth.

MURRAY, HELEN SARA EUPHEMIA, M.B., Ch.B.Edin., Assistant Medical Officer, Lancashire County Mental Hospital, Whittingham, Preston.

Proposed by Drs. R. M. Clark, A. R. Grant and R. Worth.

JAMIESON-CRAIG, CATHERINE ISABELLA ANDERSON, M.A., M.B., Ch.B.Aberd., Assistant Medical Officer, Lancashire County Mental Hospital, Whittingham, Preston.

Proposed by Drs. R. M. Clark, A. R. Grant and R. Worth.

MCCONNELL, JOYCE, M.B., B.S.Lond., Assistant Medical Officer, Long Grove Mental Hospital, Epsom.

Proposed by Drs. Mary Barkas, A. Walk and J. Ernest Nicole.

MACARTHUR, MARY ELIZABETH, M.B., B.Ch.N.U.I., Assistant Medical Officer, The Retreat, York.

Proposed by Drs. William Fraser, H. L. Wilson and J. Ivison Russell.

MCLAUCHLIN, FRANCIS LEO, M.D., B.Ch.N.U.I., Assistant Medical Officer, Leicestershire and Rutland Mental Hospital, Narborough.

Proposed by Drs. K. K. Drury, J. Francis Dixon and T. W. Davidson.

PAPER.—“The Utility of the Psychiatric Out-Patient Clinic,” by
IAN SKOTTOWE, M.D., D.P.M. (*vide* p. 311).

The PRESIDENT said he was sure that all would wish him to thank Dr. Skottowe for his most carefully thought-out, practical and lucid paper. It was likely that members would have comments to make, or questions to ask.

Sir ROBERT ARMSTRONG-JONES said that on the previous evening he had heard a most convincing paper, most sincere and well-expressed, on “The History of Jordanburn,” by Prof. Robertson.

He would like to know more about the field officer, or social service worker. He spoke from some experience, as he had the privilege of starting the first psychiatric out-patient clinic at St. Bartholomew's, fifteen years ago, and had carried it on for two years, being succeeded by Dr. Porter Phillips. He found that many of these patients needed beds. It was very difficult to make inquiries about the patients and their home life; they resented it. There was no social service or field officer. He would like to know from Dr. Skottowe how this lady was received in the homes of the patients. It was clear that she was an efficient person.

Sir Robert was quite sure that many of these patients wanted rest. Being lecturer at St. Bartholomew's, he was on very happy terms with the physicians there, and the latter took his cases and allowed them to remain in their wards for a fortnight or three weeks. There had been occasions when, at the end of that time, or before, he had an urgent request to take the patient away, as he, or she, was disturbing everybody else. But now, with more knowledge and sympathetic feeling towards affliction of this kind, aided by the Mental Treatment Act of 1930, better things were seen.

Last week he had the privilege of reading a paper before the Chester and North Wales Medical Society on the Mental Treatment Act, and he was favourably impressed by the sympathy evinced by the general practitioner towards the establishment of these clinics.

He thanked Dr. Skottowe for his very intelligent, excellent and charmingly expressed paper.

Dr. F. R. P. TAYLOR wished to say how much he agreed with the remarks of the reader of the paper as to the desirability of the medical officer from the local mental hospital being attached to the clinic. As Dr. Skottowe rightly said, it gave the patient confidence and ensured continuity of treatment for him if he came into the mental hospital.

With regard to the necessity of having beds available for these early cases, in Sussex the question of establishing mental clinics was now being discussed, and efforts were being made to get a certain number of beds allotted to the clinic for cases which required rest. At the clinic in connection with the Princess Alice Hospital at Eastbourne, there seemed a good prospect of having a ward set apart

for the purpose. If psychiatric clinics were to be carried on satisfactorily he was sure there must be provision of beds for the cases.

Dr. WILLIAM DAWSON said that, through the kindness of Dr. Skottowe, and that gentleman's chief, he had had the opportunity of attending one of the sessions of the psychiatric clinic at Cardiff, and he had been greatly impressed by the way in which it was carried on. Though he did not see any large number of cases, as he saw only those which came to the clinic on that occasion for the first time, they represented nearly all the leading forms of insanity and neurosis. Another point he wished to mention was that the accommodation provided at the clinic, though adequate, was not very elaborate; it was such as any large town possessing a public hospital should be able to provide.

For many years the speaker had been interested in this subject, indeed ever since it was his privilege to attend one of the late Dr. Rayner's clinics at St. Thomas's Hospital. He was at that time greatly impressed by the way in which the activities of that pioneer clinic were conducted, and realized how useful this kind of organization was likely to be in the future. Another man who was also a pioneer in this work in his own country, was Dr. Carswell, when he was certifying surgeon in Glasgow. Dr. Carswell ran two wards for these early cases, which closely resembled the ordinary medical wards of a hospital. Dr. Carswell did good work by that means, and saved a large number of people from having to go to the local mental hospitals.

He agreed with the reader on most of the points he had brought forward, and particularly as to the desirability of establishing these clinics, in the first instance at all events, in connection with general hospitals. In many cases it would be impossible to establish the clinics apart from public hospitals, where the services of the pathologist, the bio-chemist, the bacteriologist and other specialists could be secured.

He highly appreciated this most interesting paper, and hoped it would lead to a great extension of these clinics in the country now that public bodies were allowed to incur expenditure in establishing and running them. It was one of the most hopeful departures that had occurred for many years.

Dr. ELIZABETH CASSON asked whether the reader of the paper used occupational therapy for his patients. She had been at two such clinics, and found that occupational therapy was more useful than anything else. To those who cared for it, country dances did most good. For a girl who did not believe in using her legs, the speaker started bicycle lessons. Work sessions were held on several mornings each week.

Prof. GEORGE M. ROBERTSON said he wished to associate himself with the favourable expressions of opinion concerning Dr. Skottowe's paper. He, the speaker, had a broad view of what was taking place. This departure was one of the most hopeful and important that had occurred in the last generation. Dr. Skottowe had stated that the number of patients attending these clinics was not at present large; at Glasgow and Cardiff the numbers were 120 and 130. But every year the patients making use of these centres were increasing in number, and once the value of these clinics became recognized by the public, and the general practitioner came to know more about them and what they were doing, there would be large attendances at them, and the number of clinics would grow. In Edinburgh, where the clinic served a very much smaller area than those at Glasgow and Cardiff, double the number of patients attended, *i. e.*, there were 340 new patients last year.

He agreed with Dr. Skottowe that while subsequent visits of the patient could be of a private nature, the first visit of the patient and his examination was exceedingly useful to the medical student, and was one at which he could well be present. At Edinburgh University, all the students who had taken a course in psychiatry and medical psychology were required subsequently to attend the out-patient clinic, to take notes on the out-patients who came there, and to write a report and commentary on the cases they had seen. It was part of the course, and the students did not receive their certificates until it had been done. Moreover, this first visit of patients was exceedingly valuable to the students because these patients were of the type they were likely to see when they entered upon general practice; whether they were early cases or more serious ones, concerning whom they might be in doubt whether or not certification was required.

It was not only very desirable, but most important, that there should be a certain number of beds available. He calculated that the proportion of patients who required a bed was about one-fifth to one-sixth of the total; where there was a special hospital for this purpose the difficulty was solved. The new Mental Treatment Act gave great facilities. A large proportion of those who came to the out-patient clinic and who required bed or hospital treatment would be prepared to go into mental hospitals as voluntary patients. This was a very important advantage of the voluntary treatment; the out-patient clinic and the opportunity for voluntary hospital treatment went together, one reinforcing the other. There was no question, in his mind, that almost all the troubles encountered by the alienist in dealing with mental disorders rested with certification; in the past, no patients had been allowed to go into a mental hospital unless they had passed the test of certification; it was that which had brought in its train all the trouble about asylums. Now, however, that there was the opportunity of admitting people as voluntary patients, the reputation of these institutions would improve.

Dr. Skottowe had referred to the large number of patients at the Boston Psychopathic Hospital; but the Boston institution was a receiving asylum, not an ordinary psychiatric hospital. The Jordanburn Hospital, however, was exactly like a general hospital. Any patient could go there; it was not a matter of formally signing on as a voluntary patient; they came in and went out as in a general hospital. It was mainly reserved for nervous cases, and no person who was very insane, or would disturb the others by noise or rough behaviour, would be allowed to remain there, nor any who were obviously idiots. But every other class of nervous patient was admitted to the hospital.

He thought there could be no question that these out-patient clinics in connection with general hospitals should be run by psychiatrists attached to the neighbouring mental hospitals, and this was what was done in Edinburgh. There were two out-patient clinics there; one at the Jordanburn Hospital, the other in connection with the Royal Infirmary, and both were run by the physicians of the Royal Mental Hospital.

Again he congratulated Dr. Skottowe on his exceedingly interesting paper.

A MEMBER asked whether Dr. Skottowe could suggest a better term for these establishments than "psychiatric" out-patient clinic. The word was almost unpronounceable by the general practitioner, and certainly by patients of the class for whom they catered.

Sir HUBERT BOND said that he was pleased that the reader led off by giving due recognition to the first clinic of the kind in England, so far as was known, that founded many years ago by Dr. Rayner at St. Thomas's. After it there was a long pause, and he thought that the next clinic of the sort was that of the President, Dr. Good. He did not know whether Dr. Good imitated Dr. Rayner, whether in fact he knew anything about the latter's activity in this way.

One point he would have liked Dr. Skottowe to stress—and perhaps he would allow the speaker to do so—was this: He, Sir Hubert, did not think any public mental hospital in the Kingdom would get any voluntary patients at all, beyond a stray one now and then, except from the out-patient departments. No big mental hospital would, in his opinion, have any large number of voluntary patients without that. And he further thought that the medical staff of the mental hospital should be associated with the clinic. He was not saying that the mental hospital must be the dominant partner, as there might be already someone installed, perhaps as honorary physician, and there would be no desire to oust him. But the medical staff of the mental hospital must surely be associated with that out-patient department. He suggested that arrangements, such as he had heard of, whereby the occupant of the post of chief physician was selected by his colleagues at the general hospital, was wrong in principle; it might have to go on for a time, but the right way would have to come eventually.

He wished also to say that in the course of the meetings of that and the previous days he had heard of two new out-patient arrangements in association with county mental hospitals, at both of which the medical superintendent was the honorary physician in nervous and mental diseases, just as Dr. Good was at Oxford. He was delighted to hear of it, but, as he said to those who told him, he did not think the Board of Control knew a word about it. It was not like the law regarding new admissions, which must be notified to the Board. He asked that, as a matter

of courtesy, they at the Board of Control should be informed of these happenings direct, instead of allowing them to be accidentally found out. The Board would hear of them with delight and pleasure. He hoped this would not sound egotistical, but now and then the Board would like to hear of difficulties so that they might help to overcome them, as, now and again, they had been able to do in the past. If members would look round the country they would find that, with one or two exceptions, such as at Oxford, nearly all the psychiatric out-patients departments had been set up at the direct suggestion of the Commissioners in this country. This fact should not be forgotten. They at the Board would be glad to know these things, if only to have the opportunity of expressing their congratulations, and, if there were difficulties, to have the opportunity of helping.

Dr. PERCY SMITH said he had been hoping to hear some reference to mental out-patient efforts in connection with London hospitals, other than St. Thomas's. It was true that at the latter hospital Dr. Rayner started the first clinic of the kind in this country, a good many years ago. He did not know whether Dr. Skottowe had referred to the speaker's obituary notice of Dr. Rayner and obtained some of the facts in his paper from that source, but in the *Journal of Mental Science* for 1926 there was an account of how it started. Dr. Rayner, having been at Hanwell, and knowing a good deal about mental cases, and especially about the need for early treatment, persuaded the Governors of St. Thomas's Hospital, where he was lecturer, to start an out-patient department for early mental cases. After Dr. Rayner resigned his lectureship and the out-patient department, which, he thought, was in 1903, he, Dr. Percy Smith, succeeded him there, and he also started a similar department at Charing Cross Hospital. There one had the advantage of association of all the other members of the medical staff. Dr. Mott was at Charing Cross at that time, and everything necessary in the way of examination of patients brought to the department was at hand, whether medical or surgical.

Speaking for himself, when he was in charge of the out-patient department at St. Thomas's and at Charing Cross Hospitals, he always himself saw the patient first, heard the history and ascertained the clinical details, and whatever physical examination was required was carried out by the appropriate member of the hospital staff.

He, the speaker, was succeeded at St. Thomas's by Dr. Stoddart, and now the physician in charge was Dr. Yellowlees. Subsequently, similar out-patient departments were started at St. Bartholomew's, Guy's, Westminster, Middlesex and St. Mary's Hospitals, and, as members probably knew, there were now in the neurological ward at the Middlesex a small number of beds for mild mental cases. He believed that there was no special ward in any of the London hospitals for these cases, and it would be difficult to mix them up with the general run of other cases. Every now and then a case which was of doubtful type was admitted.

He was very interested to hear that these out-patient departments were being instituted all over the world, and was proud of the fact that the St. Thomas's clinic was the pioneer in this work, at least in this country. It was, he agreed, very desirable that these clinics should be in touch with some institution to which early mental cases could be admitted. Now that the voluntary patient was admissible to county and borough mental hospitals, no doubt many of these cases would go there at quite an early stage. In former days many of them were put in touch with the Mental After-Care Association, whose visitors were able to investigate the patient's home surroundings, and often were able to send a patient to a borderline home.

He congratulated Dr. Skottowe on his paper, and wished members of the Association would remember the pioneer work of that eminent member of the Association, Dr. Rayner.

Dr. SHAW said he did not notice Dr. Skottowe say how often he held these clinics. He would like to know that.

The PRESIDENT said that there were one or two points he wished to bring up. The first was that it did not much matter how the question was regarded so long as medicine was viewed as one great whole. Perhaps one of the greatest mistakes was that as members of the Association lived so far from each other they developed a sort of self-pity; they thought that other people did not care to hear their ideas. He urged that members should expand their work in all directions. The greatest fear mankind had was the fear of insanity, and he thought that if such a clinic

for early cases were called "Psychiatric Clinic," or "Clinic for Mental Diseases," many people would be deterred by the name from coming. But if it were called a "Clinic for Nervous Disorders," people would flock to it. Therefore as the object was to cure the patients, he advocated leaving out the awful word which brought to mind insanity.

His own work in this connection had been referred to, but he did not claim to possess more dynamic energy than anybody else. Dr. Rayner's books were among the first in which he, the President, was deeply interested, and probably it was those books which chiefly directed his mind along the path it had since taken.

Another point he wished to raise was the following. Under the new Mental Treatment Act one was to have voluntary patients. If they came to the clinic were they voluntary because they came to the clinic? After the patient got well at the clinic, had he been a voluntary patient? If superintendents were going to notify the Board of Control of cases which came as voluntary patients, was the same notification to apply to the clinic? Of six voluntary patients who came to his clinic, only one came into the mental hospital, others adjusted themselves outside. It might be possible for patients now to come voluntarily still earlier, and so be given an even better chance of successful treatment. As far as he was concerned, he told the Board of Control unofficially what he was going to do, but officially he did not tell them so much.

The other point he wanted to raise was that concerning the presence of students and other people at the treatment clinics. He agreed with Dr. Skottowe that at the first interview, as a rule, it was easy to have somebody else present, but after that he did not think it was, in many cases. But there was a very practical point which had come to his notice at Oxford, and a very valuable one. When taking the history of one of these people coming to the clinic, the point which was commenced with was never the important one, and the history brought out was seldom in chronological order. If a student was asked to take notes, it saved a lot of time, and simultaneously one was interesting the student and teaching him the way to investigate cases in future. By means of the clinics both patients and students were helped to look at mental illness in the same way as at physical illness, though they might be approached from different points of view.

He could say a good deal on the subject, but would refrain. The paper would be of great use to members of the Association.

Dr. J. G. SOUTAR remarked that one point in Dr. Skottowe's paper had not been referred to, and that was that the reader was not wedded to any particular school of psychology; he recognized that neither Jung nor Freud, nor any of the other leaders of schools told the whole story, that there was a multitude of avenues of approach to the mind of the patient. And as Dr. Skottowe was not committed to any school he did not look at the facts and phenomena as supporting a particular school, but as the true incidents which he had to observe. One of the difficulties in regard to schools hitherto had been that investigators, having once committed themselves to the tenets of a particular school, looked at all the facts in the light of that school of thought. In such an investigation as this it was necessary to keep an open mind, ascertaining the type of mind possessed by the patient, in order to get at the underlying truth. The first mental out-patient clinic he had had to do with was one for ex-soldiers, and in the case of many of them he found it useful to see them twice a week. A considerable number of them needed bed treatment, and fortunately he was able to satisfy that requirement for some, and their improvement thereafter was very marked. Patients who came to one's consulting-room were in the same state of mind as were the patients at these clinics. He contended that these cases could not be dealt with adequately except by employing intensive methods; once a week or once a fortnight was not often enough for them. And many other things had to be done for them, such as providing them with a suitable occupation, which had already been referred to. They should be in places like nursing homes, where there was good organization and every requirement could be provided.

There was a great opening for this work among private patients too. There were many people who were having disabilities in the guise of physical troubles, of which the origin was really mental, and it was investigation and treatment in an early stage which saved them from disaster. Because very soon, fear, the most disabling of influences, took possession of the mind. If one could steer

the patient clear of that, one was ensuring a great step in keeping clear of disaster.

This practical paper of Dr. Skottowe was of immense value, and he was sure that the setting up of these clinics would result in a great reduction in the incidence of mental breakdown.

Dr. DOUGLAS McRAE remarked that some members of the Association were so situated in country districts that they could not get such provisions for early treatment. Those so placed might feel a little comfort from the realization that they made their asylums so like the ordinary hospital that the people in the district were willing and ready to enter them as voluntary patients. Quite 95% of his patients were certified, and they never complained that they had been certified. Relatives came regularly to visit, and they were shown round the hospital and were favourably impressed by the hospital-like and cheery aspect of the wards. Many of the patients expressed regret that they had not sought treatment earlier. As a matter of fact, it was difficult to get cases to leave the mental hospital after they had recovered. There were those who had been trying to make hospitals asylums, and had been able to impress the public concerning them as favourably as they were impressed by the general hospital. Mental hospitals did get recoveries, but unlike general hospitals they had to keep their failures. It was because of this that mental hospitals were stigmatized in having chronic cases. A great deal was talked about a new case being admitted to a nice environment, free from association with any case which might tell upon a sensitive nature. In his own mental hospital, if it was desirable for a patient to be in a quiet ward, the chronic ward was the place for him. The majority of the patients were inoffensive, and not uncompanionable. In the reception wards of some mental hospitals he had seen cases who were in a noisy and turbulent state that would not be tolerated in a well-conducted asylum for ten minutes.

The point he wanted to make was that some of the members had mental hospitals of which they were proud, and it would be a great mistake to emphasize too strongly the importance of avoiding sending patients to asylums. There were many cases being looked after by all sorts of people, in whose case it was a pity they had not arrived straight away at an asylum. He wished to emphasize that there were two sides to every question.

Dr. MACKENZIE said he hoped Dr. Skottowe, in his reply, would inform the meeting about recurrences, as it would be interesting to know whether in the type of case dealt with in these clinics the question of recurrence came up.

The instance given by the reader of the paper illustrated how the State was intervening. He could well imagine, in a more primitive state of society that this man, or one in his condition, would not have suffered from any anxiety neurosis; he would have dealt with one of the factors in the case—the wife—in a much more direct and drastic manner. He would like to know how the solution of the trouble appealed to the wife when she knew the process by which recovery was brought about.

Dr. SKOTTOWE, in reply, thanked those present for the way in which they had received his paper.

As time was short he proposed to reply briefly on the points which had been raised.

With regard to the social service in this work, and the way in which the social worker was received in the people's homes, the clinic had never experienced any difficulty; there had been no cases in which the social worker could not overcome any slight resistance or objection there might be by the judicious use of tact.

The necessity for beds in connection with such clinics he had dealt with in the early part of his paper. No one with experience of the early case would dispute that the psychiatric institute was the ideal place to deal with it; examples were the Maudsley, the Jordanburn, etc. But this paper dealt with the utility of things and agencies as they existed now, not as one would like to have them. One of the points made in the paper read by Dr. Good in 1921 was that very few of his patients required in-patient treatment, that they were better treated as out-patients. He was not alone in that contention. Certainly concerning the psychoneurotic group (as contrasted with the true psychotic group) the speaker considered they were better kept at work; it was not good to encourage

the idea that they were not able to work, because what they stood in need of was the re-establishment of self-confidence. There should be nothing in the nature of "coddling." But there were cases which did definitely require bed treatment, and they were the people who were in the depressive phase of manic-depressive psychosis. Whatever one did, the patient would get well if placed in proper surroundings. It was better not to attempt any interfering therapy. Beds were very desirable for that kind of patient.

There was also another point, one which Dr. McRae touched on. If one had a large ward, or a fair number of beds together in connection with the out-patient clinic, there was a tendency to make it a mental hospital dumping ground, a very bad thing in his opinion. In cases in which bed treatment was required, he thought it should be carried out in the mental hospital. He was aware that the body of opinion was probably against that view. By doing that one tended, in his opinion, to keep the standard of the mental hospital high and to prevent it from degenerating into what was called "looney wards."

Dr. Dawson had really answered Dr. McRae's question about the difficulty of supplying facilities for out-patient treatment in country districts, when he spoke of the simple accommodation provided at the Cardiff Clinic. Dr. Macfie Campbell, at Boston, U.S.A., made the following remark to students: "All one wants, to be a psychiatrist, is a block of paper and a pencil."

Both the President and Prof. Robertson had remarked about the students, and he was glad to know they were in agreement on these points.

Prof. Robertson has stated that the Boston Psychopathic Institute was merely a receiving asylum or clearing-station. He, Dr. Skottowe, spoke as a former member of the staff of that institution, and he was aware that it tended to be very much a clearing-house, because any policeman could sign a ten-day care paper and put any alcoholic or obstreperous person into the Psychopathic Hospital. Twice, namely in 1912 and 1926, the Director circularized the general practitioners in Boston and district, asking them to refrain from sending in cases which obviously should go straight to the State hospitals. Sixty per cent. of admissions to the Boston Psychopathic Institution went on to the proper mental hospitals, and this large number prevented the staff from attending as they should to the earlier, the recoverable cases.

Objection had been expressed to the name "Psychiatric Out-patient Clinic," and the President had associated himself with that sentiment. The only alternative name which he, the speaker, could suggest for the institution in which he was concerned was that of "Nerve Clinic." Again his view might be reactionary but he contended that if a person was mentally ill he should be told so. He did not see any point in not letting patients know they were mentally ill. The first step towards the recovery of the patient, he considered, was that he should realize how ill he had been and still was.

With regard to occupational therapy, that was prescribed as required; they did not make it necessarily craftsmanship, it must conform somewhat to the activity the patient had been accustomed to. He might be told to go and dig the garden or to mend the sofa. Such occupations were prescribed and were valuable, but he did not think they helped much without psychotherapy.

With regard to Sir Hubert Bond's question as to whether voluntary patients would be likely to go to mental hospitals in any number except by passing through the clinic first, he, the speaker, thought it was early yet to say much as to what would happen, but, so far, he had had more voluntary patients who did not come through the clinic than he had had through it. He did not doubt that, eventually, it would be the other way round.

With regard to his omission to mention other mental out-patient clinics at London hospitals, he only referred to St. Thomas's because he wished to stress the point that British psychiatry was not so much of a backwater as seemed to be imagined by some American and continental friends.

His clinic was held once a week. Three psychiatrists acted in rotation, and female patients were dealt with, as he said in his paper, by a woman psychiatrist. The medical officers each had a two-hour session.

With regard to recurrences, in the true type of clinic case, *i. e.*, the anxiety states, psychoneuroses and behaviour problems, accounting for from 60% to 70% of all the cases, he could remember only one recurrence in the eight years that the Cardiff Clinic had been running. The group in which recurrences took place were

the ex-mental-hospital cases, the manic-depressive states and the schizophrenics. These got well enough to go out, then relapsed and came back to the clinic. Among the real clinic cases there were practically no recurrences. The patient whose case he related in the paper first became ill two years ago, and was under treatment four months. Then he recovered. The speaker saw him again a fortnight ago, when he had come to the skin clinic for impetigo. He came to see the speaker and told him that he had remained perfectly well ever since, and the speaker did not think it wise to reopen the old subject of his inner life.

PAPER.—“**Mental Disorders Associated with Pernicious Anæmia,**”
by NORMAN PHILLIPS, D.P.M.

(As time did not allow of the reading of this paper it was postponed to the May meeting.)

IRISH DIVISION.

THE SPRING QUARTERLY AND CLINICAL MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, April 2, 1931.

The following members were present: Dr. Richard R. Leeper in the Chair. Drs. S. Blake, P. J. Cassin, J. O'Connor Donelan, F. J. Deane, P. J. Dwyer, W. Eustace, John FitzGerald, L. Gavin, T. A. Greene, Dorothy Gardner, P. Grace, B. F. Honan, G. H. Keene, J. Kearney, B. Lyons, J. Mills, J. C. Martin, P. Moran, M. J. Nolan, R. Taylor, and R. Thompson (Hon. Sec.).

Apologies for absence were received from Drs. Rambaut, Kelly, and J. Ivison Russell.

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

The meeting then proceeded to the election of officers for the ensuing year, and the following, after ballot, were declared elected.

Honorary Secretary: Dr. R. Thompson.

Representative Members of Council: Drs. J. O'Connor Donelan and L. Gavin.

Dr. NOLAN then proposed and Dr. GAVIN seconded that Dr. O'Connor Donelan be elected Chairman of the Division. This was carried unanimously.

The CHAIRMAN, at this stage, referred to the recent death of one of their oldest members—Dr. Lawless, Medical Superintendent of the Mental Hospital, Armagh. A vote of sympathy was passed in silence, the members standing.

The Advisory Committees to the General Nursing Councils were reconstituted as follows:

For Northern Ireland: Drs. M. J. Nolan, Deane, N. B. Graham, W. S. Smyth and J. Watson.

For Irish Free State: Drs. J. O'Connor Donelan, R. R. Leeper, L. Gavin, J. C. Martin and S. Blake.

Dr. Nolan and Dr. O'Connor Donelan were re-elected Examiners for the Association's Certificate in Psychological Medicine.

Dr. Dorothy Gardner, Purdysburn Mental Hospital, Belfast, was recommended for nomination by the Educational Committee for the post of Examiner for the Preliminary Nursing Examination (written).

Following a ballot, Dr. Patrick Moran, Mental Hospital, Mullingar, was recommended for nomination by the Educational Committee for the post of Examiner for the Final Nursing Examination (written).

The meeting then listened with great interest to a paper on the Irish Mental Hospitals, written by Dr. Loberg, of Sweden, and read by Dr. Dwyer, Portrane Mental Hospital.