

The Lecturers are: F. G. Parsons, F.R.C.S.; C. Worster-Drought, M.A., M.D., M.R.C.P.; F. C. E. Danvers-Atkinson, M.B.; Clement Lovell, M.D., B.S.; William Brown, M.A., D.Sc., M.D., M.R.C.P.; J. A. Hadfield, M.A., M.B., Ch.B.; James Collier, B.Sc., M.D., F.R.C.P.; E. D. Macnamara, M.A., M.D., F.R.C.P.; W. H. B. Stoddart, M.D., F.R.C.P.; Robert H. Cole, M.D., F.R.C.P.; J. G. Porter Phillips, M.D., F.R.C.P.; Thomas Beaton, O.B.E., M.D., M.R.C.P.; C. Stanford Read, M.D.; M. Hamblin Smith, M.A., M.D.; A. F. Tredgold, M.D., M.R.C.P., F.R.S. Edin.

The National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury, W.C. 1.—Syllabus of Post-Graduate Course, October 6 to November 28, 1924.

The course will consist of the following subjects: (1) Out-Patient Clinics, Mondays, Tuesdays, Thursdays and Fridays, 2 p.m.; (2) Clinical Lectures and Demonstrations, Mondays, Tuesdays, Thursdays and Fridays, 3.30 p.m.; (3) Lectures on the Anatomy and Physiology of the Nervous System (if sufficient applicants), Tuesdays and Fridays during October, 12 noon; (4) Lectures on the Pathology of the Nervous System, Mondays, 12 noon; (5) Clinical Demonstrations on Methods of Examination (if sufficient applicants), Wednesdays and Thursdays, 10 a.m.

Mr. Armour and Mr. Sargent operate at the Hospital on Tuesday and Friday mornings at 9 a.m. or at such other times as may be announced.

Any part of the course may be taken separately. Special arrangements will be made for those unable to take the whole Course.

Fees should be paid to the Secretary of the Hospital at the Office on entering for the Course.

For further particulars apply to J. G. GREENFIELD, *Dean of Medical School.*

Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C. 1.—Autumn term, 1924. A course of ten lectures on Elementary Psychotherapy will be given by H. Crichton Miller, M.A., M.D., on Mondays at 5.30 p.m., beginning Monday, October 13. Fee for the course: medical practitioners, £2 2s.; students, £1 1s. Single tickets, 4s.

THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

THE Annual Meeting of the National Council for Mental Hygiene was held on Wednesday, September 24, 1924, at the Federation of Medical and Allied Services, 128, Watford Place, London, W. 1.

In the absence of Sir Courtauld Thomson, Sir Maurice Craig was voted to the chair. The principal business was the presentation of the First Report, 1923-24, the financial statement, and the appointment of auditors for the coming year. The Committee was re-appointed with a few additional names.

The financial statement up to June 30, 1924, was read by Lord Southborough, the Hon. Treasurer. The general account showed receipts amounting to £1,019 1s. 6d. and £50 had been donated to the Publicity Account. The balance-sheet showed a balance at the bank and in hand of £266 8s.

The report as printed and circulated was unanimously adopted subject to some verbal corrections. The following paragraphs are reproduced for the information of our readers:

INITIAL WORK OF THE COUNCIL.

During the period under review the Executive Committee was obliged to give much of its time to elaborating the constitution of the National Council. Many hours were occupied in framing bye-laws and regulations, a labour which was rendered much lighter by Dr. J. R. Lord, one of the Honorary Secretaries, who, at great cost to his health, spent much of his time and energy in their preparation. These Bye-laws were finally passed at a meeting of the General Committee held on March 25, 1924.

At the same meeting it was decided to form three sub-committees to deal with special aspects of the National Council's activities:

Sub-Committee No. 1: The Prevention and Early Treatment of Mental Disorders.

Sub-Committee No. 2: The Care, After-Care and Treatment of the Insane.

Sub-Committee No. 3: Mental Deficiency, Crime, etc.

SUB-COMMITTEE No. 1 (Chairman, Sir Maurice Craig; Joint Hon. Secs., Dr. A. Helen Boyle, Miss Evelyn Fox).—*On the Prevention and Early Treatment of Mental Disorders.*

Terms of reference.

“To secure for psychology and psychiatry a position in the medical curriculum more commensurate with their importance and to further the closer association of psychology and general medicine.

“To combat the prevailing ignorance and superstition with which the laity regard mental disease. To educate medical students and nurses as to the true nature of mental disorder, and its intimate relationship to disorders of the body.

“To further the establishment of clinics and out-patient departments for the early treatment of mental disorders, and to encourage social service in connection therewith.

“To remove formalities and prejudices, which tend either to postpone the effective treatment of mental disorder or to divorce its treatment from that of physical disease.

“To encourage facilities for prophylactic treatment.

“To study the mental hygiene of child life in relation to parental responsibility and education, and to emphasise the importance of a knowledge of psychology among school medical officers and teachers.”

This Sub-Committee have met on three occasions, and have had under consideration the question of obtaining information for a general survey throughout England, Scotland and Wales on the teaching of the subjects of functional nerve disorders and mental diseases and the treatment of persons suffering from them. With this end in view they have drawn up a letter and questionnaires addressed to the deans of medical schools and to the secretaries or chief administrative officers and matrons of the large hospitals throughout the country, and of certain infirmaries.

SUB-COMMITTEE No. 2 (Chairman, Dr. R. Worth; Hon. Sec., Dr. F. H. Edwards).

The Care, After-Care and Treatment of the Insane.

Terms of reference.

“To study all questions connected with the care and treatment of patients in mental hospitals.

“To raise the standard of general and medical education of all those engaged in nursing the insane.

“To investigate the existing arrangements for visiting in Mental Hospitals, and to facilitate the organization of After-Care.

“To assist in removing the stigma which handicaps those who have been mentally afflicted.

“To promote a closer liaison between the medical officers of mental hospitals and the general body of the profession.”

Two meetings of Sub-Committee No. 2 have been held and the question of lay visitors to mental hospitals is at present under discussion.

SUB-COMMITTEE No. 3 (Chairman, Dr. W. A. Potts; Hon. Sec., Dr. H. Feize Stephens).—*Mental Deficiency, Crime, etc.*

Terms of reference.

“To study mental deficiency, its causes and prevention, and its relation to crime, dependency and prostitution.

“To inquire into the working of the Mental Deficiency Act with a view to its amendment or revision.”

Two meetings of Sub-Committee No. 3 have been held. The Sub-Committee is collecting data on—

- (1) Institutional accommodation for mental defectives.
- (2) Teaching in mental deficiency.
- (3) The arrangements made for recognizing mental defectives when they come before the courts.

The Sub-Committee is also preparing to investigate the causation of mental defect.

The Executive Committee have recently appointed a sub-committee whose particular work will be propaganda and the collection of funds.

Committee meetings.—Two meetings have been held during the year.

Executive Committee meetings.—Seven meetings have been held during the year.

Meetings and lectures.—Mr. Clifford Beers, the founder of the National Committee for Mental Hygiene in America, visited London in the summer of 1923, and two meetings were held at which he spoke. One was a drawing-room meeting at Sir Maurice Craig's house, when the Rev. H. R. L. Sheppard took the Chair, and at which nearly £100 was collected. The other was a public meeting at the Caxton Hall, when Sir Courtauld Thomson presided, and the meeting was addressed by Lord Burnham and Sir Maurice Craig as well as Mr. Clifford Beers.

Dr. Clarke, late Medical Director of the Canadian Committee for Mental Hygiene, whose recent death has come as a serious and unexpected blow to the movement in our country as well as to that in the great Dominion, very kindly and ably advocated our cause at a meeting of the British Medical Association at Brighton.

Dr. T. A. Ross gave a lecture on "The Mental Factor in Medicine" to the Medical and Physical Society at St. Thomas's Hospital in May of this year, and Dr. J. L. Birley addressed the nurses at that Institution on the same subject.

International Congress.—Dr. Helen Boyle represented the National Council at the European International Congress in Paris. This Congress was held in preparation for the world conference, which it is hoped will take place in America in 1926.

Finance.—The work of the National Council is much crippled by lack of sufficient financial assistance. The actual rent of the offices at Windsor House has been guaranteed for three years by Dr. A. Helen Boyle, who has been most active and generous in the help she has given to the Council.

The Council wish to express their gratitude to the Honorary Auditors, Messrs. Blackburns, Barton, Mayhew & Co., and to the Honorary Solicitors, Messrs. Charles Russell & Co., for their valuable help.

CORRESPONDENCE.

To the Editors of the JOURNAL OF MENTAL SCIENCE.

DEAR SIRS,—There must be many of your readers who, on reading Dr. Carswell's Maudsley Lecture as published in your last issue, feel that his deduction that there is no room left for psychogenesis as a causative factor in the production of mental disorders is, to put it mildly, absolutely unwarranted. It seems that there are many alienists who take the view that because heredity is such a constant factor in the causation of such disorders, that therefore it is a powerful factor, yet nothing may be further from the truth. How many useful citizens there are whose family histories will not bear the light of day, and yet who have never seen the inside of an asylum! For every patient who is admitted to an asylum and whose mental disease is ascribed to heredity, it would not be difficult to produce two or three useful citizens whose family histories in this respect would prove to be just as black or blacker. Even if heredity could be proved to exist as a causative factor in all forms of mental disease, why is it that A, whose family history may be bad, becomes a patient in an asylum, while B, whose family history may be just as bad or worse, continues to lead the life of a useful member of society?

The obvious answer is that the one has not been subjected to the same strains or stresses as the other. Such strains or stresses may be purely physical, or a combination of strains physical and mental, but surely also they may be purely mental. Until someone will produce statistics showing the percentages of good, bad and indifferent family histories of people living outside the asylums as compared with those of people living inside asylum walls, heredity as an important factor in the causation of mental disease must take a back seat.

I am, Sirs,
Yours, etc.,

Khanka, Egypt;
August 29, 1924.

R. S. MILLER, M.D.,
Director, Mental Hospital.