

with neglect of workmanship in industrial life leads people to seek satisfaction for their interests in unproductive activities outside their work. Experience gained in dealing with difficult special needs may help to solve problems in the philosophy of ordinary life.

MARJORIE E. FRANKLIN.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE EIGHTY-FIRST ANNUAL MEETING of the Association was held on Wednesday, Thursday, and Friday, July 19 to 21, 1922, in the Royal College of Physicians and in the University of Edinburgh, under the presidency, in the early proceedings, of Dr. C. Hubert Bond, *C.B.E.*, *F.R.C.P.*, and later that of Prof. G. M. Robertson, *M.D.*, *F.R.C.P. Edin.*

MORNING SESSION.—WEDNESDAY, JULY 19.

Dr. C. HUBERT BOND, President, in the chair.

The Council, Educational, and Parliamentary Committees had met during the previous two days, July 17-18, at the offices of the General Board of Control for Scotland, 25, Palmerston Place, Edinburgh.

MINUTES.

The minutes of the eightieth annual meeting, held in London, having appeared in the *Journal*, were held as read, and were approved.

ELECTION OF OFFICERS OF THE ASSOCIATION.

The PRESIDENT proposed that the officers of the Association for the year 1922-23 be:

President.—George M. Robertson, *M.D.*, *F.R.C.P. Edin.*

President-elect.—Edwin Goodall, *C.B.E.*, *M.D.*, *F.R.C.P.*

Ex-President.—C. Hubert Bond, *C.B.E.*, *D.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.*

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 F. W. Mott, Drs. W. F. Menzies, C. C. Easterbrook, M. J. Nolan, Bedford Pierce, G. W. Smith, E. Barton White.

This was agreed to.

ELECTION OF HONORARY AND ASSOCIATED MEMBERS.

On a ballot being taken, the following were unanimously elected Honorary Members of the Association:

Mr. Wm. C. Clifford Smith, *O.B.E.*, *F.R.I.B.A.*, *M.I.C.E.*, Mental Hospitals Engineer to the London County Council.

Dr. François Florentine Pactet, ancien chef de Clinique de la Faculté de Médecine de Paris; Médecin en chef de l'Asile de Villejuif.

Dr. Jacques Jean l'Hermitte, ancien chef de Laboratoire de la Faculté de Médecine de Paris; Médecin de l'Hospice Paul Brousse.

A further ballot was taken, and the following were unanimously elected Corresponding Members of the Association:

Prof. Schuzo Kure, of Tokyo University.

Dr. Morowoka, of Kyushu University.

Dr. Sano, of Gheel.

All these gentlemen had been proposed by Dr. C. Hubert Bond, Dr. J. Chambers, Prof. G. M. Robertson, Lt.-Col. J. R. Lord, Sir F. W. Mott, and Major R. Worth.

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APPOINTMENT OF AUDITORS.

Drs. C. F. F. McDowall and C. M. Tuke were unanimously re-appointed Auditors for the current year.

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COMMITTEES.

The meeting further unanimously re-appointed the following Committees :

The Parliamentary Committee; the Educational Committee, with the names of Drs. R. R. Leeper, W. M. Buchanan, and John Brander added thereto; the Library Committee; the Research Committee; the *Handbook* Committee; and the Post-Graduate Committee.

With reference to the appointment of the *Handbook* Committee, the PRESIDENT invited Dr. Bedford Pierce to make a statement.

Dr. BEDFORD PIERCE: I am glad to say that the *Handbook* is actually in the hands of the printers. It has been a laborious business getting it ready, but the difficulties have been surmounted, and I may say the *Handbook* will be a great improvement on the old one. At the Council yesterday it was decided to authorise Dr. Chambers, the Treasurer, to undertake negotiations with the publishers of the *Handbook* with regard to the difficult questions of royalty, copyright, and so on.

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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—on December 31, 1921, as shown in the list of names published in the *Journal of Mental Science* for January, 1922, was 666, as compared with 673 on December 31, 1920.⁽¹⁾

Number of new members elected in 1921	50
Number of members restored in 1921	0
Removed according to Bye-law 17	31
Number of members resigned in 1921	21
Number of deaths in 1921	7
Transferred to hon. members	0

Members.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.
Ordinary . . .	696	695	679	644	632	627	626	626	640	631
Honorary . . .	35	34	34	34	32	33	32	26	24	25
Corresponding . .	19	18	18	18	18	18	17	9	9	10
Total . . .	750	747	731	696	682	678	675	661	673	666

Since the last annual meeting there have been quarterly meetings held in London in November, February and May.

At the November meeting a sub-committee was formed consisting of the President, Secretary, Treasurer, Chairman, and Vice-Chairman of the Education Committee, to consider the relationship of the Association to the General Nursing Council in respect to the training and examination of mental nurses, with instructions to approach the General Nursing Council and Ministry of Health, and with full power to make any inquiries and to consider the situation that has arisen by the establishment of the General Nursing Council.

It was also decided that the President's address at the annual meeting in July should be sent to the Chairmen of Committees of Mental Hospitals in England and Wales.

A resolution was passed condemning the accusations made by Dr. Lomax at the end of his book and the statement regarding systematic cruelty on the part of male and female staffs in mental hospitals.

At the February meeting it was proposed to revise the list of institutions for the

⁽¹⁾ In the Register published Jan. 1922, "Aidan, etc.," on p. vii, should have been deleted.—(Eds.).

training of mental nurses and those nursing mental defectives, and Drs. Miller and Bedford Pierce were asked to bring forward a preliminary report.

At this meeting were received the resignations of Dr. Dawson as Co-Editor of the Journal and Dr. Steen as Chairman of the Library Committee.

It was also suggested at this meeting that a further letter be sent to the Minister of Health, stating that it was considered that mental nurses were not sufficiently represented on the Nursing Council; also that the Board of Control should be represented. This sub-committee was re-appointed on July 18th at the Council meeting.

The following papers were read during the year :

"The Medical Examination of Delinquents," by Dr. Hamblin Smith, Medical Officer, H.M. Prison, Birmingham.

"Forgetting," by Dr. H. Davies Jones, Ashhurst Hospital, Littlemore.

"The Use of Analysis in Diagnosis," by Dr. T. S. Good, of Ashhurst Hospital.

"The Genetic Origin of Dementia Præcox," by Sir F. W. Mott.

The Maudsley Lecture—"Some Aspects of Education in Relation to Mental Disorder"—was delivered by Sir Maurice Craig at the end of the May meeting.

Informal dinners have been held after each meeting in London, and they have been greatly enjoyed by those attending. It is hoped that in future more members will endeavour to attend these dinners.

With regard to the Maudsley Lecture, in future it was decided that the Lecturer should be nominated for the following three years.

It was decided that Lt.-Col. Edwin Goodall, *C.B.E.*, M.D., B.S., F.R.C.P.Lond., should be nominated as President-elect.

It is hoped that by the end of the year the *Handbook for Mental Nurses* will be published.

The report was adopted.

MATTERS ARISING OUT OF THE COUNCIL MEETING.

The PRESIDENT: I should now like to make mention of matters of interest arising out of yesterday's Council meeting. The Council had before them a resolution among other items from the Scottish Division recommending that matrons should take part in the examination in practical nursing of candidates for the Nursing Certificate, and this was dealt with by two resolutions by the Educational Committee which I will read out for your information: (1) That the Educational Committee approves of the chief male and female officers of the nursing staff, or their deputies, being present at and taking part in the examination in practical nursing of candidates for the Nursing Certificate. (2) That a sub-committee be appointed to consider whether it is desirable that one or more of the examiners for the written part of the examination be members of the nursing profession, and as to the best way in which the nursing profession can generally be represented on the examination for the Association's Nursing Certificate. The sub-committee suggested by the Educational Committee was: Prof. G. M. Robertson, Drs. D. K. Henderson, W. M. Buchanan, H. Wolseley-Lewis, J. R. Lord, Bedford Pierce, and J. F. Dixon.

There was mention of the very important Legal Committee which the Government have set up arising out of the general discussion going on in the Press with regard to the True case, and it will be remembered that in 1896 the Association did consider the question of criminal responsibility, and came to an agreement that it was impossible at that date to offer advice of utility. We think the circumstances have changed since then, and that now the Association may be able usefully to offer something. We do not know if it will be desired; but, if desired, we ought to be ready to make a statement on this matter, and so it was decided by the Council to form a special Committee to discuss and classify the medical aspects of the plea of insanity in criminal cases. We did not constitute the committee. We thought it was just one of those committees it takes time to consider names for, so that it was left to the President, the ex-President and the Chairman of the Parliamentary Committee to confer and select names.

MOTIONS INVOLVING EXPENDITURE OF FUNDS.

Other matters arising out of yesterday's Council were that the authority of the meeting is required for the grant of 50 guineas for the last Maudsley lecturer, and the usual sanction for the expenditure in connection with the Association's official guests at the Annual Dinner. These were agreed to.

Sir ROBERT ARMSTRONG-JONES: Has any time been fixed for this special committee to meet?

The PRESIDENT: No.

Sir ROBERT ARMSTRONG-JONES: Because it is a fairly urgent thing, and the committee wants to get to work as soon as possible, and it is important that this committee should be able to meet fairly early and discuss procedure.

The PRESIDENT: I entirely agree. The Council felt that although no time was fixed, any attempt to form the committee there and then would be rather a mistake, and we could do better by taking a little leisure—by which I do not mean delay. I am quite sure the urgency was fully realised.

REPORT OF THE TREASURER.

The PRESIDENT: To our great regret our Treasurer is not with us. He is unfortunately laid up and unable to be present, so that I will ask the General Secretary to read the Treasurer's Report.

Major R. WORTH then read the Treasurer's report:

The credit balance shown is due to the revenue derived from examination fees.

The disbursements made for the preparation of the *Handbook* in 1921 were £140 8s. 4d. If there had not been this unusual expenditure in 1921 the revenue account, independent of the amount received from examination fees, would show an adverse balance of £9—this on the assumption that all the members would pay their subscriptions. The cost of the Journal for 1922 will be less than it was in 1921. At the end of 1922 we should be in a position to estimate whether the increased rate of subscription provides an income which will cover the Association's expenditure, independently of the revenue derived from examination fees. A large amount of subscriptions has been written off. This action was deferred from year to year in the hope that members who had served in the war would, in consideration of being excused their subscription for their period of service, continue their membership by paying the subscriptions due since their return to civilian life. A certain number responded to this appeal. The disbursements made for the *Handbook* have been, as in 1920, included in the miscellaneous account. Attention is drawn to the small number of applications for grants from the Asylum Workers' Convalescent Funds in order that members of the Association may remind their staffs of its existence. There were only two grants made in 1921 of £3 each. These grants were met by a final payment of £2 4s. 2d. received from the original Treasurer, and interest on deposit—£3 15s. 10d.—a curious coincidence.

The report was adopted.

THE REPORT OF THE EDITORS.

Lt.-Col. J. R. LORD read the report of the Editors:

At the last Annual General Meeting 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, was appointed to report as to the cost of printing the Journal, with power to invite tenders. This Committee reported at the Quarterly Meeting held in London on February 23rd, 1922. Competitive prices for printing the Journal had been obtained from seven printing firms of repute, based upon a tender representing a typical issue of the Journal. Each firm was given the details of additional work which would need to be undertaken. The lowest price was submitted by the firm which had for many years printed the Journal, and the recommendation of the Committee that Messrs. Adlard & Son & West Newman, Ltd., should continue to print the Journal was adopted by the Meeting. The result was very comforting to the Editors, who have been in the past much indebted to the printers for their reliable and conscientious co-operation in the publication of the Journal.

At the last Annual Meeting the Editors were unfortunately unaware that this matter would be raised, and were not prepared with any facts or particulars to guide the meeting. This year, however, they have been careful to review the finances of the Journal.

The last pre-war year's issue (1914) was a volume of 721 pages. Owing to economic conditions generally the size of the Journal needed to be curtailed during the war, culminating in 1919 in an issue of 322 pages. In 1920 the flow of work in the world of psychiatry began to return to a more normal volume, and it was

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1921.

REVENUE ACCOUNT—January 1st to December 31st, 1921.

Dr.		Income.		Cr.	
1920.	£ s. d.	1921.	£ s. d.	1920.	£ s. d.
918 0 6	To Journal—Printing, Publishing, Engraving, Advertising, and Postage	...	185 13 9	...	68 1 8
842 5 11	Examinations, Association Prizes, and Clerical Assistance to Registrar	...	43 5 10	...	18 15 4
29 12 2	Petty Disbursements, Stationery, Postages, etc.	...	...	...	69 13 0
185 15 2	Annual, General, and Divisional Meetings	...	...	...	15 4 1
116 4 0	Rent of Premises at 11, Chandos Street, care of Office	...	24 12 7	...	12 4 4
10 10 0	Audit and Clerical Assistance	...	...	...	...
153 11 3	Miscellaneous Account	...	253 11 2	...	...
			1578 19 0	...	1146 2 0
			1074 7 3	...	690 8 0
			18 2 5	...	...
				...	39 7 7
	Balance	...	445 9 6	...	...
			£3038 2 10	...	£3038 2 10

BALANCE-SHEET—31st December, 1921.

Liabilities.		Assets.	
1920.	£ s. d.	1920.	£ s. d.
306 6 5	To Journal Account, balance of	...	733 4 2
131 0 0	Examinations Account, balance of	...	400 0 0
7 8 0	Petty Disbursements Account, balance of	...	40 0 0
40 17 6	Meetings Account, balance of	...	30 4 7
29 15 7	Rent Account	...	23 10 0
32 15 7	Miscellaneous, balance of	...	237 19 1
12 5 8	Library Account, Dividends	...	...
115 14 10	Gaskell	...	456 14 6
144 1 4	Income Tax	...	230 18 6
3 13 0	Dividends	...	189 11 6
28 10 0	Income Tax	...	58 18 2
61 17 1	Dividends	...	119 15 8
939 11 5	Asylum Workers' Convalescent Fund	...	259 15 6
	Balance at 1st January, 1921	...	266 3 8
	Add Balance as per Revenue Account	...	1830 5 10
	Increase in Valuation of Investments	...	3412 3 4
			3077 12 11
	Deduct:		
	Balance of Revenue Account	...	...
	Subscriptions written off	...	...
	Investments, depreciation of	...	...
			3938 12 4
			£4866 1 2

(Signed) JAMES CHAMBERS, Hon. Treasurer.
(Signed) ROBT. GODDFELLOW & Co.

COLIN McDOWALL } Hon. Auditors.
C. MOLESWORTH TUKE }

absolutely necessary in the interest of the Association to embody more of it in the pages of the Journal. The Journal for that year rose to 526 pages, which at current prices was costly. A further return to normal has been effected during 1921, the size of the Journal increasing to 581 pages. There are still sections which cannot yet be properly undertaken, such as the review of mental hospital reports, but medico-legal notes are being resumed this year.

The cost of printing, reproduction of plates, etc., has been coming down since 1921, and it is hoped that financial considerations will permit very soon of the Journal resuming its pre-war size.

The financial details for 1921 are as follows. The statement can be taken as in general accurate:

Printing—

	£	s.	d.	£	s.	d.	£	s.	d.
Basic cost	513	3	2						
Trade increases	408	13	6						
	<hr/>			921	16	8			
Reprints	30	6	8						
Wrappers and despatch	50	2	6						
Stationery and index, etc.	12	14	4						
	<hr/>			93	3	6			

1015 0 2

Credit—

Sale of Journal	185	12	9						
Advertisement	24	12	7						
Grant for plates	20	0	0						
Maudsley Grant	79	3	0						
	<hr/>			309	8	4			

Cost of Journal to Association 705 11 10

It will thus be seen that each quarterly copy of the Journal issued during 1921 to a member cost about 5s. 6d.

The Editors are ever mindful of the fact that many members can only rarely participate in the meetings of the Association, and they think that if the membership of the Association is to be retained at its present level or increased the Journal of the Association must be of such a character that members feel repaid to a large extent for their annual subscription.

The Editors regret that Lt.-Col. W. R. Dawson, *O.B.E.*, found it necessary to resign his position as Co-Editor. He had rendered valuable assistance to the Journal for many years, which embraced a period long before he was officially connected with it.

They would also like to draw the attention of the Association to the voluntary work done by reviewers and epitomisers. No less than 36 books were reviewed and 100 articles epitomised during 1921. This represents an amount of reading and close study which the Editors feel sure the members of the Association are most grateful for. (Applause.)

The PRESIDENT: It is a very comprehensive report, and very satisfactory, and I take it it is received and adopted. (Agreed.)

REPORT OF THE AUDITORS.

Dr. COLIN MCDOWALL read this report:

We have this day examined all the vouchers and books of the Association, and beg to report that the Balance-Sheet and Revenue Account present accurately the financial position of the Association.

Dated this 11th day of July, 1922.

COLIN MCDOWALL } *Hon. Auditors.*
C. MOLESWORTH TUKE. }

Received.

REPORT OF THE EDUCATIONAL COMMITTEE.

Dr. A. W. DANIEL: The Educational Committee beg to submit the following report:

The meetings held have numbered four, and the average attendance has been

twenty. During the year one case of collusion at the examination for the Nurses' Certificate was dealt with, and two cases of misconduct, in one of which no action was taken and in the other the name of the offending person was ordered to be removed from the Register.

The following institution was recognised for the training of mental nurses—Rempton; and for the training of those nursing mental defectives—Monyhull, and The Manor, Epsom.

The results for the year of the examinations for the Nursing Certificate are not yet available. The number of entrants for these examinations is as follows: Preliminary, 3,888; Final, 1,939. This compares with Preliminary 4,228; Final 1,382 for the previous twelve months.

For the Bronze Medal two essays were received, but these have not yet been adjudicated. There were three candidates for the Certificate in Psychological Medicine, and two of these were successful.

Two candidates presented themselves for the Gaskell Prize, and both failed to reach the required standard.

The PRESIDENT: You have heard that report, which is quite an interesting one and full of the year's good work. May I take it it is received and adopted? (Agreed.)

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. R. H. COLE read this report:

Your Parliamentary Committee has held four meetings during the past year. The Asylums Officers Superannuation Act has been considered with regard to proposed amendments, but it has not been possible to proceed further with these at present.

The Supplemental Register for Mental Nurses under the Nurses' Registration Act having been established, your Committee has advised the Council to take steps to encourage mental nurses to avail themselves of registration.

Your Committee has continued to urge the need of legislation as regards England and Wales for patients suffering from mental disorders in their early stages. It is hoped that a Bill will be introduced into Parliament this session. In connection therewith your Committee has carefully considered what Government Department should exercise supervision of such a measure, and it has expressed its view that the supervising body should be the Board of Control.

Your Committee has brought before your Council the matter of reports and certificates, which are increasingly demanded from mental hospital medical officers concerning service patients and insured patients.

I beg to move the adoption of this report.

Prof. ERNEST W. WHITE: Arising out of this report I beg to move the following: "That in the opinion of this Annual Meeting of the Medico-Psychological Association of Great Britain and Ireland, it is very desirable in the interests of the general community that all mental nursing homes and private houses receiving mental patients for care and treatment should be registered and periodically inspected officially." We all know that a Bill which was slightly alluded to is coming very quickly. We all know the abuses in the past, which I had the pleasure of showing up when I was President in 1903—all the abuses then existing in some nursing homes. We all know this Bill will tend very largely to the ever-increasing treatment of patients in private care in single houses, and we all know the necessity therefore that the public at large and the general community should feel that these houses are properly administered. Now, my proposition studiously avoids any intrusion on the privacy of the patient. The supervision is merely that the house should be properly adapted and suitably administered. There is no interference with the privacy of the patient. But it is more than ever essential that these houses should be properly supervised, so that so far as possible there should be no chance of any harshness of treatment or inadequacy of administration, and it is with that object, seeing that this Bill will shortly be introduced into the House, that I propose this motion to-day. I honestly believe it will have the acceptance of you all. I believe, further, that it will not be opposed by the general public. If I had embodied in it the general nursing homes I believe we should have had great opposition from a certain section of the medical profession, but as I confine it strictly to our own section I do not think we ought to have that opposition, and therefore I feel a certain amount of confidence in proposing this to you to-day.

The PRESIDENT: This is a motion arising out of the Parliamentary Report. Does anybody second it?

Lt.-Col. J. R. LORD: Is this matter one clearly arising out of the Parliamentary Committee's report? If it is a new motion should it not have been on the agenda?

The PRESIDENT: I am taking this as a motion arising out of the report of the Parliamentary Committee.

Dr. J. G. SOUTAR: I fail to see what part of the Parliamentary Committee's report this arises out of.

Lt.-Col. J. R. LORD: We should like to be quite clear about it. I have no doubt many of us are in sympathy with the resolution, but we would like to be in order in discussing it.

The PRESIDENT: There being no seconder I suggest that we pass on. It does not mean that there is any hostility to a sentiment which must appeal to many.

The report was then agreed to.

REPORT OF THE LIBRARY COMMITTEE.

Dr. COLIN McDOWALL read this report:

During the 1921-22 session 30 volumes in all were issued from the Lending Library for the use of members, while during the previous year 35 volumes were issued. The Reference Library has been used more largely, but no record is kept of the number of books referred to. No new books have been purchased during the last two years. There has been a charge of threepence made for postage for books which are sent out from the Library. This charge does not cover the actual cost of postage, and perhaps would be better discontinued.

Medical periodicals have been circulated among the members who have asked to be placed on the list. The following is a list of the periodicals: *American Journal of Insanity*, *Journal of Neurology and Psycho-Pathology*, *L'Encephale*, *International Journal of Psycho-Analysis*, and *Journal of Abnormal Psychology*. This list appears to be very limited, and will be added to should any member express in writing a desire to have any particular journal circulated.

Dr. COLIN McDOWALL, in moving the adoption of the report, said:

I have a letter from Dr. Rayner, which he wrote to me when I sent him the Report. He writes saying: "I should like to add that this list of periodicals is very limited, and that in the interests of scientific work in mental hospitals it is desirable that all foreign and other journals should be available for references to the medical officers. The committees of mental hospitals are responsible for the encouragement of such scientific work, and it is suggested that they should be appealed to by the Medico-Psychological Association to aid in the work of supplying this need. I would further suggest that in moving the adoption of the report you move that a small committee be appointed to carry out this appeal in the manner best calculated to ensure support. I would do so if I could attend." Then he says rather pathetically, "I made a similar suggestion many years ago, but things were very different then. I am sure that now one could get the support of the Board of Control and Dr. Bond."

I beg to move the adoption of the report.

Dr. W. F. MENZIES: There are no new books bought. You remember last year you ruled, or I ruled, that it was out of order, and it was carried by the Chairman of the Library Committee at that meeting, against the wish of the Council, that a grant should be made. Well, that was a very severe thing to do against the wish of the Council; still, it was done, and yet apparently the grant has not been expended. May I ask why?

Dr. COLIN McDOWALL: I can only say no money, I understand, was available, and I made an application this year to the Secretary of this Association for money, and I am afraid I have not had an answer to that letter. I applied for £20. I am quite sure we will get this money, and the Association can rest assured books will be purchased, but it seems rather sad to think that only thirty books were issued last year. This 3d. a time now, I hope, will be cut off, and that will perhaps encourage members to apply without the fear that they will be charged something in addition.

Dr. W. F. MENZIES: Last year's grant has expired.

Major R. WORTH: Might I say all applications received by the Secretary are promptly sent on to the Treasurer.

Dr. W. F. MENZIES: Are we to understand that the Library Committee can get this £20 now?

The PRESIDENT: I was going to ask. I think the Association will respond to this appeal on the part of the Library Committee. There is a vein of pessimism running through these remarks, but I do not think it is very sound, because although not many of these books are asked for through the post I do notice a good many make use of the Library. It is very rarely I go in there casually without finding someone making use of it. When I was a member of the Committee I used to say that the members of the Association did not seem to know the books that were there. Some of them are quite of historical interest, which I do not think they would get easily elsewhere, and if there was an accessible catalogue, the demand I think would be very much greater. I do not think it is going to die a natural death. I would be very sorry, and I am going to put it to the meeting that we grant this £20 asked for, and we shall hear this time next year how it has been expended. (Agreed.)

Dr. BEDFORD PIERCE: With regard to the other suggestion which came from Dr. Rayner, I hope it won't be lost sight of. In making inquiries I find it is not very common for our public asylums to have a library at hand for the use of medical officers, and yet it seems to me to be a very small expense to keep it going, and I think if it was put before the mental hospital committees it would be favourably considered. My Committee were always willing to buy new books for the benefit of assistant medical officers, and there is now quite a respectable library, and I think that should be general in our institutions. The annual expense is very trifling if you only purchase new books as they come out, and I hope Dr. Rayner's suggestion will be accepted.

The PRESIDENT: May I take it this is referred to the Council as suggested? (Agreed.)

THE SUB-COMMITTEE ON POST-GRADUATE STUDY.

The PRESIDENT: With regard to the Post-Graduate Committee, of which I am Chairman and Lt.-Col. Lord is Secretary, we would have liked to report further, and the fact that there is no report is entirely my fault. The Sub-Committee has had several meetings, but my time has been so completely filled that I have not been able to co-operate in the production of a report, but with the cessation of the occupancy of this Chair I hope an easier time in one or two directions is in store for me.

DATES OF THE ANNUAL AND QUARTERLY MEETINGS.

The quarterly meetings for the ensuing year were agreed to as follows: November 23rd, 1922, February 22nd, 1923, May 24th, 1923. The next annual meeting would probably be held in London.

THE MAUDSLEY LECTURES.

The PRESIDENT: It has been suggested, and I think it is generally agreed, as regards the Maudsley Lectures, that it will be better for the sake of both lecture and lecturer that a longer notice should be given than hitherto, and that appointments must be made as far as possible for three years ahead. The three years' notice would begin next year. Subject to their respective consents being obtained, the next Maudsley lecturer will be Dr. Clark, Professor of Psychiatry in the University of Toronto, then Dr. Carswell in 1924, and Dr. Percy Smith in 1925. With regard to Dr. Clark, of Toronto, seeing that he has been given but little time in which to decide whether he will accept the invitation or not, it has been suggested that he be offered an option of two dates, namely, May, 1923, or the next Annual Meeting.

ELECTION OF CANDIDATES AS ORDINARY MEMBERS.

The PRESIDENT appointed Dr. G. Douglas McRae and Dr. F. H. Edwards as scrutineers for the ballot.

The candidates were all elected as follows:

R. MARY BARCLAY, M.A., M.B., Dipl. Psych. Edin., 15, Rankeillor Street, Edinburgh.

Proposed by Drs. G. M. Robertson, W. McAlister, and E. Connell.

GEORGE GIBSON, *D.S.O.*, M.D., F.R.C.P.Edin., Deputy Commissioner, General Board of Control, Scotland, 23, Cluny Terrace, Edinburgh.

Proposed by Drs. Hamilton C. Marr, James P. Sturrock, and W. M. Buchanan.

ALBERT WILLIAM GREGORSON, M.D., Ch.B., F.R.F.P. & S.Glasg., Assistant Medical Superintendent and Physician, North Middlesex Hospital, Silver Street, Upper Edmonton, N. 18.

Proposed by Drs. E. Laval, H. Yellowlees, and R. Worth.

DOUGLAS CHALMERS WATSON, M.D., F.R.C.P.Edin., Physician, Royal Infirmary, Edinburgh; 11, Walker Street, Edinburgh.

Proposed by Drs. G. M. Robertson, C. H. Bond, and R. Worth.

RALPH ATHELSTANÆ NOBLE, M.B., Ch.M.Sydney, D.P.M.Camb., Medical Superintendent, Red Cross Hospitals for Nervous Diseases, N.S.W., Australia; Neurologist, Ministry of Pensions, England; c/o Commonwealth Bank of Australia, 36, New Broad Street, London, E.C.

Proposed by Drs. C. H. Bond, J. Macpherson, and T. S. Good.

SIR FREDERICK WILLIS, K.B.E., C.B.

At this stage the President intimated the names of several members who had written regarding their inability to attend the Annual Meeting, and on the motion of Sir Robert Armstrong-Jones a message of sympathy was sent to Sir Frederick Willis, the Chairman of the Board of Control for England and Wales, who was unable to be present owing to his having undergone a serious operation.

DEMONSTRATION BY DR. CHALMERS WATSON.

The PRESIDENT: You will notice on Friday there is a paper to be read by Dr. Chalmers Watson, and in connection with his paper he has gone to very great trouble in arranging in his ward in the Royal Infirmary a demonstration which you are invited to visit any day this week. I am sure you will find it of the greatest interest, and the opportunity should not be missed. I think the lesson to be learned from it is the value and urgent call there is now for the constant use of a clinical laboratory in connection with every-day clinical medicine.

PAPER.

"The Out-patient Treatment of Early Mental Disorder. The Neurological Clinic, and some of its Functions," by Dr. A. NINIAN BRUCE (see p. 385).

The PRESIDENT: I may say we are all very much obliged to Dr. Bruce for the extremely interesting, practical and important paper he has just read. It touches on so many items in which I have personally much at heart that it is with considerable self-restraint that I am going to sit down and suggest that some others should at once commence the discussion. There are a great many here to whom many of his points appeal in their work, present and past.

SIR FREDERICK MOTT: I have listened to Dr. Bruce's paper with great interest. It appeals to me very much, especially his view that neurology and psychiatry are inseparable, and for that reason in connection with the Diploma of Psychological Medicine we require all persons to pass in neurology, and I am quite certain the medical officers in mental hospitals have greatly benefited by this teaching they have had. I was particularly interested in Dr. Bruce's statement of the unity of the psycho-neuroses and the psychoses, because I think it is very difficult to draw a hard and fast line between them. With regard to the psychoses, I have myself made some observations which seem to show they are one group. You have women coming into the mental hospital, and you do not know whether they will get well and be discharged, or whether they will be discharged and come in again, or whether they will remain and develop dementia and never leave the mental hospital. I have cases in which they were diagnosed as confusional insanity where they have come in again and remained as dementia præcox cases. These cases died later in life, and one finds the same changes in the brains of these cases as in the cases which never recovered. With regard to dementia præcox in males, I have found the same there. I have found marked regressive atrophy of the testicles, so that I think there is the material at hand from which to associate all these cases in one great group. With regard to the state of the

ovaries, you will find the same regressive atrophy in cases of the psychoses, and general inadequacy at the highest cerebral levels. I should like to say I think there is a material reason why this highest level should be liable to degenerative changes. If you regard the anatomical development of this highest level which forms the great bulk of the nervous system you will see it is developed from very few of the protomeric cells of the neural tube. You may have an arrest in development, or you may have a breaking down in adolescence from psychological or pathological stress. I have numbers of cases in which an imbecile breaks down, in which you find an arrest of development of the supragranular pyramids, and then the acute change in all the cortical layers. Then again in cases which were admitted for confusional insanity and cases of dementia præcox you find the same degenerative changes, so that I think we must regard this disease rather as on a material basis, and I am sure myself that we do not know enough yet about the influence of the endocrine glands, but Dr. Kojima investigated 110 cases I made post-mortems on, and very carefully weighed the endocrine glands, and when one compares that examination with what one finds in hospital cases you see how frequently the endocrine glands show abnormality. On those lines I think we find important evidence to explain some of the mental conditions we know do arise. I entirely agree with Dr. Bruce with regard to the out-patient treatment of a large number of cases, and if it is possible to keep these clinics separate from the mental hospitals, because by that means you will get them early. You will not get them early if they think these clinics are half-way houses to asylums. On these grounds I think it is very desirable in a city or town where there is a mental hospital if they established a clinic it should be away from the mental hospital if possible, but have an expert from the latter to see the cases. (Applause.)

Dr. T. C. MACKENZIE: Those of us who were Edinburgh trained under Sir Thomas Clouston twenty or twenty-five years ago recognise in what Dr. Bruce has said to-day an echo of what our great teacher emphasised so constantly and persistently—early treatment of incipient mental disease, removal of the stigma, and so on. Another point is that one feels that there is an immense amount of hypothesis yet underlying the work which Dr. Bruce has covered in his paper this morning. It is not even theory, and I think Sir Frederick Mott has said what many of us feel, that we are on more sure ground in approaching the subject from the side of physiology and pathology.

Dr. W. R. DAWSON: I have been much interested in this paper, but I think on many points the reader is in the position of preaching to the converted. We are all in favour of treatment outside a mental hospital as long as it is safe to do it. As regards the closer association between psychiatry and neurology I have long thought this a very important subject. I remember in an address delivered so long ago as 1899 urging strongly there should be a *rapprochement* between them. I am perfectly certain that the more the two coalesce; the more the psychiatrist assists the neurologist, and the more the neurologist understands the view of the psychiatrist; the better will be the results for the patients of both. I was President of the Special Medical Board for almost the first two years of its existence in Dublin, and I can confirm what Dr. Bruce said about the difficulty in dealing with pronounced nervous cases or mild mental cases because there were not the same facilities in the way of neurasthenic hospitals as since the war. I hope during the next few years to see the development of the establishment of these outside clinics. I should like to emphasise what Dr. Bruce and Sir Frederick Mott have said, that although these clinics should be outside the mental hospitals, they should have a man with mental hospital experience connected with them always. The danger is that men who have had no real experience except what they have picked up in private practice will be appointed to posts like these. I do not want to disparage such men, but I think the result of taking a man who has had no real training in the treatment of mental disease will not be good for the clinic or for the patient.

Dr. J. G. SOUTAR: It is true, as has been stated, that much of the nature of pure hypothesis is associated with the conception of the psychic origin of the disabilities which we are discussing. I do not think that this criticism has validity to discourage investigation on psychic lines. So far physiologists and pathologists have failed to explain phenomena observed in many instances. In a large number of cases definite degeneration occurs. In these, treatment on psychic lines can have no influence except on coincident secondary functional manifestations. There are, however, many cases which in their symptoms seem to be identical with

those in which definite alterations in structure have been ascertained, yet they recover, and often quickly, under "psychic" treatment. We are groping after the understanding of this. Hence the necessity for tentative hypotheses to give direction to investigation.

Dr. J. F. DIXON: I have just one remark to make, and that is with regard to the training of the future specialists at the outdoor clinics. I think if I am correct Dr. Bruce envisaged a time when the asylums will be filled with chronic and dangerous lunatics, and there will be none of any other type there. I think the medical superintendent of such an institution will hardly be equipped from his experience and training to undertake the successful treatment of patients in the out-patient department, because he will then have had no experience of recent cases.

Dr. G. DOUGLAS MCRÆ: I agree with Dr. Dixon. The public are already very strongly prejudiced against asylums and asylum treatment. I think you, Mr. President, last year drew attention to that very forcibly, and I think the point should not be lost sight of. We have been struggling for years to make our asylums hospitals. There is scarcely an asylum that has not got a thoroughly equipped hospital for acute cases connected with it. Many of the cases never go in among the chronic and supposed dangerous lunatics. They pass through the hospital department, and are treated by men who understand the disease as far as any hypothesis can enable them to do so. I strongly deprecate the suggestion that the asylum of the future is going to be filled and packed with chronic lunatics. I deprecate it because the vast majority of the asylum patients are by no means dangerous. A great many of them are simply mildly demented, and unable to earn their living and conduct themselves in ordinary society. Their weakness is not such a terrible condition that they deserve the stigma—public ignorance is the stigma—and I think we ought to stand up more firmly for our asylums and get the public to understand what work we really do. I do not think we ought to leave the public under the impression that the mental specialist is a man who deals with chronic dangerous lunatics. I say if you have an individual who is so dangerous he ought to be in a state asylum. The ordinary asylum ought to be a hospital for the care of mental cases, not a place for incarcerating people. Immediately a patient becomes dangerous we ought to pass him over to the Government as dangerous, and leave ourselves free as medical men to look after the other patients. I object to the asylum being selected as a place where a lot of dangerous lunatics are to be incarcerated.

Dr. H. YELLOWLEES: In connection with what Dr. McRae has just said, may I state one thought that has occurred to me, namely, is it not extraordinary that the old fallacy that a dangerous case has any connection with a chronic case has once more been allowed to go unchallenged altogether? In many instances it is the recoverable cases that are frequently the most dangerous.

Dr. DONALD ROSS: At the risk of being discourteous, I should like to express my disappointment with the title Dr. Bruce has chosen for his paper.⁽¹⁾ While the substance of his paper was largely taken up with teaching us a good deal of what really we as psychiatrists know, I think the general public as well as anybody else wants to have it pointed out to them that we do know something about these things. A patient of mine who recovered said that the greatest stumbling-block in the welfare of mental cases was the general practitioner.

Dr. T. S. GOOD: I happened to come from Oxford, and there the public do not believe that the mental doctor is a man to be left out altogether. At one time people had fear of witchcraft, they had fear of being shut up in the mental hospital, but nowadays things have changed. It is up to us to educate the people by showing we are not people who want to shut them up. As regards treatment, it is only by investigating both the psychic and the physical side of our cases that we can do any good.

LUNCHEON.

By the kindness of the Chairman, Sir James Adam, O.B.E., and the managers of the Royal Hospital, Morningside, members of the Association and their ladies were entertained to lunch at the Royal Arch Halls, Edinburgh. Sir James Adam presided. He was supported by other managers, members of the General Board of Control for Scotland, and others. This hospitality was much appreciated by the numerous guests.

⁽¹⁾ Original title of paper Dr. Bruce read was "The Out and the Inside Treatment of Early Cases of Mental Disorder."—EDS.

AFTERNOON SESSION.—JULY 19.

THANKS TO THE RETIRING PRESIDENT AND OFFICERS.

Dr. T. C. MACKENZIE: I feel it a very great honour, and at the same time the responsibility has been laid upon me somewhat suddenly and very unexpectedly, to be asked to propose a vote of thanks to the Officers and Council of the Association. I rise to do so with feelings of considerable embarrassment, and I hope members will not expect too much of me in the performance of this duty. We all are aware of the amount of work that is entailed by occupancy of the Chair of this Association, and I think we are equally agreed upon the manner in which Dr. C. Hubert Bond has discharged these duties and responsibilities. (Applause.) He has occupied the Chair at a time when the whole of lunacy administration, in which he is, in his official position, particularly interested, including psychological medicine and National mental hygiene, has been raised and canvassed, and the Association has to be congratulated that in such a year Dr. Bond has been its official head. (Applause.)

I have also to express our thanks to our Treasurer, Dr. Chambers, who is unable on account of illness to be present this afternoon. I feel again my unfitness to speak of so devoted and revered a member of our Association as Dr. Chambers. I have met him on different occasions, and I think it is recognised that in Dr. Chambers the Association possesses not only an official in whom it can very securely trust its purse and financial matters, but a member of very special gifts and charming manner. We all deeply regret his absence this afternoon.

As to our General Secretary, Major R. Worth, I have not been a Divisional Secretary, but I have some knowledge of what the work of a Divisional Secretary must be; but what it must be to be General Secretary of the Medico-Psychological Association of Great Britain and Ireland—and I may say particularly in the present circumstances of Great Britain and Ireland—none of us perhaps can estimate, but we do assure Major Worth that we appreciate very cordially the energy and capacity, the tact and courtesy and all the other desirable qualities that he has exhibited. (Applause.)

I have also to refer to the debt we owe to our Registrar. Dr. Miller, unfortunately, for reasons of illness in his own family, is also unable to be present at this Annual Meeting. Well, Sir, I speak with some sense of what Dr. Miller may be feeling with regard to one important department of the work of the Association, and I imagine, that metaphorically speaking, he is rather tearing his hair over the work of obtaining results for the recent Nursing Examination. But that is only one point of the work and the worries that the Registrar of this Association has to carry through. Dr. Miller has been a long-established holder of his present office, so that it is quite unnecessary for me, I am sure, to repeat what has been said on many previous occasions of the debt which the Association owes to its Registrar. (Applause.)

There are also the Editors of the Journal. Every department of the work of the Association is onerous, exacting and responsible, and we have already had before us this morning the report of the Editors of the Journal, from which the Association understands the difficulties that have arisen of late, and also how they are overcoming them. I think the Association owes its very hearty thanks to the Editors of the Journal. (Applause.)

I should like to include in the vote of thanks—I cannot pretend to go through all the officials of the Association, and all those occasional members who act in an occasional official capacity, so to speak—but I should not like to sit down without reminding you of our indebtedness to the Chairmen and Secretaries—more particularly the Secretaries, as our Chairmen will admit—of the Parliamentary Committee and of the Educational Committee. I should like the Association to know and to understand that Dr. G. W. Smith, the Secretary of the Handbook Committee, is a man who has done a vast amount of very hard and exacting work for the Association, and I think the Association ought to include him very heartily in its votes of thanks to-day. (Applause.)

There are others to whom I might refer. I might mention the Examiners. Their work has become very onerous. It is no joke to examine so many thousands of examination papers. It means a great deal of work to go through them conscientiously and correct them.

With these remarks I hope I have been sufficiently inclusive. I may have made some omission, and if so I express my apology and regret for it, but I have very much pleasure in asking the Association to accord its very genuine and very hearty thanks to all the Officers and the Council of the Association. (Applause.)

Dr. J. G. SOUTAR: When I followed Dr. Mackenzie this morning in the discussion there was just a shade of difference of opinion between us, but there is no difference between us on this subject, and I have pleasure in seconding the vote of thanks he has proposed in that delicate way of which he is a master, in a speech which has, I hope, let the different gentlemen referred to realise how highly we appreciate their services. I can only say they are carrying on the work of the Association in the spirit of a past of which we have reason to be proud of.

The vote was carried by acclamation.

The PRESIDENT: My penultimate duty in the chair is to return thanks on behalf of myself and all the officers and members of the Council of the Association for this vote of thanks for our labours, and the way you have received it. With regard to the officers there is no one in a better position than myself to endorse every word both Dr. Mackenzie and Dr. Soutar have said, and I take the opportunity gladly of expressing my own great debt of obligation to them. My position as President would have been absolutely impossible without their ever-ready help and the long-tried advice of the Council. It is not for me to add anything to what has been said by Dr. Mackenzie and Dr. Soutar, but as one behind the scenes you will pardon me if I do just accentuate the remarks in one direction, and that is to emphasise anything that can be taken to refer to Dr. Buchanan, the Secretary of the Scottish Division. We have started evidently on what is going to be an extraordinarily successful meeting, and I know that your new President and the General Secretary will endorse everything I might go on to say of how much we are already, and will be still further, indebted to Dr. Buchanan for the success of this meeting. These are nearly the last words I am entitled to address to you as President, and I will make them brief. You all know that I entered on my duties with very great diffidence, but that was banished by the fact that I very quickly found that I was among both new and old friends, and that there seems to be something more than a feeling of sympathy between us. Papers and discussions are a *sine quâ non* to a Society that pretends to be scientific, and I take this opportunity of thanking most cordially all those—and they are many—who have contributed papers for their help in my year of office. The more discussions we have the better, and among future ones I hope the Association may ere long, if I may venture to say so, take up the question as to whether we are satisfied with our nomenclature on mental disorders, and whether it has not outlived itself. But after all is said and done, I believe the chief value of these meetings is that we get to know each other's difficulties and our ties of fellowship are constantly being strengthened. I want to give one word of apology and regret that I have not attended the Divisional Meetings. It was my firm intention to attend every one, or at least one in every Division. I have only been successful on one occasion; the will was there, but the exigencies of other work made it impossible. Finally, mention of these Divisional Meetings prompts me to say that during my year I have been greatly impressed by the growing importance of our Association: whether it can ever aspire to an addition to its name I do not know. The increasing attendance of members and others resident in the Dominions and other parts of the Empire is a source of both satisfaction and strength to us and, without elaboration of my thoughts on the matter, it does seem to me that the desirability of approaching those members with a view to forming Overseas Divisions might well be considered; including minor changes in the constitution of our Association whereby, from time to time, we might find our President outside the British Isles. (Applause.)

INSTALLATION OF THE NEW PRESIDENT.

The PRESIDENT: Professor Robertson, my final duty is, to my mind, an extraordinary inversion of the proprieties. Though an Englishman, cannot I yet say that I was brought up in this city, at the feet of Gamaliel—you being my Gamaliel? So that if Fate had it in mind that there was to be this induction ceremony between us it ought to have been the other way about. The explanation of that no doubt is simple and relates merely to the rotation of the occupancy of the Chair, whose orbit circumstances occasionally force to be erratic. It has

given me, however, one of the greatest pleasures of my life; namely, to be President of the Association, and to come to my old University city and find myself in the position of inducting my old colleague and the Professor of Psychiatry into this Chair. In divesting myself of this badge and investing you with it, may I wish you most heartily a happy year of office. It cannot be happier than mine. That it may be equally so, and that is the best wish I can give you. (Applause.)

Prof. G. M. Robertson (the new President) thereupon took the chair.

The PRESIDENT: Dr. Bond, Ladies and Gentlemen.—I have to express my most grateful thanks to the Members of the Medico-Psychological Association for the honour they have done me in electing me their President, and I have also to thank my old friend and colleague—I will not say pupil—Dr. Bond, for the very kind remark which he has made regarding myself when installing me as his successor. I may say it has been an additional pleasure to me to have succeeded my old friend Dr. Bond. Dr. Bond, however, has set so high a standard of efficiency as President of the Association that I feel it is almost hopeless to aspire to follow in his footsteps. I will do my best, however, and I know I can depend upon the officials of the Association, as he has done during his term of office, including the General Secretary, Treasurer, Registrar, the Editors, and the Divisional Secretaries, to help me as they ever helped former occupants of the presidential chair. I wish to take the opportunity of saying how exceedingly sorry I am—and I am sure all of you are—that Dr. Chambers, our revered Treasurer, and Dr. Miller, our Registrar, are unable to be present to-day. Without these two officials—I might almost say permanent officials—the meeting does not seem to be quite itself. Now, the first duty of the President is to deliver his address, and the subject I have selected is a simple one, in which, however, I have been deeply interested, and I hope that it may help the public, who are really the audience to which I speak, and create in their minds an accurate picture of the modern mental hospital, its work and its ideals. The title I have selected is that of “The Hospitalisation of the Scottish Asylum System.”

The President then delivered his address, which was listened to with the greatest interest (see p. 321). Many passages were heartily applauded, and evidently voiced the sentiments of the audience generally.

Sir ROBERT ARMSTRONG-JONES: I rise with feelings of very great pleasure at being honoured to move the resolution of thanks. The address was all too short. The first key-note of the address was hospitalisation, and the second the gospel of human kindness—that is to say, skill in treating a disease in order to cut it short, and especially kindness, forbearance and sympathy in dealing with this illness, an illness which we all know is the greatest terror to the human race, and equally so both to the rich and to the poor. I would like to say that this address strikes me as a new departure. It preaches the quality of the heart rather than the quality of the head. It also raises to a very high level the value and excellence of administrative capacity by which our patients benefit. We wanted an address of this kind, and I have felt it is opportune. There is nobody who has felt the calumnies and odious assertions made with regard to the mental hospitals more than myself. They have also taken hold of the public mind, and this address, I venture to say, will go further than any address I have ever heard in reassuring the layman's mind. It is an address that ought to have been delivered earlier, but we have it now. I have long watched the upward and distinguished career of Prof. George Robertson, and I have watched him from Perth to Stirling, and Stirling to Edinburgh, where he is now the able successor of Sir Thomas Clouston. Prof. Robertson's great energy and great capacity for management augur well for this Association. May he have a very successful year, as I know he will have a very arduous one. I have been asked to move this resolution because I am one of his oldest friends. I think I am the oldest member present of this Association, and I was your Honorary General Secretary for nearly ten years. I have the greatest pleasure in asking you to pass a very cordial and hearty vote of thanks for the excellent address to which we have listened. (Applause.)

Dr. W. R. Dawson: I have very much pleasure in seconding the vote of thanks proposed by Sir Robert Armstrong-Jones. I had the less hesitation in doing so since Sir Robert Armstrong-Jones was to precede me, and I knew from my previous acquaintance with his powers that his proposal of the vote of thanks would leave very little responsibility on my shoulders. Nevertheless even if he had left more it would have given me great pleasure to undertake it for various reasons, not

only because Prof. Robertson is an old friend, but because of the great position he holds in the School of Edinburgh and at Morningside Royal Hospital. I consider it one of the greatest honours of my life to have been formerly, if only for a short time, a member of the staff of the latter institution, and to have received my first training in psychiatry from Sir Thomas Clouston. We are not supposed to discuss the address, but there is just one point I should like to make, and it is that this address, which gives so excellent an account of the progress and advance of psychiatry in Scotland, shows that this progress has come entirely from within. It has not come from officious criticism on the part of busybodies who think they know better than the men who have studied the subject for a lifetime. It has come from the Committees, the Superintendents and others associated with the asylums themselves, all of whom have striven to improve their speciality and to do their best for the patients placed under their charge, and I entirely agree with what Sir Robert Armstrong-Jones has said, that the more wide publicity the address gets the better it will be not only for those who are associated with the asylums but for the public themselves and the patients and their friends. I have no doubt Prof. Robertson will have a successful year of office. He has begun well, and I have no doubt he will continue better. For these reasons it gives me the greatest possible pleasure to second the vote of thanks, which I am sure will be passed with acclamation.

The motion was accepted with great enthusiasm.

The PRESIDENT: I have to thank you all for the kind way in which you have voted me this thanks for the address which I have just delivered to you, and it has been particularly pleasing to me that this vote of thanks should have been proposed by Sir Robert Armstrong-Jones from the other side of the Border, and by Dr. Dawson across the Channel. I trust that this address of mine may be of some service in calming the agitation of certain people—an artificial and improperly stimulated anxiety—but I feel that the general public as a matter of fact does not take the real interest in the care of the insane or the mentally afflicted that it ought to take. I think myself that they really are on the whole somewhat apathetic, and all they are interested in at the present time is anything in the way of a scandal, or criticism. The real interest in the care of the insane I do not think exists, therefore it behoves us all the more to do a certain amount of education of the public. I think more should be done on these lines. After all, the strength of any movement for the care of the mentally afflicted must come from the general public. I was very pleased indeed by the reference Dr. Dawson made to the fact that most of these reforms had come from the mental hospitals and from those in charge of them. I feel we have been most unjustly dealt with, and had we not had the interested and sympathetic help of our Committees, influenced no doubt by the medical officers charged with the care of the insane, we would have been much further back than we are at the present time. I do not think there is any country in the world in which the insane as a whole are treated so well, and certainly I know of no country in which they are treated with more consideration and kindness than in Great Britain. I have to thank you all for the way in which you have listened patiently to my address. (Applause.)

Tea was then served and the meeting adjourned until the following day.

THE PRESIDENT-ELECT'S GARDEN PARTY.

On the previous afternoon (Tuesday, July 18) Prof. G. M. Robertson (President-Elect) and Mrs. Norman Ritchie held a reception at Tipperlinn House, Morningside, to which members and their ladies were invited. There were many guests, and music, tea, tennis, clock golf and warm sunny weather all went to make the occasion an enjoyable one. It was a happy reunion of members drawn from all parts of the Kingdom, and a pleasant prologue to the more serious business of the morrow.

THE DINNER, JULY 19, 1922.

The Annual Dinner was held in the Hall of the Royal College of Physicians, Edinburgh. The President (Prof. G. M. Robertson) presided over a company numbering about 150. The guests included the Rt. Hon. Lord Provost Hutchison and Mrs. Hutchison, Principal Sir Alfred Ewing and Lady Ewing, Sir George Paul, Sir Arthur Rose and Lady Rose, Sir Robert Philip, Sir David Wallace and Lady Wallace, Mr. J. G. Jameson, M.P., Sir John Findlay, Mr. R. Scott Moncrieff,

the Rev. Dr. Fisher, Prof. Meakins, Sir James Adam and Lady Adam, and others. There were also present Prof. Roger, Dean of the Faculty of Medicine of Paris, and three of his colleagues from Paris and Lyons. The croupiers were Major R. Worth, Dr. John Keay, and Dr. W. M. Buchanan.

“THE KING.”

“THE PRINCE OF WALES.”

The PRESIDENT submitted these toasts, which were honoured in due form.

“THE CITY OF EDINBURGH.”

Dr. J. G. SOUTAR: Mr. President, My Lord Mayor (Laughter)—I beg pardon, the atmosphere of the south still clings to me—My Lord Provost, Ladies and Gentlemen,—When the President asked me to propose the toast of “The City of Edinburgh” I was rushed into acceptance by that wave of emotion which the very mention of her name is apt to arouse in those who have known Edinburgh and therefore loved her. It might be that some of my psychological friends from the south see in this bit of self-revelation evidence of that emotionalism which they associate with what in their politeness they would call senectitude, avoiding the more frankly expressive term “senility.” An active emotional response is the normal reaction to the stimulus which Edinburgh affords to those who really know her. I am experiencing the difficulty of putting into cold words the reason for and explanation of the charm which Edinburgh exercises, and of the grip it retains on those who for long have dwelt elsewhere. So much can be said that I am embarrassed, not by the poverty, but by the plenitude of the material. Of the many possible lines of thought which I might follow in proposing this toast, I ask you not to think of Edinburgh as a city in the ordinary sense, as a place of streets and squares, of fine buildings, beneficent institutions, renowned educational establishments, as the seat of enlightened civic government—though for all these she is famous—and of the beauty of her situation as an enduring joy-feast. I ask you rather to think of her as a potent and persisting suggestion, an atmosphere of influence, an environmental force which silently but irresistibly moulds succeeding generations of plastic youth to the tradition of spiritual, intellectual and political freedom, for which through its long and varied history Edinburgh has unflinchingly maintained her claim. The influence of tradition which Edinburgh inspires is the city's invaluable gift to her own and her adopted children. In its formative effect on character, it gives potency and purpose to the academic learning which Edinburgh's famous schools so amply afford. I give you therefore “The City of Edinburgh,” with which I have the privilege of associating the Rt. Hon. the Lord Provost, who, by the choice of his fellow citizens, is the representative and the guardian of that fair home of fine traditions.

The Right Hon. the LORD PROVOST, in replying, said: I must first of all thank Dr. Soutar very sincerely for the way in which he proposed this toast. I thank him also for the new title which he gave me. I have acknowledged many titles in the position I hold, but he has endowed me with another one which I will always treasure. I have occasion to reply to the toast of Edinburgh very frequently, but I always do so with a feeling of trepidation; but after all the City of Edinburgh does not need an advocate; she requires no spokesman, as Dr. Soutar has said. Edinburgh is known all over the world, and regarded with respect and with admiration for the beauty of her surroundings. These are natural acquirements for which she always has been and will be respected and admired and loved. But we cannot always live in the past. I am reminded of the fact that her fame is largely due to the medical school attached to our city. For long generations the Edinburgh School of Medicine has been famed for its pre-eminence in medicine and surgery, and as the science of psychiatry becomes better known I trust the School of Edinburgh will take a foremost place in that science also. We feel very honoured that your Association has chosen the City of Edinburgh for its meeting this year. And may I add a personal note—we feel very proud that Prof. Robertson is President this year. (Applause.) We in Edinburgh feel it is a well-deserved honour that he has been elected to this position, and we feel it redounds to the credit of the School of Medicine of Edinburgh. I should like to accord a very cordial welcome to the Association, and to those distinguished French visitors who are staying with us at present. (Applause.) We welcome them as honoured

guests, and we hope they will take away with them very pleasurable recollections of their visit to Edinburgh. I thank you, Sir, for the way in which you have proposed the toast of "The City of Edinburgh." (Applause.)

"THE UNIVERSITY OF EDINBURGH."

Dr. C. HUBERT BOND: In all the ups and downs of a thirty years' professional life, nothing has stirred greater emotion in me than finding myself, albeit one of the least in her kingdom, called upon to give beneath her very shadow the toast of this venerable and illustrious University. To many of us permitted by the courtesy of the College—whose Royal Charter of 1681 antedates the birth of even the University's Medical Faculty—to make good cheer in this beautiful hall, this toast is really one of *Alma Mater* in the fullest sense of those words; and to me, as it surely must equally be to others similarly privileged, it is with a feeling of grateful pride that I can claim to range myself among her alumni.

And what is the University whose health I am going to ask you to drink? Is it her stately buildings—old, new and ancillary—to which the visitor to the Queen of the North may perchance ask to be directed? Much could I say concerning them, for they are hallowed by memories and friendship which it would be pleasant to revive. But suffice it therefore to say that of her buildings she may well be proud, for representing more than utility they, as it were, appear "to satisfy some faith"; and, as that faith can never have contemplated anything short of the fulness of life, it will not be taken as unfilial to name some that so far have not emerged from abstract to concrete, and to point to the absence, for instance, of any University Temple; of that "fourth estate," a University Press; and—save perhaps for women and *pace* University Hall—the absence of any residential colleges. Personal reflection and a watch on the lives of juniors have convinced me that, admitting with deep gratitude the many and great, and in some measures unique, advantages of an Edinburgh education, the lack—outside seminar and laboratory—of the training and discipline begotten of college comradeship, and still more of that confraternity engendered by the healthy rivalry between several colleges, is a disadvantage which, I humbly submit, ought not indefinitely to be overlooked. To meet it the Union and the Athletic Club have done all they can, and for the use of the latter the recent purchase by the University of a second field is of good augury.

But no! Visit and admire them, within or without, as well as you may, it is not her buildings, not the static but the dynamic, energising and live University whose health we wish to drink. There are her three great officers—the Chancellor, a post which for over thirty years has been filled by the Earl of Balfour, accepted by the world as guide, philosopher and friend; the Vice-Chancellor and Principal, Sir Alfred Ewing, who to the University's great advantage is able to bring both inspiration and breadth of vision, as well as indefatigable energy, in the discharge of the multiplex and onerous duties of his office, and with whom I shall couple this toast; and thirdly, the Lord Rector, in whose triennial election the franchise is vested in the students, and mention of whom entitles me to include in our toast the health of the Prime Minister himself. As Rector he is President of the University Court, a body corporate endowed with very wide powers, administrative and disciplinary, and in which, by the *ex-officio* presence of the Lord Provost and an Assessor, the fortunes of the University and City are happily identified. It is, however, with the supreme functions of teaching and research that we associate the University; and, though we certainly will not omit from our thoughts her nearly 5,000 undergraduates—for it is they, to-morrow's mankind, with their annual tide of freshmen, drawn from all parts of the Empire and clamorous for knowledge, that provide her with perennial youth, imperialise her influence, guard her gates from the worm, and are the mainspring of her existence—nevertheless the core of our toast is appropriately the *Senatus Academicus* and the six Faculties.

The Kingdom of Knowledge is not only itself boundless but is devoid of dividing lines within, and it is only our own limitations that impose these subdivisions in teaching; but admitting their necessity—which, as it bids fair to increase, behoves a resolute guard against water-tight compartments, and especially does this danger beset medicine—we cannot but admire, and the University can justly be proud of her organisation for teaching and her success in continuing to attract teachers of eminence, not a few of whom we know as of world-wide fame. That they have entered into a great heritage, the creation of illustrious predecessors,

they would be the first to acknowledge, and also that it does but add to their responsibility. As to the efficiency with which this is discharged, an eloquent witness is the proportion of Edinburgh's over 13,000 graduates who have not only acquired honourable positions, but who, in response to the inspiration caught from their teachers, are themselves making still more brilliant the torch of knowledge.

This is mainly a medical gathering, and it will not be misconstrued if, for a moment, I single out the Faculty of Medicine. It takes some years, but thirty must certainly be enough and to spare, to provide that perspective needed rightly to appreciate what Edinburgh did for us. In my day—and it would surprise me if the same does not still hold good—we even dared to complain that we had too many lectures; among us this evening is an old friend of mine whose father said he would have sent him to Edinburgh had he been able to afford him two pairs of breeches to each suit. (Laughter.) Be that as it may, there were certainly no "wall lectures"; nor, recollecting the crowded benches at optional courses, can the credit for attendance at the others be claimed by the stalwart janitors with their card-collecting propensity; yet I am inclined to think that had we had a little more breathing time in which to work up and digest our scribblings, they would have been of still greater value. But, of my happy college days—and they were very happy—the two dominant notes now in my mind are, first, the complete and whole-hearted devotion of our professors and other teachers to the interests of the students; and second, the fact that we were made *to think*, both in lecture and at bedside—questions were put to the class which we were told to sleep on and think about, and the answers, sometimes from the lips of a student, were given next day. One of our Dons, affectionately known to us as "Honest John" (Cheers)—but he was by no means the only one—was particularly fond of this form of mental tonic, and while a multitude of his recited facts have faded from my memory, I can still recall all his questions and their answers. So long as the chord of these two notes rings true, Edinburgh teaching will ever be second to none.

You are impatient for me to give place to Sir Alfred Ewing, but permit me reference to just one other point, the omission of which you would not lightly forgive. In our own specialty of psychological medicine Edinburgh has taken a momentous and pioneer co-ordinating step, one which, subject to local consideration, it is the hope of my colleague Commissioners of the Board of Control to see adopted in the vicinity of each University in England and Wales, namely, a linking upon an official and permanent basis of the duties of the medical staff of mental hospitals with teaching and research within the University. Edinburgh has not only instituted a chair in Psychiatry—at least one English University for years has possessed such a Chair—but she has entered into an arrangement with the managers of the famous Royal Edinburgh Hospital at Morningside, under which, for the future, the posts of Physician-Superintendent and Professor of Psychiatry become a joint appointment, election to which is vested in the two bodies.

Not the least part of our satisfaction in the matter is the circumstance that the first occupant of this most important position is the newly installed President of our Association, Prof. G. M. Robertson (Applause), whom, not doubting but that his advice has been a material factor in the arrangement, we most heartily congratulate, as well as Sir James Adam and the other managers of the Royal Hospital at Morningside for their enlightened generosity in presenting £10,000 towards the endowment of the Chair. If not out of order, may I add that to bring psychological medicine—where it should be—within the main current of general medicine, one step further seems needed, namely, to make this union a triad, the additional partner that I have in mind being the Royal Infirmary.

I have detained you far too long. Edinburgh University is what all the world knows her to be. She fills, not a niche, but a sphere, whose void is unthinkable. Enthroned on crags in the Metropolis of the North, still more so is she in the hearts of all who know her. Therefore, all hail to the Thistle and Castle and Book! The Toast is "The University of Edinburgh," and with it I couple the name of the Vice-Chancellor and Principal, Sir Alfred Ewing, K.C.B. (Applause.)

Principal Sir ALFRED EWING, in replying, said: For some time back I have very unwillingly been obliged to admit in myself a tendency towards what Dr. Soutar has so pleasantly described as senectitude rather than senility, but to-night I have a much more difficult question before me. For the first time I find some doubt as to my mental stability! (Laughter.) And the reason is plain. Our President and the late President between them have a little conspiracy to test

the condition of my mind by administering to me a series of severe shocks. It was only when, after sitting down to dinner, I opened this programme and turned from the first page—which is wholly delightful—to the second that I learned I was amongst the speakers. But that is not the only test which your President has applied. In the course of conversation he has told me to-night what I never knew before—that I am a Deputy Governor of his insane asylum. (Laughter.) That is a responsibility from which I naturally shrink, a responsibility which I never contemplated. I suppose one has to qualify for it in the same way as one has to qualify for the bar—by eating dinners; but if they are all like this one I shall enter on my training with a comparatively light heart. Dr. Soutar said something about the power of persistent suggestion; although I am not a medical man I have heard of Dr. Coué, and I am afraid the suggestion before me is to take the form of saying, "Every day and in every way I am becoming madder and madder." Perhaps the best way to fit oneself for the post of Deputy Governor will be to read over again that admirable text-book on the subject, which was written by a member of the family of one of your predecessors, Mr. Storrer Clouston, under the title of *The Lunatic at Large*. (Laughter.) The President has given me another shock by reminding me that the University and the Asylum are in a sense next door neighbours, the University playing fields are coterminous, or, as we say in Scotland, march with the grounds over which he exercises governing control. The two are only separated, I believe, by a low wall, over which it is easy to jump. (Laughter.) We have now a professorship of psychiatry, which we owe to the Governors of the Asylum. It gave us particular satisfaction to think that the first occupant of the professorial chair is our distinguished President. Our meeting to-night has the balance of its sanity largely restored, if I may say so, by the presence of guests from the other side of the Channel. (Applause.) We welcome, as the Lord Provost has already said, with the greatest interest and pleasure the presence of Prof. Roger and his colleagues from the University of Paris as visitors to the Medical School of Edinburgh. I hope when they return they will clearly distinguish between the normal sane inhabitants of Edinburgh and you gentlemen who are on a visit here. (Laughter.) This great Association is, I believe, founded upon nothing less than an Imperial basis. It is not simply British; it includes Ireland and all the Colonies. I have no doubt in Ireland, which you are shortly to visit, you will find much to work upon. Your colonial relationship tends to strengthen the ties between the Mother Country and the Colonies. Whatever else the University is it is essentially an Imperial institution, drawing its pupils from the ends of the earth, and sending them back with the torch of knowledge lighted to the ends of the earth, where they diffuse that light. This is a great function of our Edinburgh University. It has become even a greater function than it used to be with the increase of numbers and the increase of importance of University work in the judgment of the public. More and more the world is looking to the Universities for guidance in the conduct of life, and if civilisation is to survive, if it is to get out of the slough in which it finds itself, it will be, I think, largely through the influence of the Universities. (Applause.)

"THE GENERAL BOARDS OF CONTROL."

Mr. J. G. JAMESON, M.P.: I have been selected for the honour of submitting to you the toast of "The General Boards of Control of the Insane" in this country. I have noticed frequently that it is a custom of after-dinner speakers to express a mild surprise when the honour of proposing a toast has fallen upon them, and to say it might more properly have fallen upon some other lady or gentleman. I do not know if it is the desire or expectation of any of our audience that I should follow that procedure to-night, but in case it is I should just like in one word to tell you how it comes that I am standing here to-night. My friend on my right, Sir James Adam, the King's Remembrancer, came to me yesterday and said that the proper person to propose this toast of "The General Boards of Control of the Insane" would clearly be one of their own beneficiaries, one of the people under their control, but owing to the unavoidable absence of a duly certified mental defective, that you, Mr. President, thought that this toast should be entrusted to a Member of Parliament, and Sir James added that when he was consulted he had no hesitation in saying that I was the man for the job. (Laughter.) I belong to that unfortunate race of people called not only politicians, but lawyer politicians,

who are known to be the low-water-mark of humanity. (Laughter.) I think he had in his mind when he asked me to come the precedent of that English lawyer who provided in his will for a home for the insane, and added, "I have made all this money out of habitual litigants, and I think it is only restitution to give it to a home for the insane." (Laughter.) I do not know, Sir Arthur Rose, if there are more than the appropriate number of my professional brethren under your control, but I may say the last time I visited one of these commodious and luxurious establishments under your supervision was when I went to see a very dear friend of mine who comes from my own part of the country, and who was described by an old farmer's wife to me in the very Christian and tolerant spirit of that countryside as "an awfa guid man but a perfect martyr to the delorium trimens." (Laughter.) I was delighted and surprised to meet there a very large body of my professional brethren who had disappeared from my ken for many years. I will only mention one. He is a man who is well known to us, and who is there very comfortable and very happy, and who did very well in the war, because in the beginning of the war, in August, 1914, he wrote to the Chancellor of the Exchequer offering the dreadnought, which was accepted, but three days later he wrote again that on consideration he had come to the conclusion that it would be better to withdraw and cancel his offer of the dreadnought because he thought it would be more useful to pay off the National Debt. (Loud laughter.) It was only then that the Chancellor of the Exchequer thought that there must be something wrong. (Laughter.) Well, I am bound to say so little did I know of the activities of the Board of Control that when it was first suggested to me my own base politician mind thought that the Board of Control related to the Liquor Control at Carlisle, but on it being made clear to me I betook myself to Oliver and Boyd's *Almanac*, and there I found that the activities of Sir Arthur Rose in Scotland are very onerous and very special. It is said in that profound book of learning that in Scotland every lunatic who is maintained by the public funds is under the immediate and personal care of the General Board of Control. When I read these words I pictured Sir Arthur going round the 7,000 lunatics of Scotland and shaking hands with these lunatics, which I am certain he does. (Laughter.) Before this dinner I was talking to an asylum doctor and he told me with what eager delight the visits of the General Board were looked forward to, how carefully the welcome of these descending angels was prepared and with what sorrow their departure was regarded, and the old humdrum life recommenced. I am reminded that it was some time ago that I heard an Englishman remark to a Scotsman about the larger percentage of mental defectives in Scotland as compared with England, and the Scotsman gave a reply, which will be assented to by at least every Scotsman present, because he said, "I don't wonder at that, but you must remember that a person who would be held mentally deficient in Scotland might be thought a very clever person in England." (Laughter and applause.) There was just one other thing I gathered from Oliver and Boyd, and that was that the ultimate decision rested with the Board of Control as to who was and who was not insane. That is a terrible question, surely. Few of us are so stout-hearted that we can listen to such a question without tremor, and if I am lavishing praise upon the Board you will understand that the gratitude is with a lively sense of favours to come. (Laughter.) Who is insane, and who is not insane—that is a very serious question. Perhaps the strongest view was put by the lunatic himself, who was asked, "Why are you here in the asylum?", and he said, "Well, I said the rest of the world was mad, and as the rest of the world said I was mad, I must have made a mistake." We can only hope that if that position comes near any of us you will behave in a way in which justice is tempered with mercy. (Laughter.) I have to couple this toast with the name of Sir Robert Armstrong-Jones, the Lord Chancellor's Visitor for England, and with the name of Sir Arthur Rose. That name of the latter gentleman has become almost a household word in Scotland. As you will see, he is a warrior, with the coveted letters of D.S.O. after his name, and the coveted title of Colonel, and he is very well entitled to both of them. He is also the friend of the smallholder. I have therefore very much pleasure in giving to you the toast of the General Boards of Control, coupled with the names of Sir Robert Armstrong-Jones and Sir Arthur Rose. (Applause.)

Sir ROBERT ARMSTRONG-JONES: As time is short, I will merely content myself by reciting to you the story of a Judge at Assizes. There was a very black record against the prisoner, but he asked the prisoner if he had anything to say

for himself, and he replied "No," whereupon a person in the body of the Court got up and said, "I have something to say about him." The Judge then asked the prisoner if he had any objection to his friend speaking. The prisoner replied, "No, but hang me first." That is exactly my position now, and you do not want to hear me. My friend, Dr. Soutar, has referred to two definite characteristics of the Scot—firstly education, and secondly, caution. I will give you an example of the second. A clergyman of the Church of England announced that after the service there would be a silver collection, whereupon promptly two Jews fainted, but they were carried out by sixteen Scotsmen! (Laughter.) As regards education, I was reminded of a story related to an Englishman that there was not a single Scotsman who was not connected with the University. The Englishman arrived in this beautiful city of Edinburgh to verify this when he met a young girl and he asked her, "What are you?" and she said, "I am a beggar, sir." "What is your mother?" "My mother is a beggar." "What is your father?" "My father is in jail." "Have you any other relations?" "Yes, I have a brother." "What is your brother?" "My brother is in the University. My little brother happened to have four heads and he is in a glass bottle in the University"! (Laughter.) Now, may I say that the people who are departures from the normal are well looked after by the members of the Board of Control. You have heard already from Dr. Bond what is being done—what the Universities have done—with regard to teaching and to the care of those who are departures from the normal. I leave the rest to Sir Arthur Rose.

Sir ARTHUR ROSE: At this late hour I feel I cannot do very great justice in replying to this toast. Might I, however, say with regard to one of the questions put, that the statutory oath under which I labour debars me from answering it, but I am not going to take advantage of that; I would rather put forward the plea of inexperienced youth—youth in the sense that I am probably the youngest recruit in the work in which the members of this Association are interested. I have very recently joined the General Board of Control of Scotland, and what struck me was the extraordinarily happy relationship which existed between the local authority and other governing bodies—a friendship which has contributed so enormously to the success of this great work in Scotland. I can assure you that the Board of Control is thoroughly imbued with the same spirit, and as far as they are concerned will continue to be so. I might also add that I hope the speech which the President delivered to-day will be read by the public. I hope it will be read and digested by the public in preference to the reports of the Boards of Control. May I say that in Scotland we are extremely proud of our asylum system, but at the same time great success is like after an excellent dinner—it does not conduce to further effort. We must safeguard against the feeling that we cannot progress further. I was glad the President indicated the lines on which we could progress further in Scotland, namely the lines of increased clinical and pathological research work in our asylums. If our superintendents and the managing bodies can take these words to heart, and can do something to push forward the work in Scotland, I can assure them in advance of the hearty support in every possible way of the Board of Control. (Applause.)

"THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND."

Sir ROBERT PHILIP, in proposing the toast of the Association, said: I think I may fairly claim that the toast which has been committed to me is the toast of the evening. The evening is far spent and the night is close at hand. We must regard the place it occupies on the toast list as an expression of the fine altruism of the Society. Your Society is not quite young; it has reached what we may call the interesting age, very young societies, like people, are less interesting. You are 81 years of age; for a Society that is, I fancy, equivalent to the delightful age of 35 or 40. Your baptismal name is suggestive. The first part suggests that strong Roman feature which is associated with the control and care of the madman. As intermediary between the keeper and madman you have done very well. There was a time when it was thought necessary to protect the madman from his fellow men, and his fellow men from the madman, and he was chained up to the stone wall of his cell. But thanks in large part to the influence of Pinel of France and

Tuke of England, the madman has regained his liberty. He is now treated as a man whom we respect, whom we are out to help in every possible way. The second part of your name recalls the influence of Greece. You have dipped into the deepest problems of human life. Whenever a new aspect of philosophy appears you have tried to apply it in respect of the treatment of the insane. If sometimes the pendulum has seemed to swing too far to one side it has swung back to the middle line of truth. I want to say what a great pleasure it has been for those of us who are attached to the Royal College of Physicians to see you in this hall. It has been a very real pleasure for two reasons. In the first place, as you sit here to-night you are surrounded by the portraits of some of the great departed, and among those there are three that I must refer to on this occasion. The first is a man who did not in his time get the credit that he should have got, I mean Prof. Laycock; the second is Sir John Batty Tuke, who was devoted to the advance of scientific medicine; and the third is Sir Thomas Clouston, so long associated with the great institution Prof. Robertson presides over; master of his art and grandfather of the lunatic at large. (Laughter and applause.) And now for the second reason. You have been, may I say, particularly happy in your choice of President. (Hear, hear.) Prof. Robertson is a man who, both in the University and in this College, we all honour. I asked him if there were any points to which I should refer. He reminded me that it was due to this College that the Royal Asylum for the Insane, so loyally presided over by Prof. Robertson, was founded so far back as 1792. We were the first donors of £25 for the purpose of erecting an asylum for the insane. Lastly, I would like to say that, so far as this Royal College is concerned, no Fellow is trusted more than Dr. Robertson. He is regarded as one of our wisest counsellors. We look to him filling the chair he is now occupying as President of the Royal College. (Applause.)

The PRESIDENT, in reply, said: At this very late hour you do not expect a speech of very great length from me. On behalf of the Medico-Psychological Association I have to thank Sir Robert Philip, the President of this College, for his appreciation of the good work done by our Association. This is not the occasion nor is it the time to enlarge upon the nature of this work. I may just refer, however, to the work that is done in the training of mental nurses in the duties of their profession, which has been really beyond all praise. I have to thank Sir Robert for his pleasant reference to my predecessors, the portraits of whom appear on these walls. I have to thank the guests who have honoured us here to-night, including the Lord Provost, the Principal of the University of Edinburgh, the Chairman of the General Board of Control, the President of the Royal College of Physicians and Surgeons, the Deputy Keeper of His Majesty's Signet, and other dignitaries. The Chairman of the Board of Control in England unfortunately is unable to come owing to illness. I may also say that we have the representative of the Norwegian Board of Control. We are on extremely friendly terms with the Boards of Control. I desire to take this opportunity of thanking the managers of the Royal Hospital at Morningside, and I may say it gives me great pleasure to express in this hall our appreciation of what they have done for us, seeing, as the President of this College has just told you, that the institution was really founded here by that well-known and able man, Andrew Duncan, who was then President of this College. I would be failing in courtesy if I did not thank the ladies for their presence here to-night. (Applause.)

"FRANCE."

The PRESIDENT: I wish to say that we are proud to entertain four Professors of the Faculty of Medicine of Paris, including, amongst those, Prof. Roger, the Dean of the Faculty, and also a Professor from the Faculty at Lyons. These gentlemen are the honoured guests of the University, and before singing "Auld Lang Syne," which follows, I wish, in order to show our appreciation of the civilising influence of France, and to show our appreciation of the scientific work she has done, and to show our unbounded admiration of the fortitude and endurance of the French people in the late war, to ask the ladies and gentlemen to drink with me to France. (Applause.)

The toast was cordially honoured, and the proceedings afterwards terminated with the singing of "The Marseillaise" and "Auld Lang Syne."

MORNING SESSION.—THURSDAY, JULY 20.

At the Physiology Lecture Room, University New Buildings, the
President presiding.

The PRESIDENT: There has been a slight change made in the arrangements for this Annual Meeting. Instead of having papers, we have decided this year to get addresses from men who have made reputations in the study of these particular subjects which appear on the Agenda. As you are aware, a great deal of recent theories circle round the influence of the endocrine and internal secreting glands, therefore I thought it would be of advantage to us if we could get someone who has made his mark in the study of this to open the series of addresses, and I naturally appealed to Sir Edward Schafer. He kindly agreed to do this, and I wish to say it was at the cost of a good deal of inconvenience to himself.

ADDRESSES.

“The Influence of the Endocrine Glands on the Nervous System.” By Prof. EDWARD SHARPEY SCHAFFER, LL.D., D.Sc., F.R.S. (see p. 347).

The PRESIDENT: We have had a most instructive and interesting address on a most difficult and complex and important subject. One of the difficulties the ordinary physician has in connection with this matter is the difficulty of obtaining in condensed form, that is easily comprehended, the most recent and authoritative views. As Sir Edward has told us, investigations are proceeding constantly, on a very widening circle, and it is only by an address such as we have listened to to-day that we get anything like a grasp of the situation. I therefore ask you to give a most cordial vote of thanks to Sir Edward Schafer for his most valuable address this morning. (Applause.)

“The Investigation of the Relationship of the Reproductive and Endocrine Glands to Mental Diseases,” by Sir F. W. MOTT, K.B.E., LL.D., F.R.S.

Mr. PRESIDENT: I feel great diffidence in following my old teacher Sir Edward Schafer in this subject of which he has taught us so much. When your President asked me to take up the application of endocrinology to mental diseases, I felt I had a task before me that was impossible. I looked up endocrinology and I got completely dazed looking through the differences of opinion that were expressed; I therefore thought it would be better if I gave you a short account of my own work with a lantern demonstration. I should have written an address if it had been possible, but I did not feel it was possible to follow Sir Edward Schafer adequately in a subject which is difficult and as yet only beginning. Therefore with apologies for what I am going to say I will simply show lantern-slides, and endeavour to explain the work I am actually responsible for myself. I do so with a good deal of trepidation in the face of the master of the subject, after his extraordinarily illuminating address, which will be of the greatest benefit to this Association, because it opens out to them the whole subject comprehensively, and it will indicate to many young men the way to investigate disease, and to always look with a critical mind upon the results. I am sure when I show these slides I do so with humility, because I feel there is a great deal I cannot explain. But these are facts as far as I can give them, and I think if we collect only facts that are reliable then we can draw conclusions, but not before.

[The theatre was then darkened, and Sir Frederick Mott proceeded to give a *résumé* of his recent work on the pathology of dementia præcox, especially from the point of view of endocrinology, illustrating his remarks by lantern-slides of microphotographs, etc. He covered to a large extent the ground of his recent papers on this subject and announced the results of his most recent investigations. Readers are referred to previous numbers of this Journal, and to the *Archives of Neurology and Psychiatry*, from the Pathological Laboratory of the London County Mental Hospitals, vol. viii, 1922. See also his most recent paper with illustrations on p. 333. The meeting had the advantage of seeing many of the latter shown on the screen.—Eds.]

On the light being resumed Sir Frederick Mott continued:

To sum up with regard to the relation of these changes of dementia præcox, I would say this, that it is not the absence of the interstitial cells or degeneration of the interstitial cells that causes the changes in the brain, although we know

these cells energise the whole tissues of the body, but the genetic inadequacy which is shown by the fact that the two structures in the body are specially liable to undergo a premature atrophy. If we try to associate the absence or the partial absence of the hormone or the autacoid of the glands with the changes in the brain, then people would say, "Why does not castration produce dementia præcox?" So that I think the safer explanation of the facts would be that these structures which have been later developed have been developed from very few of the original protomeric cells of the neural type. Of course the stress may come from physiological conditions. Take the stress of puberty, take the stress of the woman who is in child-birth; that is a normal physiological condition, yet we know half the cases of dementia præcox are in married women and it comes on during pregnancy or parturition. Then as regards psychological stress, people seem to think I do not lay much stress on the psychological stress. I think the psychological stress influences the whole of the endocrine system. Therefore, if you have got your endocrine system upset that will affect these structures which are most liable to take such stress. Then there is the pathological stress. In fact, these people have a narrow physiological margin to work upon. If you can avoid this form of stress, then you will avoid a breakdown. But are we doing a service to the nation by keeping these people alive? (Applause.)

The PRESIDENT: Sir Frederick Mott is one of the members of our Association of whom we are most proud. There is no man who has done a greater amount of work and original research than he has—researches on very original lines. Not only that, he is a member we can call on at any time for a paper, and he never fails us. For many years he has been a standby to our Association, and he has been a credit. Some of his observations as regards the effects of the internal secretions from the reproductive glands open up a very wide field of speculation. I therefore ask you to give him a very hearty vote of thanks for his address this morning. (Applause.)

"Observations relating to the Sympathetic and Para-Sympathetic Systems."
By J. J. GRAHAM BROWN, M.D., F.R.C.P. Edin.

Mr. President,—You may recall that when you did me the honour of asking me to speak here I hesitated. I hesitated not only because the subject is an extraordinarily difficult one, but also because it is almost impossible to compress what ought to take about a dozen lectures into the space of half an hour. That is really the essential difficulty. You will remember that the autonomic system consists of two great divisions—the sympathetic and the para-sympathetic. Now, Sir Edward Schafer has spoken a great deal about the sympathetic, and that relieves me of something I would have had to say. I shall therefore speak chiefly of the para-sympathetic system, and almost entirely of its clinical aspects. But perhaps you will allow me to refresh your minds in regard to the anatomy of these two great divisions, and in a word but very briefly. You will remember that the sympathetic system has its cells of origin in the intermedio-lateral tract of the cord. In the case of the para-sympathetic system the outflow arises from three different regions of the central nervous system. There is the outflow from the mid-brain, the outflow from the medulla, and the sacral outflow. The outflow from the medulla is very complicated, and the most important part of it as far as clinical work is concerned is that which takes place through the vagus. These two divisions—sympathetic and para-sympathetic—are in large measure antagonistic in their action. Nearly every organ of the body is innervated by both. But in regard to their action there is this very great difference: the action of the sympathetic is as a rule a general action—it is developed with this intention—whereas that of the para-sympathetic is very much more local. Let me give you an example of their antagonism. The father of a professional friend of mine was a clergyman. He suffered very badly from asthma, but at the same time he was very anxious to perform the duties of his office. He was frequently confined to bed for days at a time, but when Sunday came he insisted on going to his church. He had often to be carried up the steps of the pulpit, but the moment he began to preach the bronchial spasm relaxed and his voice came clear and strong. The excitement of attempting to preach stimulated his sympathetic; this in turn relaxed the spasm of the bronchi, and for the moment the symptoms disappeared. The para-sympathetic causes contraction of the muscular wall of the bronchi, and the exact reverse is the action of the sympathetic. In most persons these two great divisions are in equipoise—

that is to say, they balance each other more or less completely. But in perfectly normal persons there are times when one or other dominates. You will remember quite well Cannon's various forms of experimentation, in which he showed that fear, dread and danger caused marked stimulation of the sympathetic. On the other hand, if the para-sympathetic becomes dominant, the tendency is for the man to be mentally depressed. Furthermore, there are certain mental conditions in which one or other of these outflows may be stimulated and excited. The feeling of disgust causing vomiting is an excellent example of this. The sentiment of shame is a stimulus to the para-sympathetic system. But there is a perfectly normal action in which in perfectly normal circumstances and individuals the para-sympathetic system dominates—that is, during sleep. In calm slumber all the sympathetic stimuli seem to be in abeyance. That system is no longer stimulated. Consequently the para-sympathetic system is, as it were, left to itself. I forget who it was who said that night was the time of the smooth muscle. That is not quite correct; it is the time of the smooth muscle innervated by the para-sympathetic system. That is why asthmatic attacks so often occur early in the morning. It is on that account that colic is usually apt to occur during the night, and the pangs of labour also start during these hours. Consequently the obstetrician who is repeatedly called out night after night must not attribute these nightly calls to feminine perversity. Apart from those persons in whom these two divisions are in equipoise and who are in the majority, there is a certain number of people on the one hand in whom the sympathetic system is distinctly dominant, and, on the other hand, a certain number of persons in whom the para-sympathetic system is relatively more powerful. The cause of this dominance is often toxic in origin. The para-sympathetic subject may be to all appearance perfectly normal. He may have no marked symptoms whatever, but on examination the clinical picture he gives us will reveal his condition. Now as a general rule (I am going to safeguard myself because there are all sorts of exceptions) behind the clinical terms sympathetic and para-sympathetic hypertonus there lies a distinct and important truth. Let us picture a para-sympathetic case. He comes into your consulting room and sits down. You will probably find that he is rather stout and in complexion more often dark than fair. His pupils on the whole seem rather small; his features are coarse, especially his nose; his skin is sallow, very likely greasy; and his palms will be moist. His mental condition tends to be that of depression. He is usually of distinct mental ability, and when you come to examine him carefully he will probably tell you that his saliva is rather copious. His pulse is rather slow, and if he is a dyspeptic he will complain of having pain three or four hours after meals. Under such conditions dieting may be made too stringent. I recall a case I saw some years ago of a lady about 30 who had this condition. She had seen various physicians, and they had strongly impressed upon her that if she found any particular article of food caused her pain she was not to take it again. The result was that when she came to me she was subsisting solely on a little skim milk. She was of average height and only weighed 5 st. 3 lb. I put her on belladonna and alkalies and dieted her carefully. In some eight weeks she weighed over 8 st., and her recovery has been maintained. Cases such as we have been considering are termed by the Vienna school cases of Vagotonia. The nomenclature is incorrect, for as a general rule the whole para-sympathetic system is in a state of hypertonus. In addition to that the description given by members of that school is to a certain extent misleading, too theoretical, and not in accordance in many particulars with proved facts. Nevertheless a certain basis of truth is undoubtedly present. Have we any means of determining whether there is hypertonus of the para-sympathetic system? Slowness of the pulse suggests vagal inhibition; the oculo-cardiac reflex is of high diagnostic value; the rapid return of the pulse-rate after exercise is suggestive, and, in an adult, marked variation in the rate of the pulse during the two phases of respiration is a sign of the kind of which we are in search. Apart from gastric complications, if there is vagal hypertonus the peristaltic movements of the stomach will be very marked and the secretion of hydrochloric acid abnormally great. A high glucose threshold may be looked upon as corroborative evidence provided the renal threshold is normal. I have not said anything about the action of drugs for I see that an address is to be given on that subject to-morrow. [The lecturer illustrated his address, of which this is a mere outline, by instructive diagrams and drawings.—EDS.]

The PRESIDENT we are very much indebted to Dr. Brown for showing us how one may apply facts supplied by the physiologist and pathologist in our investigation of clinical cases. We have to thank Dr. Brown for his most interesting address. I ask you to afford him a very hearty vote of thanks. (Applause.)

LUNCHEON.

The members and their ladies were the guests of Sir Hugh Arthur Rose, D.S.O., Chairman of the General Board of Control for Scotland, and of Lady Rose, at luncheon, in the Hall of the University Union. The toast of "The University Union," proposed in eloquent terms by Prof. ERNEST W. WHITE, was responded to by The Rev. W. C. S. ANGUS, President of the Union, in words at once graceful and humorous.

AFTERNOON SESSION.—JULY 20.

At the Physiology Lecture Room, University New Buildings, the President presiding.

ADDRESSES.

"The Inter-reaction of the Endocrine, Sympathetic, and Central Nervous Systems in Organismal Toxæmia, with Special Reference to Emotional Disturbance." By DAVID ORR, M.D.

Mr. PRESIDENT.—I was exceedingly glad to receive the invitation from Prof. Robertson to come and give you a short address on the subject which is on the programme. I am rather afraid that the title is somewhat too ambitious, and I am rather afraid also that time is short. I shall endeavour, however, to put a few broad principles before you—principles, I think, which are relative to the close association between neuro-pathology and psychiatry. I think the best thing, in the first place, is to define my own position on the matter. I am by training, perhaps, more a pathologist than a psychologist, although I have had the opportunity of doing a little psychology. I often feel that there is a tendency at the present day to take too narrow a view of our subject. I am inclined to the opinion that some concentrate too much on pathology, while others concentrate far too much on psychology, and I often think with regard to that curious imaginary line that is drawn across the medulla and separates the neurologist from the psychologist, the line which always reminds me of that imaginary equator round the globe, that it would be a good thing if a tactful and scientific Father Neptune took both schools across the line and baptised them in the new faith. Now, I can only bring two points before you to-day, and the first is that the sympathetic nervous system is a very important factor in the determination of the localisation of lesions in both the spinal cord and the brain. The second is that the cerebral nervous system and the endocrino-sympathetic system are interdependent. Inflammation, of course, is the basis of pathology, and pathology is the basis of medicine. I will show you what I mean. As we know, there are certain lesions of the spinal cord which are called system lesions. Some are degenerative, due to traumatic lesions higher up, others are due to infection along the nerves. That is the subject that has been dealt with already, but I wish to draw attention to lesions which are non-systematic. The lesions to which I refer are found scattered along the postero-medium septum. They are also found round the periphery column. Now, at first sight one would say the explanation of these lesions is perfectly simple. It is due to toxæmia. It is, of course; but that is not an explanation, because when you come to examine the cord in serial section the first thing you find is that they are distributed in a most peculiar manner—that they are distributed, if you catch them early enough, between dorsal I and lumbar II. You will also find that the lesion decreases from the cervical region downwards. So one begins to think, Well, there must be another factor in this. Knowledge of anatomy is useful. The argument resolves itself into this: here you have those lesions distributed in an area which is controlled by the sympathetic reflex, and therefore the sympathetic system must have something to do with it. In order to test this certain experiments were conducted, and in order to exclude any absorption along peripheral nerves toxins were introduced into the abdominal cavity, and it was found that precisely the same distribution occurred, and at once one had to face the question: What rôle does the sympathetic play in the

determination of these lesions? The argument, of course, had to be carried a little further. I need hardly mention that the existence of sympathetic nerves in the brain was steadily denied until 1907, but on reviewing the work I think one must come to the conclusion that there are sympathetic nerves in connection with the cerebral vessels. Certain experiments were made, and certain lesions were found. [The speaker here, with the help of diagrams, showed how disturbances of the sympathetic lead to nutritional changes in the nervous system and their effect on the emotional state, etc.] As you know, neurologically we are provided with nerves which subserve our life of relation—that is to say, our limbs and special senses, and with nerves that subserve our life of nutrition, and the nerves of nutrition convey impulses which form the basis of our sense of well- or ill-being. Frequently people are inclined to look on the nervous system as a lot of separate entities; they talk about pre-central and post-central groups, etc. I am rather inclined to regard those centres as centres of maximum excitability, but the whole brain, the whole spinal cord, and the whole sympathetic system with it, acts as one, otherwise the human body would be out of harmony and could not adapt itself to its environment. Now, my reason for making that statement is this: you are acquainted with Cajal's law of dynamic polarisation and the law of avalanche. Cajal has shown that any simple stimulus impinging on one cell is transmitted to thousands of others; hence stimulation of one cervical area must affect the whole cortex. I would enter a strong plea for us looking much more broadly, not only at the anatomy, physiology and pathology of the nervous system, but at the genesis of psychology. We have come to a pass when I think, as I indicated before, we are getting into little water-tight compartments. Each man is doing his little job, but I do not think we are looking at the question broadly enough. During the war, when one had the opportunity of seeing those cases of shell-shock, one was struck tremendously by the physical reactions which followed psychic trauma, and one could not help but think that the shock had a directly deleterious action upon the ductless glands, and that the chemical products again reverberated upon the psyche and established a vicious circle. I had intended to say something about ductless glands—a subject for which I have got the greatest respect, but time does not permit. I will just simply close my remarks by saying that if this subject of psychiatry is going to advance at all we shall have to take a far broader and far more biological view of the whole question. (Applause.)

The PRESIDENT: The work that Dr. Orr has done in connection with the pathology of the nervous system is well known to all of us. It is of the very highest quality, and it has helped us to understand many of the changes in the nervous system. Dr. Orr has, since the early days of his work, I think, himself taken a broader view of mental troubles, and he has also now included the psychical factor in his estimation of the changes that take place in the nervous system. In the practical address we have had from him he shows how there is, as he said, a vicious circle established by which all these factors are combined together. I have to ask you to give him a very cordial vote of thanks for his most interesting address. (Applause.)

"The Influence of Chemical Substances on the Endocrine Glands and Nervous System." By Prof. J. C. MEAKINS, M.D., F.R.C.P.Edin. (see p. 367).

The PRESIDENT: In the scientific work which Prof. Meakins does in the Edinburgh University he sets a model to the medical student of the present day how he should investigate disorders and disease. You will have observed how cautious and careful he is in drawing deductions, and how he warns us not to be led astray by the mirage of theory. You see how thoroughly versed he is in organic chemistry, how he has applied his knowledge of chemistry to the study of diseased conditions, and how he has combined his researches with living organisms associated with disorders and disease. He has, in his address to us to-day, I think, pointed out to us the possibilities that exist in many of the obscure cases of mental disorder we have to deal with. I therefore ask you to give a very hearty vote of thanks to Prof. Meakins for his most instructive and admirable address. (Applause.)

"The Mental Factor of Some Endocrinopathies." By W. H. B. STODDART, M.D., F.R.C.P. (see p. 374).

The PRESIDENT: Ladies and Gentlemen,—This series of addresses would not

have been complete unless we had had one on the influence of the psychical factor in the production of these disturbances. Dr. Stoddart has told us that these psychical mechanisms produce endocrine secretions, and these secretions may influence and produce changes in the nervous system, and therefore I ask you to accord him a hearty vote of thanks for his address. (Applause.)

These addresses were suggested by me in order that we should not take narrow-minded views of the treatment of mental disease. They all lead up naturally to the discussion that we are to have to-morrow morning, which will be initiated by a paper by Dr. Chalmers Watson. After that there will be an open discussion, at which every one of the members of the Association who have had practical experience of the care and treatment of mental disease will be able to say something. But, after the series of addresses we have had, no one will be able to say there is only one method of treating mental disease. It is perfectly obvious the factors are complex. No one can say by the treatment of the psychical factors you will get recovery, nor by any other special treatment. We all frequently hear in medicine of the vicious circle, but there would appear to be also a physiological circle. The nervous system, as more than one speaker has said, is a complete whole, involving the whole organismal functions, and if one function of the body is disordered it is almost certain other functions of the body are likewise disordered, and the organism as a whole suffers. There is a tendency to look at this question from one point of view—one to look at it from the organic point of view, and the other from the point of view of the disturbance of endocrine secretions. A third person might look at it from the point of view of chemical substances to be absorbed. All these questions are related, and in the treatment of disease you must take a wide outlook. I therefore hope that as many of you as possible will turn up to-morrow in the Hall at the College of Physicians, in order to discuss the practical aspect of this question as dealing with the treatment of the patients whom we have under our care.

“AT HOME” AT CRAIG HOUSE, MORNINGSIDE.

In the evening many members and their ladies availed themselves of the kind invitation of the Chairman and Managers of the Royal Hospital, Morningside, to an “At Home” at Craig House. The splendid baronial hall and its adjoining drawing rooms and galleries were greatly admired, and a delightful orchestra, the much-appreciated efforts of several fine singers and the cheery hospitality of the hosts enabled the guests to spend a happy and restful evening.

MORNING SESSION.—FRIDAY, JULY 21.

In the Hall of the Royal College of Physicians, the President presiding.

DISCUSSION ON THE TREATMENT OF MENTAL DISEASES.

PAPER.

“The Treatment of Intestinal Toxæmia.” By CHALMERS WATSON, M.D., F.R.C.P. Edin.

(This paper will be published in the Journal for January, 1923, with illustrative plates.—Eds.)

The PRESIDENT: I will commence my remarks with a story. A friend of mine, a married lady, had taken her husband, with feelings of admiration, to see an old nurse, an old retainer of the family. Said the married lady: “Well, Janet, what do you think of my husband?” Janet looked the husband up and down, and turned to my friend and said, “You have pickit weel.” I felt, when listening to Dr. Chalmers Watson’s address, that I had “pickit weel” in selecting him to open this discussion this morning. I am sure every one of you was impressed with the finished address which he gave us to-day, covering the whole ground from beginning to end, and speaking without faltering for a moment. I think it was as fine an address as I have listened to for a very long time. What has pleased me most is that he really covered, in his opening remarks, the whole ground, and introduced into this address, which is to form the basis of a discussion of treatment, references to all the ætiological factors which those physicians and physiologists described to us at our session yesterday. He informed us that he did not ignore the genetic factor, to which Sir Frederick Mott drew particular

attention in connection with the development of dementia præcox, nor did he ignore the psychic factor. In fact he laid very great stress on that, and perhaps went in some respects further than the majority of us would go—not further than I would go, but there are others who might say he went as far as it was possible to go. He referred also to the bacteriological factor and the factor of intoxication, indeed he really covered the whole ground of the ætiology of mental and nervous disease. The main portion of his address, however, was, as it ought to have been, a practical address on treatment, and I think, by describing his own methods with one or two selected cases, he demonstrated to us how all these ætiological factors which I have referred to can be brought usefully into the treatment of particular cases, and how it is impossible to say that one method of treatment is the cause of the recovery of the patient, but how by a combination of all these various forms of treatment you may get happy results. Now, there are many people here who are able to speak on these several aspects of the treatment of insanity, and I would ask these gentlemen, therefore, to continue the discussion which has been so ably opened by Dr. Chalmers Watson.

Sir FREDERICK MOTT: I have listened to Dr. Chalmers Watson's most eloquent address with great interest. Yesterday I had the opportunity of seeing the demonstration which he gave in his clinical laboratory, and it impressed me very much indeed, because as a practical physician—for I am a physician; at least I was connected with a general hospital for thirty years as well as with the asylum service—I am perfectly convinced that his attitude towards this subject is the right one. I believe that pre-disposition is the most important factor, and that stress, whether it be physiological, as we see it in the case of women in parturition, in pregnancy or in involution, or from the effects of toxæmia of any kind whatever, reveal or excite this pre-disposition, and that pre-disposition depends upon a narrow physiological margin in the highest psychic level. I quite agree with Dr. Chalmers Watson in his view with regard to the importance of the psychological element, because anxiety, we know, produces a profound effect upon the whole endocrine system. I have had plenty of evidence in support of this during the war among cases I saw of soldiers who suffered with an anxiety neurosis. I saw many soldiers suffering from contemplative fear, which was still persistent owing to the fact that they suffered with terrifying dreams connected with the war, and many of these men had all the signs of a disturbance of the endocrine system. They had tachycardia, high blood-pressure in many instances, and signs of exophthalmos and tremors, and as the anxiety passed off so the symptoms disappeared. I regard all these conditions causing disturbance of the endocrine system, may have a profound influence on the metabolism of the neurones. If you have a mental conflict going on the metabolic conditions are interfered with, particularly when sleep is disturbed by dreams or by insomnia. When you have that condition there is no doubt a tendency to constipation. The two seem to go together—mental depression and constipation. I am reminded of a story of Voltaire. Voltaire was engaged in conversation with an Englishman one evening. Both were very pessimistic, and they resolved to commit suicide the next day. I suppose Voltaire was pulling the Englishman's leg. He met him on the bridge where he was to jump from, and he said, "Pardonnez moi, monsieur, j'ai bien dormi, le lavement a bien opéré, et le soleil est tout à fait clair aujourd'hui."

There is no doubt that while the epithelium of the intestine is in an unhealthy condition the absorption is more difficult than if the epithelium is in a normal condition. That is why a large number of patients in asylums suffer from dysentery. I have made a lot of *post-mortems* on people who suffered with dysentery. Sometimes the bowel was enormously distended, sometimes contracted, and the whole epithelium affected. The absorption of toxins in the bowels consequently plays an important part in exciting mental conditions. This would also be an important factor in making chronic a condition of mental disease. I would like to ask Dr. Chalmers Watson whether he has noticed any difference in the bacterial flora of the fæces if the fæces are not examined fresh. We have been doing in the laboratory at the Maudsley Hospital a number of researches upon typhoid and para-typhoid, and we found unless we got the fæces quite fresh we were unable to isolate these organisms owing to the rapid growth of the colon bacillus and other organisms. With regard to the streptococci, one finds often in the stool streptococci, and I regard that as evidence of the existence of a pathogenic

organism. This new method of culture Dr. Chalmers Watson has introduced will be of the greatest value, and it is based on a good sound principle, namely, that the organisms in the intestine have been accustomed to certain food to grow upon, and hitherto we have not given them that food, and so by introducing that into it as media it is able to cultivate these organisms which we were unable to do before. With regard to vaccines, I think that a good deal is attributed to vaccines which may be due to other causes. After all, a great many of these people have been for a long time absorbing the toxins of the organism, and I think unless vaccines are given on really scientific principles it is more by suggestion than anything else that they act. Now Dr. Chalmers Watson emphasised the importance of suggestion upon these cases which have been under his care. One can imagine his personality will have a most profound effect on his patients, because it would certainly inspire them with confidence, and that is a most important factor. I think if doctors paid a little more attention to the human side of treatment we should hear much less of Christian Science, faith-healing, neuro-induction and Coué-ism. (Applause.)

Prof. ERNEST W. WHITE: I have had some thirty years' active experience in public asylums and I am very interested to-day in this paper on the treatment of intestinal toxæmia, and I should like to make a few practical remarks bearing thereon. In the first place, in these cases of intestinal toxæmia we have to consider whether the toxæmia is the cause of the insanity or is the result. Many cases of chronic insanity suffer undoubtedly from intestinal toxæmia, and we have to resort to various measures of treatment. Undoubtedly our old chronic cases in the asylum always suffer from constipation, and, as Sir Frederick Mott has just said, there is not the slightest doubt that it is due to the unhealthy condition of the intestinal walls. The asylum dysentery which has been so marked up to a few years ago—at least in my time—was most marked in many of those old chronic cases. I found myself that a large proportion of my patients who suffered from dysentery were the old chronics who had persistently for years and years suffered from constipation, and not had the attention to their bowels which they should have had. We resorted to lavage of the stomach in cases of melancholia, especially senile melancholia, and we found that they were materially improved by it. Undoubtedly the main line of our treatment should be by utilising the organs of elimination.

Dr. H. CRICHTON MILLER: I speak to-day under the disadvantage of not having had the pleasure and privilege of hearing yesterday's discussion, which bore largely upon this point. Dr. Chalmers Watson's opening address was one of unusual interest. The only criticism I would venture to make is that Dr. Chalmers Watson has given us—no doubt unintentionally—an over emphasis on one or two sources of auto-intoxication. He has stressed the importance of intestinal stasis and urinary infection. I am very ready to admit their importance, but we must not forget numerous other sources of infection hardly less important, such as tonsils, teeth and naso-pharynx. Of the cases that I see many have been examined in regard to intestinal and urinary absorption, but very few have been submitted to dental radiography. Of the many who have not been so examined a considerable proportion show definite evidence of one or more dental abscesses. Such a case as the one Dr. Chalmers Watson described is frequently the subject of a general streptococcal infection of which the intestinal and urinary symptoms are only partial manifestations. Now we cannot afford to let ourselves think in short and easy terms of toxæmia and mental disorders. We must keep in mind a much more complicated chain of cause and effect. I suppose you will all agree with me when I say that the deeper our investigations go the more apparent it becomes that few toxins produce their primary effect on neural tissue. In most cases the toxin primarily attacks the more sensitive endocrine tissue, and it is through the impairment of endocrine function that emotional disequilibrium arises, and from that in turn that mental derangement proceeds. It is easy for us to think of a toxæmia and melancholia as cause and effect, and to bracket them in our minds as such. But unless we estimate the patient's endocrine condition at the moment we are guilty of loose thinking. Dr. Chalmers Watson has said that there should be no two schools of thought in regard to the psychic and physical factors. Dr. Chalmers Watson is an idealist and his view is utopian. There *are* two schools of thought; there always will be two schools of thought. Are we not all equipped with binocular vision, yet how common is "the lazy eye"? By prejudice, either native or acquired, we all have a bias to the physical or the psychic. Ideally we should

approach a case equally prepared to discover a physical or a psychic ætiology, and—what is more—equally interested in either case. How many of us can claim this freedom from bias? Few, I venture to think. At the present time there are two strong currents of new thought in regard to mental disorder. The one tries to attribute everything to a physical cause, the other to a psychic. The one traces all mental phenomena to hormones, the other to complexes. The miracles of endocrinology are trumpeted from New York, and the marvels of psycho-analysis from Vienna. Between these cross-currents we must keep our bearings, and we shall not succeed unless we approach the problem in general and each case in particular with that freedom from bias which I have referred to as so essential and so unusual. And while we are giving an unbiassed hearing to all these new theories, we must bear in mind that it is contrary to the scientific spirit to reject as invalid the fruit of countless human observations simply because it does not happen to fit into a new theory. Take as an example the question of the criminal type. The psycho-analysts have long been busy in reducing all delinquency to terms of complexes and repressions. Now this accords ill with the general impression that criminality tends to be associated with certain physical characteristics, and in particular it collides with Lombroso's historic work. But if we turn to the endocrinologists we find that they are at any rate attempting to correlate—in terms of endocrine pattern—physical and psychic characteristics. Now it seems to me that while we study the emotional and intellectual reactions of our patients, we should concurrently, and with no less zeal, investigate this psycho-physical relationship in terms of endocrine function. It will take years of very patient observation no doubt, but ultimately we should be in a position to think of any given case of mental disorder in terms of a triple ætiology: (a) Endocrine pattern, linked to native qualities, both physical and psychic; (b) endocrine history, including the physiological crises, toxic impairment, etc.; (c) emotional history, covering emotional traumata, conflicts, repressions, and so on. With regard to the first of these categories, I venture to submit that in the sympathetic trio of endocrines (the thyroid, pituitary, and adrenals) we have the origin of two great principles of human activity—the creative urge and the power urge. I would suggest that the thyroid is the gland that stands for creation, and therefore for procreation. The pituitary seems to represent the subjective or imaginative power principle; the adrenal appears to originate the objective or immediate power urge. These speculations I throw out merely to indicate how relevant to our investigation of any given case is a consideration of the endocrine equilibrium. Take, for instance, a simple case of depression. Let us suppose the patient is a woman. What of her thyroid? It is functioning inadequately. She feels her creative power is ebbing. It may be that she longs for another child. It may be that she is an artist and finds her power of artistic expression leaving her. Or take a man suffering from depression. What of his adrenal function? Is he conscious of a loss of drive in his business due to a progressive hypoadrenia? If so, we can well understand his depression. Such every-day examples illustrate the necessity for thinking in terms of the mental and the physical concurrently, and not only concurrently but without bias, for it is only thus that we can hope to reach that one school of thought which Dr. Chalmers Watson has idealistically held out before us as the right one.

Dr. T. C. MACKENZIE: I must confess to a feeling of depression at the character of our discussion, and also, if I may say so, the character of the only paper this morning. The subject for discussion down on the Agenda is the treatment of mental disease. I am depressed because it appears to me to have been approached from a very extremely narrow arc. I think a very considerable amount of what Dr. Chalmers Watson said to us this morning, and said to us in a very interesting manner, has been repeatedly said before, and the accumulation of facts for which he made so strong and so reasonable a claim is one that has not been lost sight of by the members of this Association. A vast number of facts along the lines of the investigation he indicated have been collected and established. My friend Dr. Shaw, for instance, has collected a very great number of facts. He worked under Dr. Bruce at Murthly, of whom perhaps it might be said there is no greater authority on conditions of the blood in the insane. I think a certain amount of the work Dr. Chalmers Watson indicated has also been done already by Dr. Bruce. I was rather interested in what my friend Dr. Crichton Miller said. He spoke of his occupying a middle position between the section he calls his psycho-analytical friends and the other body whom he refers to as the materialistic workers. And

he also spoke of the lazy eye. We members of the Medico-Psychological Association do, I think, keep an open eye on every side and reap what benefit we can. With regard to psycho-analysis: as Dr. Chalmers Watson said, I have read a good deal of it, but I do not really know much about it! Sir Frederick Mott did a good thing in emphasising the importance of humanity in the treatment of mental disease, and it seems to me humanity and common sense will carry us very far into the treatment of our fellow sufferers.

Dr. DONALD ROSS: This question of intestinal toxæmia was written about long ago. I cannot remember who the author was, but I have an old book which I picked up somewhere in which the author not only laid great stress on that, he went even further. He advised that every case should be given an emetic first of all as a routine to empty the stomach, and then treat the whole bowel with antiseptic. I would like Dr. Chalmers Watson to try that. Prof. Chiene used to advise us all to read a book published about 1812—Hamilton "on Purgatives"—and apply its principles in every department of medicine and surgery. Then Dr. Chalmers Watson said he was very much struck by Dr. Chambers' report. I think you will find the same facts in almost every report. Every person who becomes insane is physically ill. The treatment is to aim at removing as many of the underlying conditions as possible. I recall a case that occurred in France of a poor fellow who had had persistent vomiting, and came down to me after being treated by a psychologist. There happened to be a great push on at the time and I had not time to attend to him properly until after the rush was over, which was four or five days later. In the meantime he was treated with a dose of castor oil and milk diet. When next I asked him how he was keeping, he said, "I am perfectly all right now, of course," adding that "up there" they had hypnotised him and given him bully beef and biscuits, but here he had been put on the proper treatment.

Dr. HELEN BOYLE: I did not intend to speak at all to-day, but I do feel keenly on this subject. I think sometimes the mental attitude is responsible and sometimes the physical, and much more common is it to find that they are all responsible. If you can remove one of them the patient will be better, but if you can remove them all the patient will be well. I should just like, therefore, to emphasise the fact that has already been stated—that the treatment of the nervous case is greatly influenced by the treatment of the patients' friends. I was particularly glad to see the demonstration at the Infirmary. I had a case not so very long ago which I should very much like Dr. Chalmers Watson's opinion upon. I did all I could for the patient, and I got her into very good condition. Then I left her for a little while and she had a relapse. It is very difficult to know how to get the intestinal condition into such a state that it will be permanent. I am sure continual lavage becomes a perfect obsession.

Dr. C. HUBERT BOND: It would be impertinence to attempt to discuss the paper when I unwittingly did not give myself the opportunity of hearing the whole of it. But I can get out of it by saying I have had the advantage of discussing this matter frequently with Dr. Chalmers Watson in London. All I would like to do, if I may, is just to point the moral as I see it, and it is that the powerful and convincing address, such as we have heard, only emphasises the fact that we cannot afford to be without a laboratory in our hospitals, and a great many of you have not got one, and if you have it is not in use. Autogenesis, I think, was mentioned by Dr. Chalmers Watson, or one of the others, and doubtless that explains a good many of our recoveries, but there are something like 37 *per cent.* or thereabouts that do not recover, and the absence of their recovery is without adequate reason. To come back to my point, I am sure the moral is we cannot afford to do without a laboratory in full working order in competent hands as an adjunct to every hospital. Personally I do not believe in the combination system of laboratories. Do not misunderstand me. I do not disbelieve in the supreme value of a great organised laboratory with which several of the mental hospitals are affiliated; I do believe in them, but I do not think they can ever take the place of the daily work in the laboratory. If the hospital is big enough it may want more than one laboratory. May I say that it is not often that we have a recruit to our Association who on the day or thereabouts of his election promptly furnishes us with a paper or an address of the quality we have had from Dr. Chalmers Watson to-day, and I am sure we most heartily welcome him as a member of the Association. (Applause.)

Dr. W. R. DAWSON: I have not myself been directly engaged in the treatment of mental or other forms of disease for the last ten or eleven years, but I have always taken the point of view which Dr. Chalmers Watson has so eloquently expressed, and so very properly impressed upon us as to its importance, and in a much less thorough way I have always endeavoured to tackle my cases from the material side, at all events by making a thorough physical examination of every case as it came under my care. And I should like before going any further to emphasise what Dr. Bond has just said with regard to the importance of a laboratory in every asylum. Dr. Chalmers Watson has pointed out that it need not be very elaborate, that for clinical purposes something very much less than one expects in the case of a joint laboratory like the one at the Maudsley will do. After all this is really an extension to the mental hospitals of what we find in all clinical hospitals. We expect a good pathological laboratory available somewhere to do the elaborate work which is required for the examination, for instance, of specimens from the nervous system and elsewhere, but we also want attached if possible to every large ward—certainly to every division of the hospital—small laboratories where clinical work can be done, and this is all that one asks in the case of a number of asylums. I think the ideal system would be to have a small clinical laboratory connected with every asylum, and in addition to that one of our central laboratories for a number of asylums in the country. With regard to the substance of the very eloquent address we have had from Dr. Chalmers Watson, I do not intend to take up any time in criticising the points, even if I felt capable of doing so; but there is one point I would like to call attention to, and that is the bacteriological infections of the lower bowel, which undoubtedly do produce some effect, whether through the endocrines or something else, upon the nervous system, and which may arise from a failure, not of the endocrines in the first instance, but of the organs of digestion. There is one case in particular that occurs to my mind. This was a medical man who was under my care a good many years ago. He was a cocaineist, and he came in for a peculiar nervous condition which was produced by cocaine. When he had been under my care for some time he called my attention to some very peculiar objects which he was passing from his bowel, and on investigation it was found he was suffering from muco-membranous colitis. In regard to the membranous condition one came to the conclusion that the pancreatic digestion was the fault. I should say he had been suffering from constipation for years, and after trying a number of things he himself hit on a method of treatment which eventually proved satisfactory—that is to say, he had practically a lavage every morning, a plain injection of hot water, and he also took a pancreatic preparation which was given in a particular form of tabloid. He also took a certain amount of saline. By these methods his colitis was cleared up and his constipation disappeared. His mental condition improved very much, so that after a considerable time—he stayed with me for a considerable time, because he rather liked being there, and he began doing pathological work, which had not been his speciality before he left and studied abroad. He did most admirable pathological work. I may say the membranes were simply loaded with bacteria, and I have no doubt that these bacteria and the irritation which they set up contributed to some extent at all events, to his mental troubles. That is, I think, a point which is worth while bearing in mind, and it may be necessary to tackle the digestion in order to restore normal affairs in the bowel. I have listened to the discussion with great interest, and I should like personally to thank the speakers for the large amount of information and the different points of view which they have presented to us. (Applause.)

Dr. DODS BROWN: With regard to what Dr. Chalmers Watson said about washing out the bowel, for many years in certain cases we have practised that in the hospital I am connected with, in depressed cases, and I feel convinced that very often the prospects are most excellent. But that is not the only treatment. Whether that in itself helps the patient I do not know, but my own feeling is that it does. With regard to what Dr. Chalmers Watson said about vaccine treatment, I remember when I was Senior Assistant at Morningside giving vaccines to mental patients. The vaccines were prepared from the urine of patients, but I confess I do not think we saw any material benefit from these vaccines. Certainly the number of patients treated was not very large, but I think we carried on this form of treatment in a sufficiently large number of cases to make one think that

the treatment was not very beneficial. Another form of treatment which I should like to mention is that which Dr. Donald Ross and I carried on and published some years ago, and that is the treatment by the use of colloidal metals. Of course we are glad to carry out any treatment in the hope that good results may follow. Several of the cases showed definite improvement.

A MEMBER: I had no intention of making any remarks, and much more so because I was in the unfortunate position of not hearing Dr. Chalmers Watson's paper. We are not all materialistic, and I am sure we are not all psycho-analytic. As members of this Association I think we ought to take up a middle attitude. As far as the endocrine glands are concerned, if you put your patient into the best physiological conditions then the chances are the ordinary tendencies of health will have free scope, and that is a matter we can all do. As regards psycho-analysis, what we see of those cases is probably not a fair sample. I think the patients we see mostly are not fit subjects for psycho-analysis.

Dr. CHALMERS WATSON, in reply, gave expression to the pleasure and gratification which had been given him by the interest and appreciation which the members of the Association had shown in his remarks. Time would not allow of him dealing at any length with many of the points which had emerged in the discussion. He would content himself with referring to a few of the more salient ones. Sir Frederick Mott had raised an important point in his reference to the condition of the intestinal epithelium; that was a vital part of the problem. As a result of a number of observations specially directed to the point, he had not found any appreciable difference in the flora when examined within periods ranging from an hour or two up to twelve or eighteen hours. It should at all times be kept in view that the terms "intestinal stasis" and "intestinal toxæmia" were in no way synonymous. Intestinal stasis existed, sometimes in marked degree and for a lengthy period, without apparently inducing any notable symptoms of deranged health. Later, however, these supervened, and, in the speaker's view, their development was largely dependent upon the occurrence of minute lesions of the epithelial lining of the bowel. In focussing his remarks, as he had largely done, on the intestinal route of infection or intoxication, he wished to make perfectly clear that he recognised other important sources of infection or intoxication. Dr. Miller had referred to the teeth, gums and tonsils; the naso-pharynx and uro-genital tract, especially in women, are also channels to be kept in view. A striking example of an acute mental disorder resulting from a bacterial infection of the genital tract is puerperal mania. In regard to oral sepsis, it should be kept in view that in cases of long-standing oral sepsis, the mere removal of the septic focus by extraction sometimes failed to yield any benefit to the patient; this in many cases was undoubtedly due to the fact that the intestinal tract had become secondarily infected and now acted as a primary source of infection. All were agreed as to the practical value of aperient remedies in many cases of mental disorder, but we possessed little knowledge of the precise method of their action. The main object of the speaker was to emphasise the need for a more thorough investigation of cases of mental disorder, on simple clinical and simple bacteriological lines, by correlating the results of the investigation of the intestinal tract by means of bismuth meals, with (a) the naked eye and microscopic examination of the contents of the large bowel as revealed by the study of the stools and double wash-out, and (b) the more systematic examination of the urine, especially in regard to its cellular and bacterial content. In this connection the speaker drew attention to the value of the *Saccha rose* milk agar medium, introduced by him as a *primary culture medium* capable of throwing new light on the intestinal flora in health and disease. His experience led him to think that a recognition of the facts described would prove of value in arriving at a truer knowledge of the ætiology of mental disorders and also prove of value in treatment. By a little co-ordinated effort, on these lines, on the part of asylum physicians it would be an easy matter to secure, in the course of a year or two, the data available from a preliminary series of, say, 500 cases of selected mental disorder. There was, in the speaker's view, no doubt whatever that the result of such an inquiry would add greatly to our present knowledge of the ætiology and treatment of mental disorders, and the information so obtained would further in all probability be of great value to the general physician in the study and treatment of other general medical disorders.

The PRESIDENT: As this sitting terminates the work of this Association at its Annual Meeting, before we depart I wish you to give a hearty vote of thanks to

Dr. Buchanan, our Divisional Secretary, for the painstaking and onerous duties he has performed so well for these meetings. He has attended to all the details, and it is only those who have been officials of this Association who know the amount of detailed work that has to be attended to to make a meeting of this kind a success. I hope all of you leave with pleasant recollections of this Annual Meeting; at any rate, we have done our best to make it pleasant, agreeable and instructive for you. (Applause.)

Sir FREDERICK MOTT: I have very great pleasure in seconding the vote of thanks, and I should like at the same time to express my gratitude, and in expressing my gratitude I feel I am expressing the gratitude of the whole psychological profession for the extreme kindness, hospitality and cordiality with which the Association has been received in Edinburgh, which is greatly owing to our President, Prof. Robertson. I am sure we are all very grateful to him for the admirable manner in which the meetings have been conducted, and the way in which we have been received in Edinburgh. But it is not new to me to come to Edinburgh to be well received. I have had that pleasure on several occasions before, and I am sure we are all very grateful to the whole of the Faculty for the way in which we have been received here. I have very much pleasure in seconding the vote of thanks to Dr. Buchanan, under whom the arrangements have been so admirably carried out. (Applause.)

The PRESIDENT: In thanking you on behalf of Dr. Buchanan and myself for your vote of thanks, I would just conclude by saying I was very pleased to see what an excellent photograph has been taken yesterday, and I would like the authority of the Association to present in its name a copy of this photograph to Sir Arthur and Lady Rose, who were our kind hosts yesterday, and I also think that a copy might be presented by this Association to the General Board of Control in Scotland for their kindness in giving us the use of their offices for our Council and Committee. (Applause.)

This concluded the Annual Meeting held at Edinburgh in 1922, and likely to be memorable in the annals of the Association.

EXCURSIONS.

The report of the Annual Meeting would be incomplete without reference to a number of delightful motor trips to places of interest in and around Edinburgh arranged especially for ladies accompanying members by the Ladies' Committee. They included a tour through the Scott country, calling at Melrose Abbey and Abbotsford, a visit to Linlithgow Palace with tea at Champfleurie by the kind invitation of Sir James and Lady Adam and a visit to Bangour Village Hospital, where Mrs. Keay dispensed hospitality.

To Lady Wallace and the Ladies' Committee not a little of the general success of the Annual Meeting was due, and for their kindly co-operation the Association is grateful.

[Members who have not already ordered copies of the photograph of the group taken in the New University Quadrangle can do so from Mr. John Moffat, 125a, Princes Street, Edinburgh. Price 4s. 6d., including printed list of names.—EDS.]

PARLIAMENTARY NEWS.

August 2nd, 1922: *Asylum patients' claim to discharge*.—Mr. ROBERT RICHARDSON asked the Minister of Health if he was aware that two Ex-service men—J. Wickenden at Long Grove and C. S. Norris at Banstead—were being detained in these two asylums respectively, while their parents in each instance were exceedingly desirous to undertake complete responsibility in regard to them and to give them comfortable homes and every care; that the wife of each, for reasons of their own, refused their release; that the wives' refusal was backed up by the medical official of the Pensions Ministry, who had decided that they must remain where they were and continue to be treated as lunatics on pain of loss of dependents' allowance; that the Board of Control had referred the case of these two private patients to the visiting committee, which had by the Act no power over the discharge of private patients; that the attempt to bar their discharge was inoperative, since the medical superintendent had failed to prove (in accordance with Section 74 of the Lunacy Act) that they were dangerous and unfit to be at