

"While every recent patient undergoes this treatment almost as a routine measure on verandahs or in shelters in the gardens, a more intensive form of it is required for some, as well as for some of the more chronic patients whose bodily health is not good. This is provided by a course of insolation, in which increasing areas of the body are exposed at intervals to the direct rays of the sun, or by means of a special electric lamp which produces the curative ultra-violet rays, the installation of which in this hospital was referred to in my report for last year. The ultra-violet radiation is more readily absorbed, and is therefore most beneficial when the skin is warm and the cutaneous capillaries full of blood, and consequently the artificial source in a warm room indoors is of more use in winter and spring than the sun when the latter is at a low altitude and unreliable in its appearances. Both methods have been in frequent use here, and each has given good results in a number of cases, and has led to increased vigour, gain in weight, longer and sounder sleep, better appetite and improvement in spirits, in numerous cases."

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE EIGHTY-SIXTH ANNUAL GENERAL MEETING of the Association was held on Tuesday, Wednesday, Thursday and Friday, July 19–22, 1927, in the Hall of the Royal College of Physicians and at the University, Edinburgh, under the Presidency, in the earlier proceedings, of Lt.-Col. J. R. Lord, *C.B.E.*, *M.D.*, *F.R.C.P.E.*, and later that of Hamilton Marr, *M.D.*, *F.R.F.P.S.Glasg.*

The Council and various Standing and Special Committees assembled on the previous day.

MORNING SESSION.—TUESDAY, JULY 19.

In the Hall of the Royal College of Physicians.

Lt.-Col. J. R. Lord, the retiring President, in the Chair.

MINUTES.

The minutes of the Eighty-fifth Annual Meeting, having appeared in the *Journal of Mental Science*, were taken as read, and were confirmed and signed by the President.

ELECTION OF OFFICERS OF THE ASSOCIATION FOR 1927–28.

The PRESIDENT proposed that the Officers of the Association for 1927–28 be:

President.—Hamilton Marr, *M.D.*, *F.R.F.P.S.Glasg.*

President-Elect.—J. Shaw Bolton, *D.Sc.*, *M.D.*, *F.R.C.P.*

Ex-President.—J. R. Lord, *C.B.E.*, *M.D.*, *F.R.C.P.E.*

Treasurer.—James Chambers, *M.A.*, *M.D.*

Editors of the Journal.—J. R. Lord, *C.B.E.*, *M.D.*, *F.R.C.P.E.*, Douglas McRae, *M.D.*, *F.R.C.P.E.*, Thomas Beaton, *O.B.E.*, *M.D.*

General Secretary.—R. Worth, *O.B.E.*, *M.B.*

Registrar.—Daniel F. Rambaut, *M.A.*, *M.D.*

It would be noticed with great regret that Dr. Devine's name no longer appeared in the list of Editors. [Agreed.]

NOMINATED MEMBERS OF THE COUNCIL.

The PRESIDENT next proposed that the nominated members of Council be: Drs. G. W. Shore, R. Percy Smith, C. H. Bond, F. H. Edwards, J. Brander and D. K. Henderson. [Agreed.]

ELECTION OF HONORARY MEMBERS.

The PRESIDENT then proposed that the following gentlemen be elected Honorary Members of the Association :

R. PERCY SMITH, M.D., F.R.C.P.

Prof. G. M. ROBERTSON, M.D., F.R.C.P.E., Hon. F.R.C.S.E.

Prof. Sir HUMPHRY ROLLESTON, Bt., K.C.B., D.C.L., LL.D., D.Sc., M.D., F.R.C.P.

Recommended by Lt.-Col. J. R. Lord, Drs. J. Chambers, C. Hubert Bond, Daniel F. Rambaut, J. G. Soutar and R. Worth.

The PRESIDENT said that it was customary in the old days of the Association for the proposer of such a resolution to say something of the character, qualities and career of those it was proposed to honour in this way. He remembered reading of a meeting of the Association which demurred at the election because this procedure had not been staged. The proposals would have been turned down but for a member coming to the rescue and supplying the required information. He thought that when the Association was asked to bestow one of its highest honours, the grounds upon which the proposition was made should be forthcoming. He therefore proposed to revert to the old custom.

Dr. R. Percy Smith.

Dr. Percy Smith was Consulting Physician on Mental Disorders at St. Thomas's Hospital, and was once Physician and Medical Superintendent at Bethlem Hospital, Examiner in Mental Diseases, University of London, Physician for Mental Disorders at Charing Cross Hospital, and Lecturer in Psychological Medicine at Charing Cross and St. Thomas's Hospitals. His Association record was admirable. He had been President of the Association, Examiner in Psychological Medicine and Editor of the *Journal of Mental Science*. In other psychiatric spheres he had been President of the Section of Neurology and Psychiatry of the British Medical Association and President of the Section of Psychiatry of the Royal Society of Medicine. He served on the Committee appointed in December, 1921, by the Minister of Health, to investigate and report upon the charges made in a certain notorious book. This list did not by any means exhaust the services which Dr. Percy Smith had rendered to psychiatry, but it illustrated how he reached his eminent position as one of the greatest living consulting physicians in mental disorders. He was respected for his high professional ideals, his firmness of purpose, his logical thinking and his sagacity. It was not easy to think of him without at the same time calling to mind the late Sir George Savage, with whom Dr. Percy Smith was so closely associated. It would be invidious for the speaker to name any one of the many distinguished psychiatrists as the successor to Sir George Savage professionally, but members would agree that Dr. Percy Smith had indeed succeeded him in their affection and esteem, and in their admiration for his many fine qualities, both as a man and as a physician. He felt sure members would agree that the name of Dr. Percy Smith should be added to the Roll of Honorary Members of the Association. (Applause.)

Professor George M. Robertson.

There was another name which it was felt by the proposer should occupy a place on that Roll. One commonly visualized Dr. Percy Smith as the traditional physician in the quietude of his consulting-room and in the wards of his hospital, and though one could not exclude from the imagination that aspect in respect of Prof. George Robertson, one pictured him more in his *role* as a teacher, and above all as a force and leader in the world of psychiatry. He was always to be found in the van whenever there was a fight for higher ideals in regard to the care and treatment of the mentally afflicted, and the proper recognition, both by the public and by the Legislature, of the basic fact that lunacy was essentially a medical question. Whenever their specialty was assailed Prof. Robertson was up and doing when many were only thinking about what to do in the matter. There were many other solid grounds for the recommendation, and he thought it was only necessary to mention a few of them, for members of the Association knew and appreciated Prof. Robertson's achievements so well. The establishment of the Chair of Psychiatry and the high position which the Edinburgh School of Psychiatry had attained were largely due to the ceaseless

toil and enterprise of Prof. Robertson. The better nursing of the mentally afflicted in these modern days owed much to him in three directions: (1) The routine employment in much greater number of the general hospital nurse in mental hospitals. (2) The professional education and training of mental hospital nurses. Ever since the intervention of the Royal Medico-Psychological Association in this matter, the Professor had been associated, either directly or indirectly, in every step forward. (3) His association with the increased facilities which had been given to men in mental hospitals, especially in Scotland, to be nursed by female nurses. One also called to mind his fine inception of the system of nursing suitable cases in nursing-homes, now established in this City of Edinburgh. The speaker could assure his hearers that these homes were a pattern of what mental nursing homes should be, and could well be copied by municipalities generally. His Association record was probably second to none. Prof. Robertson had rarely missed a meeting, he had nearly always been on the Council, and he had been one of the best Presidents the Association ever had. The high respect in which Prof. Robertson was held by Scottish medicine had received the greatest possible recognition by his election as President of the Royal College of Physicians of Edinburgh. Finally, Prof. Robertson was in a large measure their host both as President of that College and Professor of Psychiatry at the University, to which bodies the Association was grateful for the splendid accommodation they had provided for that meeting. The proposer thought that it was entirely appropriate that Prof. Robertson's name should be added to the list of Honorary Members. (Applause.)

Professor Sir Humphry Davy Rolleston, Bt., K.C.B.

The last name was that of the genial Regius Professor of Physic in the University of Cambridge. He (the speaker) felt that Sir Humphry's election was long overdue. From the side of general medicine his eloquence, his great literary attainments and his personal influence had done much to bring psychiatry and medicine into closer relationship, especially in the realm of general practice. In Sir Humphry the Association possessed a powerful friend and a sincere well-wisher in the efforts the Association was making to bring psychiatry into line and co-equal with, if not the first in importance of the many branches of medical science. Sir Humphry had written the speaker personally, saying how highly he appreciated the great honour it was proposed to do him. It was therefore with great pleasure and absolute confidence that he submitted Sir Humphry Rolleston's name for acceptance as an honorary member of the Association. (Applause.)

After some comments by Dr. MARY BARCLAY, the resolution was agreed to with enthusiasm.

ELECTION OF CORRESPONDING MEMBERS.

The CHAIRMAN proposed that the following gentlemen be elected Corresponding Members of the Association:

M. René Charpentier, M.D.

M. René Targowla, M.D., Chevalier of the Legion of Honour, Chef de Clin. Paris.

Dr. Charpentier was a member of the Medico-Psychological Society of Paris, and also permanent Secretary of the Congress of Alienists and Neurologists of France and French-speaking Countries.

Dr. Targowla was a member of the Medico-Psychological Society of Paris.

[Agreed.]

The PRESIDENT, on behalf of the Association, congratulated Dr. Targowla, who was present, on his election. (Applause.)

LETTERS OF REGRET FROM ABSENT MEMBERS AND OTHERS.

The PRESIDENT said that letters of regret at their inability to be present had been received from Dr. René Charpentier, Sir James Crichton-Browne, Sir Maurice Craig, Sir Bryan Donkin, Dr. R. Percy Smith, Dr. R. Worth, Dr. G. R. Auden, Dr. G. N. Bartlett and others.

APPOINTMENT OF AUDITORS.

The PRESIDENT proposed that Drs. G. F. Barham and C. W. Bower be appointed Auditors.

[Agreed.]

APPOINTMENT OF STANDING AND SPECIAL COMMITTEES.

Parliamentary Committee.

The PRESIDENT proposed that the Parliamentary Committee be re-appointed. [Agreed.]

Educational Committee.

The PRESIDENT proposed that the Educational Committee be re-appointed, with the addition of the name of Dr. W. J. T. Kimber. [Agreed.]

Library Committee.

The PRESIDENT proposed that the Library Committee be re-appointed. [Agreed.]

Research and Clinical Committee.

The CHAIRMAN next proposed that the Research and Clinical Committee be appointed. This Committee had been in abeyance for some years, and, subject to the pleasure of that meeting, it would now come into existence again, with a wider reference. The members nominated and the particular interest they will represent, are: Drs. C. Hubert Bond, D. L. Kelly, Lt.-Col. W. R. Dawson, Dr. Hamilton Marr (*Cent. Auths.*); Drs. W. F. Menzies, J. G. Porter Phillips, C. C. Easterbrook and M. J. Nolan (*Public and Reg. Ment. Hosps.*); Drs. H. Devine and J. G. Soutar (*Private Ment. Hosps.*); Drs. W. N. East, M. Hamblin Smith (*Delinquency*); Prof. G. M. Robertson, Prof. J. Shaw Bolton, Drs. E. Mapother, J. O'Connor Donelan (*Teachers of Psychiatry*); Dr. G. A. Auden (*Education*); Drs. W. A. Potts, E. S. Litteljohn (*Mental Deficiency*); Drs. F. L. Golla, A. Ninian Bruce (*Neurology*); Drs. E. Goodall, F. A. Pickworth (*Pathology*); Drs. W. H. B. Stoddart, T. Beaton, (*Psychology*); Drs. B. Hart, J. E. Middlemass (*Consultants*); Prof. E. Bramwell and Dr. A. Cossar Sturrock (*General Medicine*). As nucleus representatives of projected sub-committees: Drs. M. R. Barkas, C. W. Bower, E. Casson, K. K. Drury, A. E. Evans, W. L. R. Fleming, A. R. Grant, J. Harris, P. McCowan, R. L. Wallis McKenzie, W. D. Nicol, J. E. Nicole, C. Farran Ridge, W. Ford Robertson, G. de M. Rudolf, J. P. Steel, I. Suttie.

It was suggested that he, Col. Lord, should be the chairman, Prof. G. M. Robertson, Vice-Chairman, and Dr. B. H. Shaw, Secretary. These appointments, however, would need to be made by the Committee, but the Council had decided that they should act *pro tempore* until the Committee met.

Dr. MARY BARCLAY asked whether the name of Dr. Isabel Hutton could be added.

The CHAIRMAN replied that the sub-committees would co-opt other members and elect them as representatives on the central committee.

Dr. MARY BARCLAY said she hoped they were all members of the Association. The CHAIRMAN replied that they must be so to conform with the Bye-Laws. [Agreed.]

Nominations Committee.

The PRESIDENT proposed that the Nominations Committee should be appointed. Its personnel was determined by the Bye-Laws. [Agreed.]

Mental Nursing Advisory Committee to the General Nursing Council (England and Wales).

The PRESIDENT said that it was now necessary for the annual meeting to appoint each year the Association's representatives on the Mental Nursing Advisory Committee to the General Nursing Council for England and Wales. He proposed that Dr. D. F. Rambaut, Dr. A. A. W. Petrie, Dr. F. R. P. Taylor, Dr. J. W. Kimber, Dr. H. Dove Cormac and Dr. R. Worth form the panel. [Agreed.]

Journal Special Committee.

The PRESIDENT proposed that it should be reappointed. It had not yet concluded its labours. [Agreed.]

Provisional Research and Clinical Committee.

The PRESIDENT proposed that this committee should now be thanked and discharged. Their final report would be before the meeting that morning.

[Agreed.]

The PRESIDENT said that, subject to the Charter and Bye-Laws, the management of the affairs of the Association was in the hands of the annually elected Council. So that the report he would read was in fact an account of the Council's stewardship for the past year, and should really precede and not follow the election of the Council and Officers. The Report included the proceedings of the Council at its meeting on the previous day.

The President, in the regrettable absence of the Secretary, then read the Report, as follows :

ANNUAL REPORT OF THE COUNCIL.

The number of members—ordinary, honorary and corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1927, was 745, as compared with 748 in 1926.

Number of new members elected in 1926	36
Number of members registered in 1925	748
Removed according to Bye-Law 17	0
Number of members resigned in 1926	5
Number of deaths in 1926	19

Members.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.
Ordinary	627	626	626	640	631	676	710	694	703	700
Honorary	33	32	26	24	25	27	30	29	29	30
Corresponding	18	17	9	9	10	13	14	16	16	15
Total	678	675	661	673	666	716	754	739	748	745

The Council has again to report a year of considerable activity, perhaps even greater than has occurred for many years past. It was very evident from the Presidential Address that many important matters affecting the work of the Association and the progress of psychiatry would be brought forward for consideration.

Revision of the Bye-Laws.

The revised Bye-Laws passed at the last Annual General Meeting were submitted to the Privy Council for approval, which was given in due course from July 13, 1926.

The Association's Coat of Arms.

Letters patent, dated October 12, 1926 (beautifully illuminated), granting the Association a Coat of Arms, has been placed in the safe keeping of the Association's bankers. The Association at the February meeting (Macclesfield), 1927, adopted for ordinary purposes an abbreviated rendering of the Arms drawn by the President.

Centenary of the death of Dr. Philippe Pinel.

Dr. Donald Ross represented the Association at the celebrations of this Centenary, held in connection with the Congress of Alienists and Neurologists of France and French-speaking nations at Geneva and Lausanne in August, 1926, and presented a letter from the Association of cordial and fraternal greetings (*vide Journ. Ment. Sci.*, October, 1926, p. 718). The Association's delegates at the celebrations held in Paris in respect of this Centenary—May 30 to June 1, 1927—were Prof. G. M. Robertson, and Drs. C. Hubert Bond, Hamilton Marr and Donald Ross.

Obituary.

The Association, since the last General Meeting, has suffered severe loss by the death of members, namely, Prof. Emil Kraepelin, Dr. R. H. Cole, Dr. J. J. Gasperine, Dr. H. E. Haynes, Dr. E. S. Pasmore, Dr. C. B. Roscow, Dr. E. S. Simpson, and Dr. W. R. H. Smith.

The Journal of Mental Science.

The Special Committee of Inquiry into Journal matters recommended that sanction should be given to the experimental issue of a monograph on "Sinusitis in Mental Disorders," and the Council has approved of a proposal that a sum of £100 be devoted to this purpose.

Educational Matters.

The Council have to report a gratifying increase in the number of entries for the May Preliminary examinations.

The change in the designation of the Association had rendered obsolete the form of certificate and the nursing medal, and these have been altered. In regard to the latter, the Association, at the November meeting (Horton), 1926, decided to issue a distinctive ribbon to be worn either separately or as a means of suspending the medal. An opportunity was taken of re-modelling the medal from a drawing made by the President.

At the February meeting (Macclesfield), 1927, the Council directed its attention to the better administration of the Association's panel of representatives on the Mental Nursing Advisory Committee to the General Nursing Council. Among other points it was laid down that no members of that panel should hold paid or unpaid posts under the General Nursing Council (subject in the case of Scotland and Ireland to Divisional agreement); that the panel should be appointed annually and report at least annually like other Committees of the Association; that the panel should invariably meet for preliminary discussion before it attends the meetings of the Advisory Committee, and that the expenses of members attending these meetings should be recoverable from the Association.

The question of the continuance or revision of the Association's Certificate in Psychological Medicine was raised by the President at the May meeting (London), 1927, and his proposals in this connection will be considered by the Council in due course. A revised syllabus of subjects for the Examination of those Nursing Mental Defectives, prepared by a special Sub-Committee of the Educational Committee, received approval at the May meeting (London), 1927, and the details of training were considered yesterday and also approved. Appropriate regulations remain to be drawn up.

Parliamentary Matters.

The consideration of the Report of the Royal Commission in Lunacy and Mental Disorders has been commenced by the Parliamentary Committee. It is gratifying to know that many of the recommendations of the Association have, in principle, been adopted by the Commission.

The amended definitions of mental deficiency proposed in a Bill presented to Parliament by Mr. B. Compton Wood, *C.B.E., M.P.*, received consideration at the February meeting (Macclesfield), 1927, and the Association's recommendation revising the definition of mental defectiveness was forwarded to the Ministry of Health, Board of Control, and the Chairman of the Committee of Medical Members of the House of Commons.

The Administration of the Library.

At the May meeting (London), 1927, approval was given to a proposal by the President that an Honorary Librarian should be added to the list of officers of the Council, and that a Bye-Law to this effect should be formulated for the approval of the Privy Council. Pending this, Dr. J. R. Whitwell was appointed Acting Honorary Librarian. The Association expressed its opinion that, whenever possible, the Honorary Librarian should be Chairman of the Library Committee. A new book-plate being necessary, the Council approved a drawing by Mr. Mussett.

The re-cataloguing of the Library and a revision of its contents being urgently necessary, the May meeting (London), 1927, directed this to be done and the cost reported in due course.

The Gaskell Medal and Prize and Divisional Prizes.

The Council decided that as a new die for the Gaskell Medal was required the opportunity should be taken to remodel it, and that it should for the future bear in relief the bust of its founder, Mr. Samuel Gaskell. This suggestion by the President received approval at the May meeting (London), 1927, and the Council is indebted to Dr. Sephton, the Medical Superintendent of Lancaster Mental Hospital, who, after prolonged search, secured a portrait of Mr. Samuel Gaskell, probably the only one in existence, and placed it at the service of the Association.

Difficulties in regard to the award of the Gaskell Medal and Prize having arisen, the whole matter was referred by the Council at the February meeting (Macclesfield), 1927, to the Research and Clinical Committee for inquiry and report.

Similarly a report prepared by the President suggesting the revision in several respects of the Regulations regarding the Divisional Prizes was also referred to the latter Committee for inquiry and report by the May meeting (London), 1927, of the Council. This report was considered by that Committee yesterday, and after slight emendation approved. Later it was approved by the Council to take effect at once.

The Advancement of Research and Clinical Psychiatry.

Following the reference made to this important matter in the Presidential Report, the President tabled a series of resolutions at the November meeting (Horton), 1926, which were approved, proposing the appointment of a Provisional Research and Clinical Committee to consider the most profitable lines on which the work of the Standing Research and Clinical Committee could be carried out, and that divisional clinical committees should be appointed to organize regular meetings in the Divisions at convenient centres devoted solely to the clinical aspects of psychological medicine.

The Medical Superintendents of all mental institutions in England and Wales have been circularized in regard to the latter matter. Steady progress is being made and approval of the proposal has been notified from about a third of the public hospitals, including those of London and other local authorities, also several registered hospitals and private institutions.

The Provisional Research and Clinical Committee has met on two occasions and completed its labours.

Memorial to the late Sir Frederick Mott.

The Council at the last Annual Meeting adopted a suggestion made by Dr. F. L. Golla and approved of by Lady Mott, that a memorial to Sir Frederick Mott should be initiated by the Association, and take the form of a book to which those, at home and abroad who had been his pupils or colleagues, or in some way associated with him in his work, or who had been inspired by his writings or teaching, should be asked to contribute a paper in recognition of the great work he did for medical science, especially in regard to mental and nervous disorders and the physiology and pathology of the nervous system.

Considerable progress has been made, and at the May Council meeting (London), 1927, the matter was placed in the hands of a Mott Memorial Committee, consisting of Lt.-Col. J. R. Lord (Chairman-Secretary), Dr. C. Hubert Bond, Dr. F. L. Golla and the Editors of the Journal, subject to the guidance and approval of the Council.

Vice-Presidents, etc.

A proposal made by the President at the February Council meeting (Macclesfield), 1927, that Vice-Presidents be appointed who should also be Chairmen of Divisions, has been considered by a panel of the Council, and now stands referred to the Divisions.

Past-Presidential Badges.

At the same meeting of the Council the President also proposed that each past President should be awarded a badge to be worn on official occasions and retained as a recognition of the high office he had held in the Association. The proposal

was referred to a panel of the Council. The badge, designed by the President, contains a replica of the medallion of the Presidential insignia. The proposal was approved by the Council yesterday.

Quarterly and Divisional Meetings.

The Quarterly and Divisional meetings during the year have been well attended, and the clinical aspect of the Association's work much invigorated by important papers and discussions.

To carry out the work of the Association during the year it has been necessary to devote two days to each quarterly meeting.

The new arrangement whereby the quarterly meetings were held on different days in the week gave much satisfaction to members and is recommended for permanent adoption.

Mental Nurses in Private Practice.

The Council has been in correspondence, through the President, with the secretaries of several of the private nurses' employment agencies, in order to get some uniformity in the attitude these bodies are taking towards mental nurses who were not State registered but who hold the nursing certificate of the Association. In several instances they have been banned, though "existing" nurses, untrained in mental nursing, are accepted because they are State registered. It seems probable that the only concession will be that the registered nurses so employed will need to hold either the State's or the Association's mental nursing certificate.

The Child Guidance Council.

Considerable progress had been made in regard to the founding in London, with the support of the Commonwealth Fund of America, of a clinic for delinquent, backward and difficult children and for the training of psychiatric social workers, and the Council was invited to appoint a representative on the Child Guidance Council. The Council decided that as Lt.-Col. J. R. Lord was already a member of that Council and *au fait* with the work, he should also act as the Association's representative.

Appointments to the Medical Staff of Mental Clinics.

The Council has given grave consideration to a recommendation by the Council of the British Medical Association, which banned the employment of whole-time medical officers of local authorities in mental clinics. At the May meeting (London), 1927, the President was directed to prepare a letter of protest on behalf of the Association and addressed to the Council of the British Medical Association. Members who were also members of the latter Association were asked to oppose this recommendation when raised at the Divisional and Branch meetings of the British Medical Association. The medical superintendent of every mental institution in Great Britain and Ireland, and all people who were thought likely to have some influence, were circularized to that effect, and a Presidential letter of vigorous protest prepared and despatched to the Chairman of Council of the British Medical Association. A copy of the President's letter was sent by that Association to every member of the Representative Body about to meet at Edinburgh.

The Birthday Honours (1927).

The Council learned with great pleasure that His Majesty, in his Birthday Honours, had this year recognized the long and meritorious services of certain mental hospital nurses, namely, Miss Eliza Grace Musgrove, Matron of Devon County Mental Hospital, Exminster, awarded the O.B.E.; Sister Birdie Copeland, of Kent County Mental Hospital, Maidstone; Miss Sarah Lovell, a head nurse at Claybury Mental Hospital; Miss Anne Newman, a head nurse at Horton Mental Hospital; and Mr. George Goodchild, the clerk and steward at Herts County Mental Hospital, awarded the M.B.E. A member of the Association, Dr. Edward Farquhar Buzzard, had been created a K.C.V.O. The Council had directed that letters of congratulation be forwarded to each of them.

R. WORTH, *Hon. General Secretary.*

ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1926.

REVENUE ACCOUNT—January 1st to December 31st, 1926.

1925.	Dr.	£	s.	d.	£	s.	d.	Income.	£	s.	d.	Cr.	1925.	
123	To Journal—Printing, Publishing, Engraving, Advertising, and Postage	1558	19	0	1092	18	3	By Dividends—General	303	10	0	297	3	4
21	Examinations, Association Prizes, and Clerical Assistance to Registrar	411	11	0	1616	9	4	" Sale of Journal	144	3	0	144	3	0
284	Petty Disbursements, Stationery, Postages, etc.	96	6	0	17	18	0	" Handbook	7	10	4	7	10	4
105	Annual, General, and Divisional Meetings	12	0	0	86	10	10	" Statistical Forms, etc.	26	4	8	26	4	8
12	Rent of Premises and care of Offices	9	0	0	12	13	0	" Advertisements	480	8	0	480	8	0
123	Audit and Clerical Assistance	9	0	0	567	0	10	" Fees for Certificates of Psychological Medicine	2634	1	6	2634	1	6
975	Miscellaneous Account	19	5	0	3631	7	9	" Subscriptions	1145	16	6	1145	16	6
4215	Balance	16	0	0	950	19	9	" Interest on Deposit	24	19	3	24	19	3
					£4483	7	6		£4483	7	6	£4483	7	6

BALANCE-SHEET—31st December, 1926.

1925.	£	s.	d.	£	s.	d.	
357	To Journal Account, balance of	349	11	8	1170	16	4
48	Petty Disbursements Account	11	11	0	400	0	0
26	Meetings Account, balance of	2	0	0	18	3	3
16	Rent Account, balance of	0	0	0	15	1	0
168	Miscellaneous Account, balance of	10	0	0	539	5	0
3	Gaskell Account	0	0	0	72	12	6
3	Income Tax	0	0	0	30	7	0
48	Prizes, etc.	5	8	0	354	18	0
21	Maudsley	2	0	0	31	13	0
20	Dividends	18	0	0	1	4	11
24	Library Account, balance of	17	1	0	539	5	0
865	Balance as at 1st January, 1926	2	1	0	200	7	0
4877	Add Balance as per Revenue Account	5	1	0	72	12	6
975		19	5	0	30	7	0
10,448		6	7	0	134	4	8
					304	6	7
					307	1	0
					1886	7	4
					4731	1	0
					731	19	6
					£10,964	1	5
					£10,012	2	11

MAUDSLEY BEQUEST.

1926.		Income.		Cr.			
Dr.	Expenditure.	£ s. d.	£ s. d.	£ s. d.	£ s. d.		
Jan. 14.	To Cash—Income Tax ...	21	2	0	21	2	0
July 19.	To Cash—Advertisements ...	6	18	0	158	5	8
Aug. 18.	" " Hire of Lantern ...	4	5	0	52	16	4
Nov. 23.	" " Lecturer's Honorarium ...	52	10	0	52	16	4
Dec. 1.	" " Plates for Lecture ...	7	15	0			
" 31.	" Amount owing—Income Tax ...	21	2	0			
" "	" " Cost of Publication ...	41	17	2			
" "	" Balance (Dividends) ...	62	19	2			
		129	11	2			
		<u>£263 18 4</u>					

GASKELL FUND.

1926.		Income.		Cr.			
Dr.	Expenditure.	£ s. d.	£ s. d.	£ s. d.	£ s. d.		
Jan. 14.	To Cash—Income Tax ...	3	14	0	52	2	6
Feb. 18.	" " Medal ...	6	8	6			
Mar. 2.	" " Prizes ...	42	0	0			
		<u>52 2 6</u>					
Oct. 14.	To Cash—Medal ...	5	15	0	168	10	9
Nov. 23.	" " Examiners' Fees ...	6	6	0			
" 24.	" " Legal Charges ...	19	9	9	19	6	7
Dec. 31.	" Amount owing—Income Tax ...	3	14	0			
" "	" " Examiners' Fees ...	8	8	0	4	1	0
" "	" " Prize ...	30	0	0	9	5	0
" "	" " Engraving Medal ...	0	13	6	19	6	7
" "	" Balance (Dividends) ...	42	15	6	4	1	0
		159	9	8			
		<u>£233 15 11</u>					

1925.		1926.
5s. 6½d.	Cost of production of Journal per copy	5s. 1¼d.*
3s. 10¼d.	Cost to the Association of Journal per copy	3s. 6¼d.*
874	Size of Journal in pages	855

The number of pages, less supplements, reached at the end of the year under review was 744, which was 51 pages short of the number for 1925. The two supplements, namely, the Charter and the revised Bye-Laws, absorbed a further 32 pages.

The Maudsley Lecture, because of the general strike, was not delivered until the Annual Meeting, and therefore became due to be published in the October number. It was felt that the inclusion of this lecture, the Presidential Address and the revised Bye-Laws—which became operative on July 13, 1926, and had to be circulated—in one number would necessitate the exclusion of much ordinary matter and cause inconvenience and disappointment to both members and authors, so a special number containing the Presidential Address was published in August. Arrangements were made with the printers of the Journal to publish a library edition of this, the President indemnifying the Journal.

The cost of publication of the Maudsley Lecture, as in previous years, has been charged to the Maudsley Funds. The charge this year was made direct, and does not appear in the Journal account.

The Committee of Investigation into Journal Matters, appointed at the request of the Editors (the report of which is a separate document), has been fruitful mainly in an exchange of opinions as to the Journal might be re-modelled to meet modern requirements. It was felt that the best policy was to move cautiously in making alterations to meet demands for space for special purposes, the initial step to be the publication of monographs. To venture on a monthly journal and to invite a wider circulation would call for considerable capital, which at the moment was inopportune. Such a consummation, if desired, can only be reached gradually as the research and clinical interests of the Association expand.

Much attention has for many years been given to the "Epitome of Current Literature" as being one of the most useful sections of the Journal.

In 1925 the number of articles dealt with was 110. This was more than doubled in 1926, by rising to 237. The Epitome in its present form was an ambition of the late Dr. Connolly Norman, with whom must be associated the name of the late Dr. A. R. Urquhart, both distinguished Editors of the Journal. The practical realization of the scheme fell to the lot of one of us (J. R. Lord). The first general epitome, published in April, 1900, has retained the same form up to the present day.

The Editors, however, have long felt that there is much overlapping, duplication and waste of energy generally in the treatment of current psychiatric literature in the British journals devoted to psychiatry and neurology; neither is it done with that comprehensiveness so much desired by original workers in these fields. Not only are epitomes and references necessary to such workers, but access to the original paper is often essential.

The Editors for years sent separate papers and whole journals after being epitomized, together with unused Journals, to the Library, but this ceased some years ago at the request of the Library Committee because of lack of accommodation.

Arrangements with other journals for co-operation in publishing epitomes have been tried with some success, but have now lapsed.

The opinion of the Journal on published works is being increasingly sought by both authors and publishers. The Editors are glad to record this evidence of the high esteem in which the work of our reviewers is held, and both psychiatry and the Association are much beholden to these gentlemen. It should be remembered that, apart from being allowed to retain, if they so wish, the works they review, they receive no recompense. From time to time they are asked to send to the

* For comparative purposes the July and August numbers have been considered as one, and £18 14s. 11d. deducted as representing the special cost incurred in the production of the latter.

Library books for which they have no further use. The number of books reviewed during 1926 was 33, as against 28 in 1925.

Dr. Thomas Beaton, since his appointment as Assistant Editor, has been in charge of the Epitomes, with the creditable results we have already reported.

Before concluding their report the Editors again desire to acknowledge their great indebtedness to those who continue to give their services so ungrudgingly to the Journal and thus assist materially in its publication.

J. R. LORD
(for the Editors).

He moved that it be adopted. Dr. T. C. MACKENZIE seconded. [Agreed.]

REPORT OF THE AUDITORS.

Dr. H. J. NORMAN read the Report of the Auditors:

We, the undersigned, having examined the Treasurer's books, and having duly compared and scrutinized receipts and vouchers, hereby certify that the Accounts and Balance-sheet, as set forth, represent a true statement of the Royal Medico-Psychological Association's finances for the year 1926.

HUBERT J. NORMAN }
COLIN McDOWALL } *Hon. Auditors.*

He moved its adoption. Dr. McDOWALL seconded. [Agreed.]

REPORT OF THE REGISTRAR.

Dr. D. RAMBAUT read the Report of the Registrar, as follows [abstract]:

The whole of the results of the May examinations have been issued to the Institutions. I thought it might be interesting to tabulate them, as follows:

Preliminary:

	Entries.	PASSES.	Percentage.
County Mental Hospitals	1,306	574	44·02
Borough Mental Hospitals	338	125	36·98
Registered Hospitals and Licensed Houses	112	70	62·50
Scottish Mental Hospitals	266	216	81·20
Irish Mental Hospitals	167	95	56·88
Federated Malay States	2	1	50·00
Mental Defective Institutions	171	128	74·85
Totals	2,362	1,209	51·18

Final:

	Entries.	PASSES.	Percentage.	Of whom distinction.	Percentage.
County Mental Hospitals	889	528	59·3	23	2·58
Borough Mental Hospitals	237	121	51·05	9	3·79
Registered Hospitals	105	51	48·75
Scottish Mental Hospitals	193	107	55·44
Irish Mental Hospitals	100	32	32
Mental Defectives	74	60	81·08
Totals	1,596	899	56·32	32	2·00

The procedure in regard to the written papers is as follows: When the whole of the written papers have been received, they are divided into equal bundles and despatched to the three Medical Examiners and the three Nursing Examiners. As the standard of one examiner cannot be the same as that of another, the papers which one examiner marks may be assessed much lower than had they gone to another examiner. A suggested solution of this discrepancy is that every paper should be sent to each of the Examiners and that each should send in his markings, which could be averaged. This though it would involve more work and would mean a delay in their announcement.

Eight candidates have been rejected for undoubted collusion.

The Deputy Registrar in South Africa has acknowledged with thanks the decision of the Council to grant him a bonus in addition to his annual remuneration. He asks when the grant will take effect. He has held this post since 1918. I suggest that the first bonus be in respect of the year 1927.

The November certificates have now been completed and will be issued as quickly as possible.

The delivery of the new medals and the brooches is still awaited, and the makers have been informed that the delay is causing great inconvenience.

D. RAMBAUT,
Registrar.

The PRESIDENT said this Report was a most important and valuable one and had been carefully considered by the Educational Committee and the Council. The action it was proposed to take in regard to it is stated in the Report of the Educational Committee.

Dr. RAMBAUT moved that it be approved. Dr. H. YELLOWLEES seconded.

[Agreed.]

REPORT OF THE EDUCATIONAL COMMITTEE.

Dr. F. R. P. TAYLOR read the Report of the Education Committee, and moved its adoption:

The Educational Committee beg to submit the following report for the year ending July, 1927.

Four meetings have been held during the past twelve months.

It is with much regret that the Educational Committee report the resignation of Dr. J. Keay, the Chairman, Dr. M. A. Collins, the Vice-Chairman, and Dr. A. W. Daniel, the Secretary.

Dr. F. R. P. Taylor was elected Chairman, Dr. Donald Ross Deputy Chairman, and Dr. Kimber, Secretary.

The Gaskell Medal and Prize for 1926 was awarded to Dr. Gerald de M. Rudolf, and for 1927 to Dr. Elizabeth Casson.

The number of candidates who presented themselves for the Nursing Examinations during the year were: Preliminary, 3,479; Final, 2,392. In the previous year the figures were: Preliminary, 3,255; Final, 2,485.

The report of the Sub-Committee appointed on February 11, 1926, to consider the training and examination of those attending Mental Defectives, was presented by Dr. Sherlock on May 18 and adopted; the same sub-committee, in accordance with their adopted report, have submitted a detailed Syllabus of Class Instruction, together with recommendations as to the conduct of the examinations.

The Training Sub-Committee have now been requested to prepare definite regulations and rules in order to bring about the new scheme, which it is hoped will come into force for the May, 1928, examinations. The syllabus and rules for training and examining will be issued as a separate document to that containing those for the certificate for mental nursing.

The Committee discussed very fully that part of the Registrar's report in which he analyses the results of the May Examinations for the Nursing Certificates. The difference in the results shown by the various kinds of training institutions might be accounted for in several ways, but before any definite conclusions could be drawn it appeared necessary (a) that the analysis should be repeated (which the Registrar kindly consents to do), and (b) that an effort should be made to secure a better method of assessing the papers. In regard to the latter matter it was decided to test the practicability of the Registrar's suggestion, with this difference: that papers which for some clear reason could not possibly be accepted need not be submitted to another examiner.

F. R. P. TAYLOR, *Chairman.*
W. J. T. KIMBER, *Secretary.*

With regard to the conduct of the examination in the future, it was felt, as the Registrar stated in his Report, that there was no uniformity, as one examiner had one standard, while another examiner had another. It could not be otherwise. In order to meet that difficulty, the Educational Committee decided that all candidates who fail to obtain 40% of marks failed in the examination without further collaboration; if a doubtful pass or distinction, the paper must be assessed again by another examiner. That was a somewhat different procedure from that which used to obtain. In former days all candidates getting less than 47% failed, those getting between 47% and 50% were doubtful, and if they obtained an "Excellent" in the *visud voce* they passed. If they gained above 70% they passed with distinction. The papers of candidates who failed, were doubtful, or were marked "Distinction," were submitted to a second examiner. Those who simply passed did not have their papers submitted to another examiner. The Educational Committee proposed that candidates getting less than 40% marks failed, but the

doubtful passes and those with distinction should be submitted to a second examiner. If the decision of the second examiner accorded with that of the first the decision should stand, but if the second examiner differed from the first, submission of the paper should be made to a third examiner for a final adjudication. As a result of adopting that course, it was hoped there would be uniformity in the examination results in the future.

Dr. T. C. MACKENZIE, in seconding the motion, asked if the examiners jointly could draw up a sort of skeleton answer to each question they set, so that they would be agreed beforehand as to what was an adequate answer to that particular question. That, he believed, would be of great practical assistance in marking examination papers. Everyone knew how difficult it was to give an adequate answer to an examination question, and there were differences of opinion as to what was an adequate answer. If, however, three examiners agreed as to what was an adequate answer, that must make for uniformity in the examination.

Dr. C. C. EASTERBROOK spoke in favour of Dr. Mackenzie's suggestion.

Dr. DOUGLAS McRAE said he tried to get that done some years ago, but failed. It was considered impracticable, but he did not agree. Each question ought to have a definite and equal value assigned to it, though he had been told the latter was impossible. If one question bore a value of 10 marks, and another bore 20 marks, unless their value was indicated the candidate would not know what questions to attack in order to get the highest marks, otherwise questions might be selected for answering which had but little value. That might explain why some who were regarded as one's best candidates failed, while others, apparently not so good, got through.

Dr. H. J. NORMAN agreed with what had been said on this matter. He thought undue importance had been attached to the written examinations. In the *visà voce* part the good, practical nurse did very well and got high marks, and if she came down rather badly in the written part, her total marks might not entitle her to a "Pass." If her paper marks were 40%, and if her practical work was good, the latter should be allowed to count for more than it did at present. That feeling, he was sure, was very wide-spread; it caused much dissatisfaction among those who failed because they had not done very well in the written examination. And then, too, there was a varying standard in the written questions, which was obviously unfair to candidates. He was interested to find that others thought as he did on this matter, and if the difference could be removed it would be a great improvement.

Dr. A. A. W. PETRIE asked to what extent the oral examinations affected the result of the examination. There might be very different standards in the oral examinations. In one case he heard complaints that oral examinations were sometimes too severe. Did the oral part materially affect the net result of the examination? Erratic results worried the nurses, and he was sure all would be delighted to know of attempts at improvement. Under the new procedure would there be greater delay in receiving the results, as it was necessary to report the results of examinations to visiting committees as soon as possible?

Dr. W. F. MENZIES said it was now sixteen years since he was an examiner, and in those days the examiners gave "model answers," and all questions bore the same value unless otherwise indicated. He hoped that still existed. As to the oral part of the Final Examination, a great difficulty had now been caused by the introduction of the nurse-examiner. He sent up a protest on this matter to the Educational Committee, and quoted an instance in which both the medical men had failed an incompetent candidate, but who passed because the nurse-examiner awarded 90% or 100%. It was thus clear that the medical examiners' decision could be thrown out by one nurse-examiner who was prone to mark favourably and could award 33% of the total marks. That position of things called for amendment.

The PRESIDENT said that the discussion had been most instructive, and much valuable information had come to light on the important points which the Report had raised. A transcript of these speeches would be sent to the Educational Committee for consideration and report to the next Council.

Dr. RAMBAUT said, in reply to Dr. Petrie, that the results of the oral differed enormously. Each candidate must reach 50% in the written and 50% in the oral to pass. He could give, on another occasion, statistics of the oral and of the papers separately.

Dr. H. YELLOWLEES said he had on his mind a matter he wanted to mention, but did not know whether this was the appropriate time to do so. It concerned the attitude of the Association to the General Nursing Council and *vice versa* in regard to the examination of mental nurses.

The PRESIDENT said it would be in order, though the proper time was when approval was given to the panel of representatives on the Advisory Committee.

Dr. YELLOWLEES, continuing, said he had been asked by a group of members, the Superintendents of English registered hospitals, to draw attention to what they, and he, regarded as the unsatisfactory relation which still obtained between this Association and the General Nursing Council as regards the examination of mental nurses. They believed that the difficulties caused to matrons, assistant medical officers and others by the existence of two examinations were very real, and were likely to increase to the extent of becoming intolerable. It was believed that their own examination, unless something drastic were done, was in danger of dying of inanition, or at least of becoming the badge of a mental nurse who would be regarded as of lower grade than the nurse who obtained the General Nursing Council certificate. They had the strongest grounds for believing that at present there existed a feeling—and the Nursing Council themselves were in serious difficulty about the nature of their preliminary examination—that any approach from the Association side would be received sympathetically by the General Nursing Council, with a prospect of something good coming out of it. He and a number of other members thought it a pity that the attitude of the Association, in the face of its honourable history in regard to the education and examination of mental nurses, was simply to carry on quietly, as if nothing had happened. The Association could not afford to ignore the General Nursing Council and their examination if it was desired to maintain the Association's own prestige and status in the matter of the training of nurses. He said this, in a humble way, three years ago, and he had repeated it whenever he got the opportunity, and he was grateful for another opportunity of unburdening his soul on the subject again.

Dr. MARY BARCLAY expressed her agreement with Dr. Yellowlees.

The PRESIDENT asked if anyone else wished to make comments on the educational policy of the Association.

Dr. C. C. EASTERBROOK (speaking by permission of the meeting) said that Dr. Menzies, in his remarks, intimated that in the past the policy had been to give equal value to each question. The speaker thought this should not be rigidly adhered to. It was a common practice, in University examinations, to put after each question, in brackets, its value as assessed by the examiners, one mark for each part required for the correct and complete answer. (Dr. Menzies here reminded Dr. Easterbrook that he said "unless otherwise indicated.") At present the number of marks was not given.

The PRESIDENT assured Dr. Yellowlees that his comments would be communicated to the panel of representatives on the Mental Nursing Advisory Committee of the General Nursing Council.

Dr. YELLOWLEES expressed his thanks, adding that instead of the phrase "the Association's policy" he preferred "the Association's lack of policy."

Dr. DOUGLAS McRAE took exception to a phrase which suggested that in this matter the Association had no policy. It had been laid down, in the Scottish and other Divisions, that the examination belonged to the members to begin with, and it was their machinery; and until the General Nursing Council in England, Scotland, Wales and Ireland could set up machinery for themselves—which seemed unlikely—the conducting of the examinations remained in the Association's hands.

The PRESIDENT again gave assurances that the matter would eventually come before the Council, either from the Educational Committee or from the properly constituted Committee which advised the General Nursing Council.

The adoption of the Report was then put.

[Agreed.]

REPORT OF THE PARLIAMENTARY COMMITTEE.

Dr. G. W. B. JAMES then read the report of the Parliamentary Committee as follows:

The Parliamentary Committee has met on four occasions during the year ended July, 1927.

The Committee suffered a great loss in the sudden and unexpected death of Dr. R. H. Cole early in the year. He had been very closely associated with the work of the Committee since 1912, when he became its honorary secretary. He was elected Chairman in 1921, and retained the chair with the entire confidence of the Committee until the tie was severed by his decease. During a long period he was one of the main sources of inspiration of the Association's policy in Parliamentary matters. He was succeeded in the chair by Dr. Nathan Raw, *C.M.G.*, one of the Lord Chancellor of England's Visitors-in-Lunacy.

The Committee also felt the loss by resignation of the services of Lt.-Col. W. Brooks Keith, who succeeded Dr. Cole as honorary secretary. His place has been filled by the election of Dr. G. W. B. James.

The Committee has been mainly concerned with the examination (1) of a Bill before Parliament for the emendation of the Mental Deficiency Act, 1913, and (2) of the Report of the Royal Commission in Lunacy and Mental Disorder.

Discussion concerning mental deficiency legislation resulted in a definition of mental defectiveness for the purposes of the Act, and which had the approval of the May meeting (Macclesfield).

The Report of the Royal Commission has received careful attention from a sub-committee of ten members appointed to prepare a considered statement on the Report, particularly in regard to those recommendations which either fall short of the aspirations and ideals of the Association as expressed in its *précis* of evidence, or were adverse to them. The work of this sub-committee is well advanced, and the Parliamentary Committee hope to submit a memorandum on the subject at an early date.

NATHAN RAW, *Chairman*.

G. W. B. JAMES, *Secretary*.

He moved its adoption. Dr. F. R. P. TAYLOR seconded. [Agreed.]

REPORT OF THE LIBRARY COMMITTEE.

Dr. COLIN McDOWALL read the Report of the Library Committee as follows [abstract]:

Periodicals have been circulated regularly, and it is hoped that by the adoption of the new method by which these journals reach the members they will be returned systematically, which has not occurred in the past. The following is a list of the journals circulated from the Library:

American Journal of Insanity, *Journal of Neurology and Psycho-Pathology*, *L'Encephale*, *International Journal of Psycho-Analysis*, *Journal of Abnormal Psychology*, *Mental Hygiene*, *Journal of Nervous and Mental Diseases* (New York), *Revue Neurologique*.

No additions have been made to the Library by the Association on account of the limitation of space.

From time to time applications for the purchase of past numbers of the *Journal of Mental Science* have been made, and the Committee think that 7s. 6d. for each Journal would be a proper price to charge, but that in the case of the rarer and older volumes each application will need to receive special consideration.

A clerk is employed in the Library, and his work of card-indexing and cataloguing will be completed probably towards the end of this month.

The Committee, with regret, have to report that the Library accommodation is not satisfactory, chiefly on account of the insufficiency of book-space, and of this there is no likelihood of increase for two or three years.

J. R. WHITWELL, *Chairman*.

COLIN McDOWALL, *Secretary*.

He moved its adoption. Dr. H. J. NORMAN seconded.

The PRESIDENT said that in regard to the price to be charged for old journals, seeing that this was often a matter which had to be decided at once, he thought the price might be left to the Chairman of the Library Committee, after consultation with the Treasurer.

Dr. McDOWALL thought that ordinarily the Library Committee should decide.

The PRESIDENT asked whether that would mean undue delay.

Dr. McDOWALL replied that he did not think it would.

The PRESIDENT said that he would not press his suggestion.

The motion was then put.

[Agreed.]

REPORT ON THE REGULATIONS FOR DIVISIONAL PRIZES.

The PRESIDENT said that the Provisional Research and Clinical Committee had had referred to it some recommendations he, the speaker, had made regarding the emendation of the Regulations for Divisional Prizes. These were considered by that Committee, and by the Council on the previous day, and approved. The new Regulations were devised to reduce formalities as much as possible, to remove the obstacles which apparently stood in the way of medical officers entering for these Divisional prizes.

The first recommendation was that the definition of the term "assistant medical officer" should be that which had been adopted for the purpose of the Bye-Laws, which was that "assistant medical officer" shall mean an assistant medical officer or assistant physician in a psychiatric or neurological institution or service."

Candidates must be members of the Association. Under the old regulations, a member who had once obtained a Divisional prize was barred from entering for any subsequent competition. It was now proposed that he be not barred for more than one year. They had also removed the doubt as to whether a paper ought to be held up for eighteen months before it was published. Publication prior to adjudication did not invalidate a paper. Papers by more than one author could be entered for competition, and provision had been made for the award of prizes when only one or two papers had been entered.

These new Regulations were now before the meeting. He moved their approval, and that they should become operative for the year 1927. **[Agreed.]**

REPORT OF THE PROVISIONAL RESEARCH AND CLINICAL COMMITTEE.

The PRESIDENT then read the final report of the Provisional Research and Clinical Committee as follows:

The Committee has held two meetings, the first on May 18 and the second on July 18, 1927. There has, however, been a large correspondence between the President and members of the Committee on various aspects of the Committee's reference.

The reference from the Association was "To consider the most profitable lines on which the reference to the Standing Research and Clinical Committee (*vide* Bye-law 79) can be carried out."

Bye-law 79 is as follows:

"The Research Committee shall have as its object the encouragement and guidance of original work in psychiatry. The collection also of clinical, pathological and other statistics of interest to psychiatry and the furtherance of clinical psychiatry generally."

The words underlined are those added to Bye-law No. 80 (old number) when the recent revision of the bye-laws was made.

The Committee has given consideration as to what would be the best machinery for carrying out the work of the Standing Research and Clinical Committee under this extended reference.

They think that the time is not yet ripe to divide psychiatry into definite sections for the organization of research and clinical investigations. It would appear to the Committee that at present it is wiser to cultivate the more promising lines of development and to avoid any such hypostatization.

Their idea is to get together groups of members for intercommunion and mutual assistance who are actively interested in aspects of psychiatry at the moment engaging individual attention, and form them into small sub-committees on this or that subject. Each sub-committee would make its own arrangements for meetings, for correspondence between members and the circulation of literature, references, etc., and would report progress yearly to the Committee and have access to that body at any meeting it might hold.

The Committee feel that it is upon the basis of such groups that the main body should be largely built, and not *vice versa*. The needs of this or that line of work are best known to those actually engaged in it, and it would be the duty of these sub-committees to make them known to the main body.

This raised the difficult question of the composition of the Committee. Obviously if all the sub-committees were united to form a main committee, it would be too unwieldy for practical purposes.

They have considered two schemes of organization submitted by the President. One received their approval at the May meeting and is as follows :

The Committee to be composed of three representatives of each sub-committee (one to be the secretary), and a number of members having particular qualifications who will be nominated and elected in the usual way. The Committee will be the executive and administrative authority, with a chairman, vice-chairman and a secretary. Its duties will be "general purpose" and "ways and means."

It is proposed as an initial step to nominate a nucleus of three members (one to act temporarily as secretary) to each sub-committee, which will co-opt additional members as it deems fit; but such co-opted members need not necessarily be members of the Committee. Thereafter each sub-committee will elect annually its secretary and two of its other members to be members of the Committee. The Nominations Committee will nominate other members with particular qualifications.

The sub-committees suggested to begin with are as follows :

- i. On a Glossary of Psychological and Psychiatric Terms.
- ii. On the Treatment of General Paralysis and other Syphilitic Diseases of the Brain.
- iii. On Epidemic Encephalitis.
- iv. On Psychotherapy and Psychopathology.
- v. On Actinotherapy in Mental Cases.
- vi. On the Occurrence, Treatment and Avoidance of Infectious Diseases in Mental Hospitals.
- vii. On Biochemistry, Pathology and Morbid Anatomy, etc., in regard to the Causes and Manifestations of Mental Disorder.
- viii. On Clinical Psychiatry (which will include occupation therapy).
- ix. On the Care and Treatment of Mental Defectives.
- x. On Study Tours for individual members or groups of members for education and collecting information—supplying letters of introduction, etc.; to act also as an information bureau in regard to post-graduate education, scholarships, diplomas in psychiatry, etc.

The Committee will adjudicate on all applications for assistance made by the sub-committees and make recommendations to the Council in regard to grants. It will keep in touch with psychiatric research work everywhere, and with research work on other subjects likely to benefit psychiatry, and establish for these purposes connections with the foreign corresponding members of the Association. It will refer any subject, communication or literature to the appropriate sub-committee for information, guidance, report or other action.

The Committee will be the body responsible for the appointment of all sub-committees and for their terms of reference.

The following particular qualifications will guide the Nominations Committee in the selection of nominated members and the number suggested under each head :

(a) Medical membership of the Board of Control for England and Wales (1). Medical membership of the General Board of Control for Scotland (1). Similar bodies in Ireland (2)	4
(b) Medical Superintendents of Public and Registered Mental Hospitals	4
(c) Medical Superintendents of Private Mental Institutions	2
(d) Prison Service	2
(e) Professors and Lecturers in Psychiatry	4
(f) Educational Services	2
(g) Mental Deficiency	2
(h) Neurology	2
(i) Pathology	2
(j) Psychology	2
(k) Consulting Psychiatrists	2
(l) General Medicine	2

Total number of nominated members 30

The Committee suggest that as far as practicable these numbers should be adhered to, and in any case not exceeded.

A quorum of a Committee built up on the principles recommended will always be available wherever the Committee meet. In the selection of individuals

as nominated members and as representatives of the various sub-committees regard will be paid to the Divisions to see that they are all fairly represented.

The Committee desire to express some opinions in regard to the work of the sub-committees. It is obvious that the real work will be done by these bodies, any of which might outrival the Committee in the numbers of its members. In many respects they will be free from the interference of the Committee so long as they keep within their terms of reference. They, and not the Committee, will receive the credit for any work they may do.

As to those sub-committees dealing with special research and clinical matters, their principal activities will be the searching out of promising lines of work and organizing their pursuance; finding the workers and helping them in every possible way. The secretary of each sub-committee will collect and supply workers with up to date and comprehensive lists of references; bring workers together, stimulate correspondence, promote meetings of both small and large groups in convenient areas and establish centres for this purpose.

The current literature department of the Library will need reorganizing in order to co-operate with the work of the sub-committees.

Individual workers will publish their results when and where they like, but arrangements will be made for them to appear in the *Journal of Mental Science* and in the annual reports of the Committee and the sub-committees.

Thus the work of each sub-committee as a body will be directing, advising, aiding and arranging programmes of work—one worker taking up this and another that aspect or line. Otherwise their work will never cease, but be the continuous effort of individual members.

The Clinical Sub-Committee will have close ties with many of the other sub-committees in that it will deal with methods of examination, clinical recording, team-work and the symptomatology, classification and general treatment of mental disorders.

The Committee feels that the Committee and the sub-committees should have the advantage of professional advice as regards the reading and compilation of statistics. Without such advice inaccurate conclusions are not uncommon.

As regards the Biochemical, Bacteriological and Pathological Sub-Committee, it is suggested that it should be strictly limited to those actually working on these subjects. Generally speaking the same principle will be carried out as regards the composition of all sub-committees.

Other points the Committee considers of importance are:

(a) The advisability, where possible, of linking up the work of the sub-committees with the appropriate departments of the Universities and medical schools.

(b) The activities of the sub-committees, especially the larger ones, should have regard to the place of residence of members, and suitable arrangements for meetings made accordingly. The possibility Divisional grouping of members of each sub-committee should be kept in mind.

(c) The linking up of the Divisional clinical meetings with the work of the sub-committees. Divisional clinical meetings will be able to supply material for investigation by the appropriate sub-committees, *i.e.*, to refer interesting and important matters to them.

(d) The stimulation of regular medical staff clinical meetings in the larger mental hospitals (two or more smaller mental hospitals in a district might combine for this purpose), and the association of such meetings with the work of the sub-committees.

To sum up, the Committee desire to express the view that (a) regular staff clinical meetings at the larger mental hospitals, (b) a network of Divisional clinical meetings jointly with general practitioners, and (c) the establishment of sub-committees of the Association dealing with special aspects of research and clinical work are of great importance in the further progress of psychiatry.

J. R. LORD,
Chairman of the Committee.
[Agreed.]

He moved its adoption.

REPORT OF THE JOURNAL SPECIAL COMMITTEE.

The PRESIDENT read the Report of the Journal Special Committee as follows: The Committee had met on three occasions, November 15, 1926, May 18 and July

18, 1927. They recommend that the President, Editors and Treasurer should be granted permission to publish monographs, and that a sum of not more than £100 should be advanced for the publication, as an experiment, of a monograph by the Birmingham School of Psychiatry on "Sinusitis in Mental Disorders."

He moved the adoption of the Report.

[Agreed.]

MOTIONS INVOLVING THE EXPENDITURE OF FUNDS.

Grant to the Prince of Wales After-Care Association.

In the first place, he asked for approval of the action of the Council in making a subscription of £100 to the After-Care Association. That was in response to the Prince of Wales's appeal.

Dr. TIGHE proposed that the action of the Council be approved.

Dr. TAYLOR seconded.

[Agreed.]

Publication of a Further Volume of the General Index of the Journal.

The PRESIDENT said the next item was the grant of £150 towards the publication of a further section of the General Index of the Journal. It would be remembered that at the May meeting (London) 1927, he read a letter from Dr. McDowall, sen., which gave great pleasure to the meeting as an evidence of Dr. McDowall's continued good health and fine mental activity. The letter showed that he had been quietly, and unknown to the Council or the Editors, compiling a further volume of the General Index of the Journal, to cover a further period of ten years. It was very pleasing information, as he, the speaker, had been wondering who would be willing to take on this work, long overdue. It had been calculated that a sum not exceeding £150 would be required under this head to be debited against the Journal account.

Dr. DOUGLAS McRAE moved that the £150 be granted. Dr. EASTERBROOK seconded.

[Agreed.]

A Monograph Number of the Journal.

The PRESIDENT said the meeting had heard the reference to the experimental issue of a monograph, and the recommendation that £100 should be allowed for this purpose. It was really an advance of money, for it was hoped that it would be refunded, with perhaps a considerable sum in addition.

Dr. DOUGLAS McRAE moved that the £100 be granted. Dr. W. J. VINCENT (Newcastle) seconded.

[Agreed.]

Grant for the Work of the Research Clinical Committee.

The PRESIDENT said he hoped the meeting would approve that £50 be put at the disposal of the Council for the use of the Research and Clinical Committee. Such a sum could be used in a thousand and one different ways. One idea was to make small grants to facilitate original work—for example, to assist towards the cost of the advice of a professional statistician. Such advice was very material in regard to many lines of research. Papers on research often failed to do justice to the work from lack of knowledge as to how to marshal statistical facts to ensure correct deductions. The Association had a bitter experience in that respect in the first report on the incidence of tuberculosis, etc. Much of the work had to be done all over again, and the conclusions revised by a professional statistician. Another way the money would be useful was when a research worker desired, on a particular matter, the skilled assistance of a chemist or biochemist, which the worker or his Local Authority might not be able to finance. This assistance, costing, say £10, might fill a very important gap in a piece of research work.

[Agreed.]

The Library Catalogue.

With regard to the re-cataloguing, etc., of the Library reported by the Council, the President said there had occurred a favourable moment for this to be done at a reasonable price by experts. At the May meeting the Association ordered this

to be done without delay, the cost of it to be reported on completion. It was not likely that the cost would much exceed £50.

[Agreed.]

Past-Presidential Badges.

The PRESIDENT said that the annual cost would be a small matter, but as it was a new departure in expenditure he thought it right to obtain the approval of this meeting. The expenditure had the approval of the Solicitor as regards legality within the terms of the Charter. The cost of the die would be under £15, and the annual cost of the badge under fifty shillings. It was decided by the Council to award the badge to any Past-President who might care to receive it.

[Agreed.]

DATES OF QUARTERLY MEETINGS.

The PRESIDENT said that with regard to the fixing of the dates of the Quarterly meetings last year, as mentioned in the Council's report, there was commenced a practice which, he understood, gave general satisfaction, *i.e.*, that each quarterly meeting took place on a different day of the week, which gave a greater number of members an opportunity of attending the meetings. It was recognized that by having the quarterly meetings always on the same day of the week, say Tuesday, some members might be prevented from attending for a whole year. If the new practice were formally approved, he felt sure Dr. Hamilton Marr, the new President, would do his best to fall in with it.

[Agreed.]

Dr. D. BLAIR asked whether it was necessary to have the quarterly meetings in the same week of the month; usually it was the third week. He did not raise the point on his own account. He suggested that the quarterly meetings be held in different weeks in the months chosen, which would widen the opportunities of attending.

The PRESIDENT thought this suggestion was well worthy of consideration, and had been thought of as part of the proposal he had made.

[Agreed.]

THE MAUDSLEY LECTURE.

The PRESIDENT said he was pleased to report that the Maudsley Lecture for 1928 would be delivered by Sir John Macpherson, *K.B.E., C.B.*

ELECTION OF ORDINARY MEMBERS.

The PRESIDENT nominated Dr. Douglas McRae and Dr. T. C. Mackenzie as scrutineers of the ballot for the election of ordinary members. The following were unanimously declared elected:

EWAN, GREY LAMONT, M.B., Ch.M.Syd., D.P.M., Medical Superintendent, The Mental Hospital, Stockton, near Newcastle, New South Wales.

Proposed by Drs. John Bostock, R. Worth and R. A. Noble.

FORD-ROBERTSON, WILLIAM MARSDEN, M.B., Ch.B.Edin., Assistant Medical Officer, Pathologist and Bacteriologist, St. Andrew's Hospital, Northampton; 66, Billing Road, Northampton.

Proposed by Lt.-Col. J. R. Lord, Drs. C. C. Easterbrook and D. F. Rambaut.

LINDSAY, THOMAS, M.D., F.R.C.S.Edin., D.P.M., Senior Assistant Medical Officer, Tooting Bec Mental Hospital, S.W. 17.

Proposed by Drs. E. H. Beresford, G. W. Shore and R. Worth.

JACOBSON, JACK NATHAN, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Tooting Bec Mental Hospital, S.W. 17.

Proposed by Drs. E. H. Beresford, G. W. Shore and R. Worth.

ROBERTSON, DAVID, M.D., Ch.B.Glasg., Junior Assistant Physician, Bethlem Royal Hospital, London, S.E. 1.

Proposed by Drs. J. Porter Phillips, James H. MacDonald and Clement Lovell.

THORPE, FREDERICK THOMAS, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer and Pathologist, South Yorkshire Mental Hospital, Wadsley, near Sheffield.

Proposed by Drs. W. Vincent, J. M. Mathieson and J. R. Gilmour.

McCULL, GEORGE, M.B., B.S., L.R.C.P., etc., Medical Officer, Prudhoe Hall Colony for Mental Defectives, Tyne View, Prudhoe-on-Tyne.

Proposed by Drs. G. W. T. H. Fleming, R. Worth and G. Warwick Smith.

LUNCHEON.

Members of the Association and ladies were hospitably entertained to lunch by the Managers of the Royal Hospital, Morningside, at the Royal Arch Halls, Queen Street, Edinburgh. Mr. J. S. COCKBURN, the Chairman, presided.

After the usual loyal toasts, the CHAIRMAN spoke of the great pleasure that the visit of the Association and the opportunity of welcoming and entertaining members gave to the Managers of the Royal Hospital. He paid a high compliment to the Association for what they had done in the care and treatment of the mentally afflicted, and referred to the pride they, as managers, felt in regard to the work and reputation of the Royal Hospital, and their gratitude to the illustrious physicians, not least of whom was Prof. G. M. Robertson, who is still head of that hospital. He concluded by proposing the health of the Association, coupling it with the name of the President, Lt.-Col. J. R. Lord.

The PRESIDENT, in reply, returned hearty thanks for himself and the Association for the hospitality and courtesy they had received and the pleasant things the Chairman had said about the work of the Association. He said that the Chairman had real and solid grounds for his pride in the work of the Royal Hospital. No school of medicine turned out practitioners better equipped as regards psychiatry. He, the speaker, held the Royal Hospital in great veneration, for was it not there that he received that inspiration from Sir Thomas Clouston which led him to devote himself to psychiatry? The whole of his professional life was the result. It might not amount to much in the final reckoning, but it was something. Edinburgh had actually been his home during his most impressionable years. Whenever he returned, he felt as if he had never left it. The University and all it stood for was thus ever his spiritual home.

He spoke of the nursing homes for mental cases and the out-patient clinic which the Managers and Prof. Robertson had brought into existence as models which other municipalities might well copy; also as an evidence of that vitality and constructiveness which had always distinguished the Edinburgh School of Psychiatry.

He concluded by proposing the health of the Managers of the Royal Hospital, coupled with the name of the Chairman.

A suitable reply from Mr. COCKBURN terminated the proceedings.

AFTERNOON SESSION.—TUESDAY, JULY 19.

In the Hall of the Royal College of Physicians.

The PRESIDENT in the Chair.

WELCOME TO FOREIGN DELEGATES AND VISITORS.

The PRESIDENT said that his first duty was to extend, on behalf of the Association, a cordial welcome to foreign delegates and other visitors from abroad. In the first place, he very heartily welcomed Dr. Henri Colin. (Loud applause.) Dr. Colin was the prime mover and the power behind the scenes in many lines of progress in psychiatry in France. He had done fine work in connection with the foundation of the League for Mental Hygiene in France and he had given inspiration to it since. They were also very glad to see Dr. Cotton, of New Jersey, U.S.A., a Corresponding Member. (Applause.) The meeting would hear later of the good work he was doing in the treatment of mental disorders by the removal of septic infections. Another gentleman he had great pleasure in welcoming, also a Corresponding Member, was Dr. L. Vernon Briggs, from Boston, U.S.A. He was the author of that remarkable book—*The Manner of Man that Kills*. Members had already greeted Dr. Targowla. (Applause.) Their ties with the sister association in Paris had been strengthened that morning by the election of Dr. Charpentier and Dr. Targowla as Corresponding Members.

THANKS TO THE RETIRING COUNCIL AND OFFICERS.

Prof. GEORGE M. ROBERTSON said it gave him very great pleasure to propose a vote of thanks to the office-bearers of the Association for the work they had done during the past year. This was not the first occasion on which he had had to discharge this pleasant duty. He thought that those who arranged the programme

realized how much he appreciated the work these office-bearers did when they asked him to propose this vote of thanks. He knew no work that ran more smoothly, pleasantly and harmoniously than this Association's activities, and that was only possible when very efficient work was done by the office-bearers. The chief office-bearer of the Association was the President. He himself had been a member of this Association a very long time—forty years—and he believed only two members present had belonged to it longer. He did not remember any President of the Association who had been more energetic than Col. Lord. (Applause.) No President had taken a greater interest in the affairs of the Association, nor had any so stirred the various activities of the body into such virile life. He assured Col. Lord that his term of office had been a historic one to be remembered for a long time.

The next important official was the Secretary, Dr. Worth, who, unfortunately, was unable to be present to-day. Those members who knew Dr. Worth were well aware that, in addition to being a very good Secretary, he was an excellent golf player—a scratch player—and that he sent his ball along the fairway, clear of hazards of all kinds. He conducted the business of the Association in much the same way. If sometimes, as a result of hitting too hard, he got into a bunker, he got out with his niblick to lie dead on the green! That was the sort of successful work he did for the Association.

Another important official was the Treasurer, a man very much respected and beloved. He looked after the purse-strings of the Association in a very efficient manner, and he thought it would be generally agreed that he was just as safe as the Bank of England.

There were two Auditors, who kept an eye on Dr. Chambers, but, under the circumstances, their office was a sinecure. What they had to do, however, they did very well.

Next there were the Editors. Col. Lord, in spite of the fact that he was President of the Association—and that was enough for any ordinary man—had continued in the work of editing the Journal. Year by year this Journal was reproducing better and better work, and so receiving high appreciation by scientific men.

He also desired to mention the Registrar. The work of that official had increased enormously in recent years. He dealt chiefly with the arrangements for the examinations for the certificate for efficiency in mental nursing granted by this Association. Every year this work was becoming more arduous, and members were aware of the fact that at the present time a very regrettable state of affairs existed: that there were two bodies—the General Nursing Council in various countries and the Royal Medico-Psychological Association, an Imperial body, conducting what was practically the same examination, and, largely, by the same examiners. The Royal Commission on Lunacy and Mental Disorder pointed out that this was a regrettable state of affairs, which might be corrected. When the Committee of Parliament investigated the whole question of nursing, they recommended that the Nursing Certificate, but not registration should be left in the hands of the Royal Medico-Psychological Association, because up to the present it had done the work so thoroughly. It had done it long before hospital nursing reached the organized state it was in now. It was hoped that before long some sort of arrangement will have been come to by which the practical training and the examinations might be conducted by the Royal Medico-Psychological Association's examiners, and registration only conducted by the General Nursing Council.

There were also the various committees, with their chairmen. They had done a great deal of work during the past year, and at no period of the Association had there been greater activity on those committees, and, therefore, those members were well deserving of thanks.

Further, members of the Council travelled great distances and were very attentive at the meetings, organizing the work, both administrative and scientific, which was conducted by the Association. Great help had come from the Boards of Control, in their view that meetings of this kind were to be regarded as meetings for the advancement of learning, to be included in the work of the District Boards and their expenses.

And there was another class of official he wished to refer to, namely, the Divisional Secretaries. Those members did not come into the limelight in the same

way that some other of the Association's officials did, yet they did essential work for the Association; indeed, the continued activity of the Association as a whole largely depended on what those gentlemen did. They, therefore, deserved a special vote of thanks. Certainly no one in the meeting would grudge an extra vote of thanks to the Secretary of the Scottish Division, Dr. Buchanan—(Applause)—on whom so much of the burden of the arrangements for the meeting had fallen.

Dr. MENZIES said he had very great pleasure in seconding Prof. Robertson's proposal.

The resolution was carried by acclamation.

The retiring PRESIDENT assured members, on behalf of the Council and Officers, that they were very happy in having earned the approbation of members of the Association. They were thankful for the generous terms in which Prof. Robertson referred to their work. As for his own, although it had been arduous, it had been to him a source of great pleasure. He was proud to have been of help to the Association, and his affection for the Association had been enhanced thereby. He hoped to be still of service, for he thought he saw some ways in which the work of the Association could be assisted by improved administrative machinery. He had been asked by the Council to report on the matter, which he felt was both a compliment and an evidence of trust. (Applause.) He also felt that his efforts to turn the attention of the Association more in the direction of assisting and stimulating research work and clinical psychiatry would not be unfruitful, and might be the beginning of a new era in the history of the Association and of psychiatry, especially as bearing on the practice of general medicine. (Applause.)

INSTALLATION OF THE NEW PRESIDENT.

The PRESIDENT said he felt that in the City of Edinburgh, the capital of Scotland, there was no need for him to speak at length of the high character and great ability of Dr. Hamilton Marr, his successor, or to give a record of that gentleman's influence on the progress of psychiatry in that country, or to dilate on the respect and affection in which he was held as a medical member of the General Board of Control for Scotland. No more sympathetic or loving personality had ever become President of the Association, and he felt that Dr. Hamilton Marr would well maintain the dignity and the responsibilities of the high office to which the members of the Association had elected him. The traditions and well-being of this venerable Association would be safe in his hands. He had very much pleasure in investing Dr. Hamilton Marr with the Presidential Badge and Collar.

Lt.-Col. J. R. Lord then vacated the Chair.

THE PRESIDENTIAL ADDRESS.

The PRESIDENT (Dr. HAMILTON MARR), on taking the Chair, expressed his thanks for the honour the Association had done him and for the kind words of the retiring President. He then read his Presidential Address on "Dante and Rabelais: An Account of Two Mediæval Physicians, with a Summary of their Philosophy" (*vide* p. 516).

On its conclusion, the President was accorded a hearty vote of thanks.

Vote of thanks to the President for his Address.

Lt.-Col. W. R. DAWSON, O.B.E., said the duty had fallen to him—and he felt it to be a very easy one—of proposing that the best thanks of the meeting be given to the new President for the address he had just delivered. In that address were said many interesting things, and it was fortunate for the speaker that it was not customary to criticize Presidential addresses. Still, as the address proceeded, several points had struck him. The first was, how fortunate the University of Edinburgh was, in comparison with the University of Montpellier. The gown which had been worn by Rabelais had disappeared because of the custom of removing a portion at each capping ceremony, whereas in Edinburgh, at which the cap was covered with a garment worn by John Knox, that was not the practice. Then it seemed to him that their specialty, psychiatry, had produced a larger number of men of literary tastes as compared with other branches of the

medical profession. To mention one or two older men—all would remember the fine writings of Dr. Ireland, and of that wonderful octogenarian, Sir James Crichton-Browne; while among the younger men he might name Dr. Norman. This year's President was in the direct line of the very best of these, as he had well shown in the address this afternoon. Those who were aware of the interest which Dr. Hamilton Marr took in literature expected something good this afternoon, and they had not been disappointed. And in regard to the matter of the discourse, it was encouraging to find that those two old philosophers, who studied life from varying angles, and who had expressed what they found in such different ways, came to the conclusion that by study and by endeavouring to live up to what they learned in the studies they pursued, they would eventually arrive at the best which life had to offer. He did not wish to imply that the Royal Medico-Psychological Association had, up to the present, been wandering in the "Wood of Error," but he thought his audience would agree with him that if it had been, no man was better fitted to play the part of Virgil, and to guide by sound counsel, reason and ability, the destinies of the Association during his year of office than their friend Dr. Hamilton Marr, who had just taken the chair.

He therefore had the greatest possible pleasure in proposing a vote of thanks to the new President for his extremely interesting address. (Applause.)

Dr. F. R. P. TAYLOR said that, not from any merits of his own, or from any pretence of being a speaker, but because he had the misfortune to come from South of the Tweed, he had been asked by Col. Lord to represent the English members and second this vote of thanks to the President. It was fortunate that criticism on the Presidential Address was not permissible, as it would have been impossible for him, the speaker, to have criticized the scholarly and eloquent address just delivered.

The proposal was carried by acclamation.

The PRESIDENT cordially thanked Col. Dawson and Dr. Taylor for their kind remarks, and the meeting for passing the vote of thanks.

A DIVISIONAL PRIZE.

He announced that Dr. T. W. DAVIE had gained a Divisional Prize of £10 for his thesis on "The Treatment of General Paralysis by Tryparsamide."

MORNING SESSION.—WEDNESDAY, JULY 20.

In the Chemistry Theatre, University New Buildings (conjointly with the Section of Mental Diseases, British Medical Association Meeting).
Prof. GEORGE M. ROBERTSON (President of the Section of Mental Diseases) in the Chair.

DISCUSSION ON CHRONIC SEPSIS AS A CAUSE OF MENTAL DISORDER.

Opening Remarks.

The CHAIRMAN, in the first place, extended to all in the Section of Mental Diseases a very hearty welcome. To-day two bodies were met to discuss a very important subject, namely, "Chronic Sepsis as a Cause of Mental Disorder," in the discussion of which he was sure many would wish to take part.

At the present time there were being celebrated two centenaries, both of which had a deep meaning for all who were concerned with mental disorders. There was the centenary of the death of Philippe Pinel. By universal consent, the whole of mankind claimed Philippe Pinel as the reformer who, in 1793, initiated the era of the humane treatment of the insane. There were, of course, other reformers, and the idea of such humane treatment had occurred to others too; but the dramatic moment which gave birth to this treatment was when Pinel removed the chains which had bound his insane patients. On Friday morning of this week, at 9.45 a.m., at the West House of the Royal Hospital, a wreath would be placed on the bust of Pinel—a bust which was erected when the building was constructed, and was in position even before the French erected one to that great man.

The other centenary was that of Lister, the greatest benefactor of the human race. Lister's discoveries were first applied to surgery, and, in consequence, surgery had advanced with such strides that probably its zenith had been reached. Listerism was also applied to obstetrics, but it was a new question whether the greatest sphere of the application of the principles of Listerism was not that of pure medicine. Whatever the comparative merits of this question might be, it was certain that the field of application of Listerism in medicine was vast, and that it had not been explored as it should have been. Attention was directed to this subject in one of the most noteworthy of the many addresses given during the Lister celebrations in London, namely, that given by Sir Berkeley Moynihan. Sir Berkeley said he doubted whether the work of a physician, Dr. William Hunter, had received from physicians generally the attention it deserved, but he, the speaker, felt that in the domain of mental disease at any rate that charge could not fairly and should not continue to be laid. Hence this discussion.

It seemed to him that this Section and the Royal Medico-Psychological Association could not better celebrate the birth of Lord Lister than by having a discussion on the influence of chronic sepsis in the causation of mental disorder. In order to secure a fitting initiation of such a discussion he went to the fountain-head on this matter, and asked Dr. William Hunter to come along to-day and do so, and he was glad when that gentleman consented. (Applause.) Sir Berkeley Moynihan had also been kind enough to be present.

Before calling upon Dr. Hunter, he had one further remark to make. Seeing that the British Medical Association and the Royal Medico-Psychological Association were both holding their Annual Meetings in Edinburgh, it occurred to some that the scientific meetings of those two bodies could be joint affairs. This had been arranged, and so, for the first time, the two Associations were holding their meetings together. As President of this Section of the British Medical Association it gave him great pleasure to take the Chair. Four Vice-Presidents were appointed: Dr. Hamilton Marr, Lt.-Col. J. R. Lord, Dr. C. Hubert Bond and Col. John Keay. It was a matter of interest to note that all four had been Presidents of the Royal Medico-Psychological Association. It was the speaker's opinion that every member of the Royal Medico-Psychological Association should be a member of the British Medical Association, just as every medical man should be a member of the latter body. Similarly he thought that every member of the British Medical Association who was interested in psychiatry ought also to become a member of the Royal Medico-Psychological Association.

He then surrendered the chair to Dr. Hamilton Marr, the President of the Royal Medico-Psychological Association.

DR. HAMILTON MARR in the Chair.

Dr. WILLIAM HUNTER, *C.B.*, said: It is a great pleasure and a great privilege to have been invited to open this discussion in association with representative psychiatrists, physicians and surgeons. Prof. Robertson has paid tribute to the importance of sepsis in medicine and the realm of mental disorders. It was under his great chief, Sir Thomas Clouston, that some forty or fifty years ago I had the pleasure of learning the rudiments of mental disorder while listening to that great man with his wonderful power of exposition.

[For Dr. William Hunter's opening paper, *vide* p. 549.]

Sir BERKELEY MOYNIHAN, *Bart.*, *K.C.M.G.*, said he felt that he ought to offer some apology for his presence to take part in a discussion at this Section. The secret had been disclosed by Dr. William Hunter, namely, that at the moment he held some official position in connection with the world of surgery. But he hoped the audience would accept his definition of himself and cordially believed in by him—that he was a physician doomed to the practice of surgery. At the moment the Centenary of Lister was being celebrated, and this meeting might be, in a sense, concerned in that. When distinguished surgeons from all over the world met last April in London and paid their tributes to the immortal memory of Lister, there was only one voice which spoke of Lister's work as having any application to subjects outside the domain of surgery. It was true that Lister could be described as the greatest benefactor of mankind. The progress of surgery was almost at an end, though it was true that its value was permanent. So long as

men lived and suffered, so long would the work of Lister be available to help them. Lister's work was completed; it was beyond the realm of imagination to suppose that so long as one had to operate one could either do without the methods of Lister or could much improve upon them. When hundreds of operations for a particular disease could be performed in series without a death, the mere craftsmanship of surgery was almost at the limit of improvement in certain directions. But so far as the effect of Lister's work on medicine was concerned, he thought that even now it was hardly realized that its effect was going to be at least as great and in his judgment even greater than it had been on surgery. This belief in the application of the teaching of Lister to general medicine was first promulgated by Dr. Hunter in the year 1900. It was really almost incredible when, for the spiritual preparation of this morning, he had read Dr. Hunter's papers since their beginning, to realize the foresight which was contained in much of his early work. Dr. Hunter had been, for a quarter of a century, a voice crying in the wilderness. He thought that he would be accepted in the future as indicating the trend which medicine would take. People blamed the profession—he had done it himself—for their attitude towards Lister during his life. It was shocking, but, he, the speaker, considered that the contemporaries of Dr. Hunter were just as guilty as Lister's were of that numbing and sterile vice of apathy and disbelief. With regard to infection in its relation to general medicine, the effects spoken of by Dr. Hunter, in connection with teeth, tonsils, throat, appendix, uterus, were chiefly on the abdominal viscera. It was now known that such conditions as gastric and duodenal ulcer were never primary; they were always dependent on infection, such infection often having origin in the mouth, in the appendix, or elsewhere. So far as cholelithiasis was concerned, it did not occur without antecedent infection. When cholelithiasis was established, the effects which it in turn produced on various organs were still a matter of disbelief among physicians. Fortunately he had enjoyed the close friendship of the late Sir James Mackenzie in Burnley, when the speaker did for him such surgery as he did not do for himself. Sir James Mackenzie was not only the greatest physician the world had produced in his own line, he was also a surgeon of competence—more than some people who ascribed to themselves the *role* of surgery. Sir James Mackenzie sent to the speaker, time after time, patients with cardiac disease in order to have their gall-bladders removed. He did not then know that Mackenzie was the world's great authority on cardiac disease, he sent one or two patients back to him with the suggestion that their heart might be got into decent condition before the speaker ventured to operate on them. Sir James was a great man, and he treated his, the speaker's, youthful indiscretions with great courtesy. He undertook the treatment of those patients and then brought them back to him. He had operated upon a hundred of Mackenzie's patients, removing the gall-bladders and curing the heart disease from which they had been suffering. There was no heart disease—except congenital heart disease—which was not the result of infection, and it was their business, when any patient was suffering from a cardiac lesion, to ask that an operation on some distant organ that seemed unconnected with the working of the heart should be carefully considered. He had recently operated upon a patient who for years had been under one of the most distinguished heart specialists in the country, who refused to allow an operation to be carried out for cholelithiasis because the heart would not stand it. Removal of the infected gall-bladder, however, had, within a month, completely altered the quality of that heart.

If these effects could be produced by the eradication of a septic focus, what must be the effect of similar conditions on the state of the mind? To-day he was present as a very humble student of psychology. He had to take it as a subject for examination in days gone by, and from that day he had read far more about it than it was good for anybody to read. His attention was first directed surgically to mental disorders, when he found that many people who now would be recognized as suffering from a functional psychosis, and were eventually operated upon by him, with great unwillingness of the relatives—often of the medical man, too, who had been attending the patient for years—had long-standing organic disease, such as disease of stomach, appendix, gall-bladder, and that removal of the disease put an entirely different complexion on the patient's health. It was not merely that in such cases of functional psychoses associated with organic disease originating in

infection a mistaken diagnosis was made; the patient was often said to be malingering. It was the primary infecting disease, producing in its turn organic lesions that had caused such a condition of mind as everybody attending on patients for years would recognize as a psychosis or a neurosis. In order to impress what he felt on this subject of neurosis upon his students, he had taught generations of them that the literal translation of "neurosis" was "I do not know." Patients came labelled with the diagnosis "neurosis," but early search for a primary infection and the removal of it would often result in the complete recovery of the patient.

He could look back thirty years on the practice of surgery, and he had been able to follow, for quite a number of years, many of the patients of the kind he was speaking about, and in these the removal of genuine organic disease had meant, after a little time, the disappearance of the functional psychosis or neurosis with which the patient had been labelled for many years before the operation was performed. He had operated upon patients suffering from dementia præcox. But what he particularly wanted to mention was, that he had operated upon four medical men who were manic-depressive cases, in all of whom distinct foci of infection associated with organic disease were found. In three of the cases the infection was in the gall-bladder, and in all four there had been improvement since the operation; in three there was what their medical men described as a complete recovery.

One of the difficulties surgeons had in assessing abdominal work was the lethargy and stagnation of the science of physiology. Physiologists seemed to spend most of their time working in the laboratory. If they would realize that men were just as important as mice, and would work in the wards and the operating theatres as well as in the laboratories, they would be able to tell surgeons what they most wanted to know, *i.e.*, the functional anatomy of the abdominal viscera. At present physiologists were a race apart; they considered their work as of purely scientific value. Personally he, Sir Berkeley, was not interested in any science which had not some sort of effect upon the happiness and the welfare of mankind.

Therefore, what he desired to know was, first of all, was there such a condition as a septic psychosis? If so, what was its frequency? And, assuming there was such a condition, what was the effect of sepsis or infection upon patients who were encompassed by the neuropathic or psychopathic tendency or heredity? What was the effect upon those patients who were passing through the stormy crisis of adolescence? What was the effect of it upon those who were in laggard environment, such as went with senescence? He got a hint from his work, and now, when patients consulted him and were withheld by their physicians from surgery because of their mental diseases, he realized that their mental disease might be making even more urgent the necessity for a surgical attack, rather than being a contra-indication of it. For a long time the surgeon had been held up from performing urgently necessary operations because of collateral disease. He had a very ready and useful working rule, which was that he never allowed a patient to die of one disease because he happened to have a few others. In cases of cholelithiasis surgeons were for years held off operation because glycosuria was present. Now, however, if glycosuria was present—even before the days of insulin—he regarded it as an additional reason for getting rid operatively of the infection which had spread to the pancreas. What he desired to know, with John Hunter and Lister, was why people suffering, as they did, in large numbers, from infection in the mouth, the tonsils and elsewhere, were sometimes able to withstand such infection and sometimes fell victims to it. In that problem was involved the whole question of immunity. Another urgent problem requiring solution was, why these conditions occurred in certain people and not in others. It might be said, "It is no use your talking to us about sepsis; everybody has oral sepsis, most people have large infective tonsils." That argument was of no use: it was bound up with the whole question of immunity about which even his dearest friend, Almroth Wright, seemed to know nothing. In the attack on this problem, it was very necessary that the observer should not suffer from "shut-mindedness." He had passed through a certain number of epochs. When first he wrote on duodenal ulcer and operated upon 150 cases in a year, one of the physicians in Guy's Hospital wrote in a journal that it was incredible that anybody could have such an experience, because in seventy-one years in Guy's only 673 patients had been recognized as having duodenal ulcer when examined on the

post-mortem table. To that the speaker replied that dead men told no tales, and that what was found in the dead-house was of no use to him, but would the writer come and judge for himself? He came, he saw, and was convinced.

It was of no use for psychiatrists to say this story was incredible and untrue. Many things which had been supposed to be incredible we had to accept, and this doctrine of Dr. William Hunter's as to the effect of sepsis was, in his view, the most illuminating idea which had happened in general medicine during the twentieth century. (Loud applause.)

Dr. CHALMERS WATSON (whose full remarks will appear as a separate paper in a future number), said that, to him, mental disorder was only a phase of general medicine. It had been said that it took twenty-five years for a new conception to fix the mind. It was now twenty-seven years since this conception Dr. Hunter had spoken of was first presented to the profession, and Dr. Hunter had given an example of enthusiasm in the face of difficulty which was beyond praise.

His own interest and belief in the value of this work was of considerable standing, and dated largely from a period, twenty years ago, when, in conjunction with a psychiatric friend, he recorded the results of an investigation of two cases of mania which he had observed and followed up to the *post-mortem* table. That inquiry showed the need for mental disorders being more closely studied from the physical point of view. The impression he gained then had increased much from subsequent experience in the wards of the Royal Infirmary, Edinburgh. In response to Prof. George Robertson's invitation to take part in this discussion, he had made a further examination of a series of twelve cases of mental disorder at Bangour under Dr. Keay, an investigation including a study of urine and stools, which he regarded as so important.

He confirmed most heartily Dr. William Hunter's view that at this period the members of the profession could not do better than make up their minds that the best and most useful memorial to Lord Lister was a definite and enthusiastic application of the principles of that great man to both general and mental diseases.

Dr. H. A. CORTON (U.S.A.) said he regarded it as a great honour as well as a pleasure to appear before this Association and hear the admirable talks which had taken place. He had been reflecting on how much the American Psychiatric Society would benefit by similar talks. He would see that his colleagues received a copy of the reports.

He wished to pay his respects to Dr. William Hunter and Dr. Graves and the others who had done so much work on the results of the infections which occurred. It seemed like carrying coals to Newcastle to speak to a British audience on the question of chronic sepsis. In the profession in the States generally the subject was much less understood than in Britain, where it was not difficult for doctors to appreciate its value. The striking point was the fact that in utilizing the doctrine of chronic sepsis in mental cases, it was not an instance of using something new or bizarre, or hitherto unheard of. There were men like Dr. William Hunter and Sir Berkeley Moynihan who were making statements that were facts. The speaker thought all his hearers would agree that every mental case was also sick physically. This was not very obvious, because some of them appeared healthy.

Last week he had the pleasure of being with Dr. Graves at the Birmingham Mental Hospital and seeing the development of the work there, which seemed to have gone beyond anything so far done in America, especially in nasal sinus work. He was much impressed with what he saw there in regard to the sphenoid and ethmoid sinuses. Infection in that region produced a very important series of foci, which had mostly been overlooked. Non-protein therapy also seemed to be a distinct advance. For years autogenous vaccines had been used, fathered by Sir Almroth Wright. Dr. Graves, by using non-protein therapy, anti-typhoid serum, etc., had produced remarkable results. In intestinal work, too, it was felt that some advances had been made. And, thanks to surgical friends in America, the view was held which Sir Berkeley Moynihan had expressed. His own surgeon-colleague, Dr. Draper, had often said that some day surgeons would not be taking out the colon. He would say a great deal had been learned by removing the colon in some 300 cases, as we now have a better idea of the pathological lesions of the colon in mental cases.

In the last two years, in America, there had been substituted a method of cleansing the colon. The Plombière's douche method, in America, produced results, but it meant a special apparatus and a very conscientious nurse, who was willing to spend

one and a half to two hours over the process. During that time the water used amounted to ten to twenty gallons. From his own standpoint, nothing compared with the colon work now being done. It would be agreed that the primary focus must not be confused with the secondary one. The foremost need was to get the oral sepsis cleared up, irrespective of what else might need to be done. One focus might be cleared up, and yet such another as a bad tooth or septic tonsils be left behind. One was apt to forget the overload. After nine years of experience, causes of error had been learned, and they who worked at this matter were more than ever convinced that every focus should be removed, even if after the removal of one the patient seemed to be better. One of his most important cases was well for three years, but eventually she was found to have an infected colon, which had to be treated. He was sure people were going about with multiple foci of infection, but were far from being insane. Many people indulged excessively in alcohol, but they were not insane. Still, that did not interfere with the fact that alcoholic insanity did exist. In his clinic 600 cases had been treated, with very satisfactory results, by means of irrigation. In 80 or 90% of such cases need for surgical treatment had been eliminated. There were a few cases of surgical bands which required operation. He was satisfied that irrigation was a method which produced results, whatever might be its *modus operandi*.

He was particularly gratified that this subject was coming to the fore, because it meant so much, and it enabled the psychiatrist to double his recovery rate. Even if three-fourths was merely enthusiasm and only one-fourth was results, the method deserved to be considered. One hospital would develop one line, another would develop some variation, but he was willing to use any method, irrespective of where it came from or who fathered it.

So, in the end, it came to a need to clean up the patients thoroughly, not merely taking out a tonsil and seeing whether the patient got well, for many foci formed in these people secondarily, the primary one being mostly in the mouth. (Applause.)

Dr. T. C. GRAVES read a paper on the subject under discussion with details of a case (*vide* p. 563). He submitted also several series of photographs illustrative of varieties of psychotic disturbances treated by various methods dependent on the individual problems they presented in the matter of septic food, whether situated in teeth, tonsils, nasal sinuses, gastro-intestinal or genito-urinary tract.

Dr. D. K. HENDERSON said: The topic which has been so fully discussed is of great importance in the ætiology of mental disorders, and it has been of considerable interest to hear the views expressed. Much that has been said I do not agree with, and I would particularly challenge some of the statements made by Dr. Hunter, who opened the discussion.

It may be true that the subject of sepsis and antiseptics in relation to mental disorder has never previously been presented before the British Medical Association, but this is a combined meeting with the Royal Medico-Psychological Association, and the latter has frequently had this topic before it. I would draw Dr. Hunter's attention to the fact that in 1902 the late Sir Thomas Clouston opened a discussion on this very topic, a discussion which was taken part in by Ford Robertson, Yellowlees, and others. The views which Sir Thomas Clouston then expressed still hold to-day, and the advocates of the toxic ætiology of mental disorder have not produced any results to change them. (Applause.) I submit that Dr. Hunter's statement to the effect that no attention has been paid to the possible influence of sepsis as a cause of mental disorder previous to the publication of Cotton's reports is not only entirely erroneous, but indirectly—and no doubt quite unintentionally—casts a reflection on all psychiatric work previous to the *début* of Cotton. In contradistinction to the report of Cotton's work, Dr. Hunter passes over, very lightly, the work of Kopeloff, Kirby and Cheney. The work of the latter group of observers has been infinitely better controlled than the work of Cotton, and is much more in accord with the opinion of psychiatrists generally. Kopeloff and Kirby examined 120 cases, divided into two groups as nearly identical as possible. One group was treated surgically, while the other group had no surgical treatment. The percentage recovery-rate in the two groups for manic-depressives was equal, while in the dementia group the recovery-rate of the operated was slightly less than in those left alone.

Further, I submit that Dr. Hunter has made the fatal mistake of judging from

one case. It is a commonplace in psychiatry to say that each case is an individual problem, but instead of accepting this, Dr. Hunter says, "Here is one case; see the brilliant result accomplished; there must be hundreds like it," and so on. Take the case which Dr. Hunter has quoted with so much commendation. It is not only imperfectly described, but to diagnose it as—I hate to use the term—"a septic psychosis"—is to make British psychiatry the laughing-stock of the world. From the description given the case is one of agitated depression occurring at the involuntal period, and if it had been properly recognized to start with, she would never have been sent to the chronic ward. The course of the illness is quite in accord with psychiatric experience, and I believe the increased attention, the change to better surroundings, the building up of resistance, had as much to do with recovery as the removal of her teeth. She is the type of case where, irrespective of a focus of infection, one would have given a good prognosis. To say that the failure to remove the teeth in the first instance caused the lady's detention in hospital for two years is an unwarrantable assumption, and a sample of erroneous judgment. (Laughter.)

Take Dr. Hunter's second case. What have we? An acute onset, a tempestuous course, a recovery with good insight. Again, a case where a good prognosis would have been given, and where, I submit, the operative procedures were merely concomitant.

Another fault I have to find with Dr. Hunter's presentation is this—that he has earned the invidious distinction of attempting to coin a new psychiatric term. For a long number of years psychoses with toxins and infections have been recognized, and that by itself would be sufficient to obviate the use of such a term as "septic psychosis." It would seem from Dr. Hunter's presentation of this highly controversial subject, that all psychoses could be divided into the septic and the non-septic, but any such simple formulation is far from the actual facts. It is a very dangerous leap in imagination to state that because something exists in a given mental case, that that something is the specific agent. For many years now, both in this country and in America, mental cases have been studied in association with the various branches of general medicine and surgery, but I cannot say because of this, except in isolated instances, that the recovery-rate has been helped. During that time the cases worked at have not merely been those in mental hospitals, but those also in psychiatric clinics, and in the out-patient departments of general hospitals. Suppose we do have half a dozen or more cases where there is a *B. coli* or streptococcal infection which has not given rise to clinical symptoms pointing to a toxic involvement, then I say that these factors are merely incidental, and may or may not have any influence on the course of the psychoses. Dr. Hunter is guilty of using a term, "septic psychosis," and yet has not given us any clinical picture of the disease which he has so glibly named. (Laughter.) Mental disorder is a much more complex situation than this discussion might lead one to believe. Do not be led away by this toxic theory; investigate carefully the facts in every individual case, and do not jump to hasty conclusions. Many useful stomachs have had to suffer the indignity of a gastro-enterostomy; a serviceable cervix or two has gone west; many a good tooth now adorns the denture of the toothless! A fair amount of mental illness occasionally seems to follow the very measures which have been so strongly advocated. (Laughter and applause.)

Dr. MENZIES said that Dr. Henderson's remarks had removed the necessity of repeating his points. In this country the profession had been somewhat mesmerized by the spirit of Lister, and had failed to recognize that in France, when Pasteur was making his great investigations, many bacteriologists, trained in his school, took up the subject of intestinal toxæmia. Forty years ago, in asylums, Buchard's mixture—naphthalene, charcoal and treacle—was a favourite remedy, and colonic washings were almost invariable. But he did not see that following all these things, and by appointing dentists to all mental hospitals, and the taking of radiograms and other measures, there had been an improvement in the recovery-rate of patients to anything like the extent that was claimed by some observers. So all that could profitably be said about chronic sepsis as a cause of mental disease had been said some time ago. Therefore when the President asked him to say a few words, he determined to ask permission to refer, not to the immediate subject, but to the related one as to why chronic sepsis produced insanity.

It was recognized that sepsis must be a secondary cause, because it was as common in the sane as in the insane. It was thus necessary to look a little further

into the primary cause. Had the profession, since the war, progressed at all, in the matter of finding out the pathology of mental disorders, or were we, in this matter, still in the same mists of ignorance? Many workers, particularly in this specialty, had done much to elucidate these problems, and the value of their work lay chiefly in their negative findings, rather than in the positive ones. It was necessary to wade through all the freshets of bacteriological investigation before they could be eliminated, one by one, as causes of mental disorder. That was now being done in our mental hospitals by the younger men in the specialty.

All of us recognized intestinal toxæmia; it could be seen, *post mortem*, in the fine, arachnoid-like membrane, and also by lines and bands and visceroptosis, especially in the second half of life, when it was common in the sane as well as in the insane. A toxic agent might produce its effects by its own katabolism, or by its action upon the amino-bodies found in the food; but it exerted its influence in two directions. The first direction was seen in its effect on the endocrine glands and the terminals of the sympathetic nervous system. The second direction was in the lymph- and blood-streams, which flowed not only to the splanchnic system—liver, spleen, central nervous system—but along the sympathetic afferent paths. Little, however, was known about these paths. It was not even known whether the fine, non-myelinated fibres running to the posterior root ganglia were coupled up to the somatic fibres of the cord, or whether they ran into the basal ganglia as separate organizations. But it was certain that there was a very large system consisting of hundreds and thousands of visceral arcs going on from the splanchnic area, especially from the liver, but also from pancreas, spleen and all the endocrine glands, passing up the cord, and entering by the paleo-thalamus, and so down the paleo-striate to the red nucleus, some also by the substantia nigra, and some by Deiter's nucleus and out by the sympathetic paravertebral ganglia. These arcs were biologically developed for defence, and, normally, they produced no impression on the consciousness. But if there was a toxic irritant in any of the areas supplied by them, they were apt to enter consciousness, not necessarily by pain, but by feelings of ill-health, nausea, giddiness, lack of sleep, etc.

The next point concerned the varieties of mental disorder which had been inquired into in this connection. He thought people made a mistake by taking such complicated matters as primary dementia, obsessions, paranoia, etc. Why did not inquirers get down to the basic elementary feeling tone of these patients? He referred to euphoria, dysphoria, simple melancholia, acute mania. They belonged to the manic-depressive group, and were those due least to the basic emotional foundations of the animal. This did not mean that they influenced conduct less than did the others, but they were simpler to consider.

Another point he wished to touch on was that of the sane analogues of these two conditions. During the war cases suffering from gas-gangrene were seen which, because of their peripheral septic conditions, felt the mere prick of a hypodermic needle as torture, while others, even shortly before death, declared they would be "better to-morrow." They were analogues of simple melancholia on the one hand, and acute mania on the other.

The next condition was Parkinsonism and rigidity; it existed in a considerable number of basal degenerations, in hepatico-lenticular degeneration, in the striate body and in red nucleus, as well as in the hypo-thalamic region in encephalitis lethargica. There was not one connection between the lower muscular mechanisms and the cortex, but a large number, and they ran all down the basal ganglia as far as Deiter's nucleus at least, and down to the apex of the fourth ventricle. Euphoria was present in nearly all cases of Parkinsonism, and there was a sympathetic reflex arc running down in the dorsal region, opposite those ventral reflex arcs which had reference to the muscular system. They ran side by side all down the cord. One was not likely to find them histologically, but clinically their presence could not be denied.

The presence of Parkinsonism with euphoria had a most important bearing upon one's estimation of mental disorder; it meant that if the basal reflex arcs were interrupted, melancholia resulted; there could not be dysphoria or depression. It was known that they were unconscious mechanisms. If there were toxæmia in the splanchnic area, there was an increase in the irritation of these sympathetic reflex arcs, and depression resulted, always provided that the junction bridges with the

cortex were not completely interrupted, only interrupted to a certain degree. Animal experimentation results could not be reproduced in the clinical cases, as the latter were too complicated. Supposing that those visceral arcs were interrupted by the local toxæmia brought by the blood- or lymph-stream from the liver, if they were interrupted to a certain extent there could not be depression, and the way was laid open for euphoria or acute mania.

It might be asked why there was not produced mere normality, as in the case of healthy euphoria after exercise, where there was a free blood-flow going on all the time. The answer was that when the blood-flow to the cortex was charged with toxins one of the elemental foundations for the development of acute mania was present.

Therefore one reached this stage: that if the visceral and splanchnic arcs were intact but irritated, melancholia resulted; but if there was interruption of those arcs, there might occur acute mania if a toxin was circulating in the cortical cells.

It was sufficient for the present purpose to get so far down to the basal elements as to suggest a cause of mental disorder.

Mr. ERIC WATSON-WILLIAMS said that the otologist approached this subject under a certain disadvantage, as his cases were "selected." Patients were sent to him because of some aural or nasal disease, and, hitherto at least, not on account of mental disorder. The cases of manifest insanity that he, the speaker, saw were therefore few. On the other hand, a very large number of those who sought advice on account of local symptoms presented evidence of mental or psychic changes less profound but perfectly definite. He had in consequence had ample opportunities of observing the minor mental alterations that were not uncommonly associated with chronic focal infection. So definite was the picture at times that he had even been led to seek and to find a focal infection of which all other obvious evidence had been lacking.

The most characteristic change was a mental lassitude, a loss of initiative, of ability to concentrate, of power of judgment and decision. The patient might say that his "head felt woolly," that memory was not so good as it had been, that he had begun to worry excessively over trifling matters. Business that he used to carry out with zest had become laborious, social intercourse wearisome. Often, however, so slowly progressive was the change and so gradual the adaptation to diminished abilities that the victim might fail to perceive, until restored to health, what was clear enough to his associates—how profoundly he had altered; or would perhaps ascribe to advancing years the differences of which he was dimly conscious. In more advanced cases the mental processes might even be so sluggish as to produce a latent period of some seconds or perhaps more than a minute in answering a simple question. Profound melancholy and even suicidal thoughts were not very rare in such subjects. It was somewhat curious that this train of symptoms in an adult, too often dismissed as "neurasthenia," should not have attracted wider attention to the possibility of chronic septic absorption. For if a child became inattentive, dull and slothful, even the lay parent would commonly make a correct diagnosis of toxæmia, and request the removal of an offending adenoid hypertrophy. So frequently indeed in the older patient did the mental troubles subside after adequate treatment of a focal infection that one could not but deduce a causal connection.

The speaker had hoped that this discussion would bring out one point, namely how to distinguish the cases in which this connection was causal from those in which it was accidental. It was in consequence of certain cases of his own, in which the first result of treatment had been disappointing, that he was led to recognize the importance of something that had been already emphasized that morning: namely, that every possible source of septic absorption must be examined. In passing, he would like to direct attention to the ear. Absorption could occur there from a surface considerably greater than was presented by a dental apical granuloma. And infected ears were regrettably common, though often considered of slight importance.

But in the patients he had been discussing, however definite the mental change, it could not be said that they were insane. Occasionally, however, patients were seen about whom this was by no means so clear. Such a one was a man of 44, who was sent up early in 1924 for discharge from the right ear of many years' duration. The ear was quite deaf, the discharge was mucoid and of no great volume; the general health remained good; there was no pain, no headache,

and it appeared a typical case for local palliative measures. He had been under treatment six months, when he came in great distress; he "feared he was going out of his mind." He had taken to sleep-walking, and had begun to light fires in different parts of the house. Memory was poor, and he often did not remember what he had been doing for a great part of the day. Unknown to him, his wife came also, because he had so greatly changed. She confirmed his story of recent somnambulism, related certain escapades, e.g., with a servant, which were quite foreign to his former nature, and of which the man appeared ignorant, reported that he was suffering from "dazed fits in which he seemed quite lost," and wished for advice on the matter of certification (as a precautionary measure). It really did appear that this course would become necessary. However, he was taken into hospital, and the speaker carried out a mastoid operation. This was not only perfectly successful in relieving the local condition, but was followed by a gratifying return to normal mentality. In two months the man had returned to work; his doctor reported this year that he remained quite well.

Another case was that of a postman. He had suffered for years from chronic nasal catarrh, but in February, 1924, he had begun to notice failing memory. This progressed to such an extent that he was unable to remember where the streets on his round lay. He began to bring home packets of letters, unable to deliver them, and indifferent to their proper disposal. He complained in March of that year of feeling always tired and depressed, and of failing vision. His wife reported that he had become morose, taciturn and quarrelsome, and that she was in constant fear that he would get into trouble either on this account or because of the way he neglected his work—the latter he soon had to give up.

Although nasal sinus disease had been suspected on several occasions, no evidence could be found, but with the appearance of these grave complications a definite post-nasal discharge was noted. The nasal sinuses were washed out under local anaesthesia; both antra were full of thick pus, while the sphenoidal sinuses showed evidence of infection. There was a temporary improvement in the mental condition, not enough to enable him to resume work, but he obstinately refused operation until July.

He, the speaker, was then able to persuade the man to have all the sinuses opened, and carried out this operation. By September the following note was possible: "His mind is clear, memory good, sight perfect except for small print, and he feels and looks well."

The speaker saw him in another connection a month ago. He had been back at work ever since, and enjoying it, and remained perfectly well.

Reference was made to two further illustrative cases published in the *Lancet*, one by Dr. Rhys Williams in 1877, the other by Dr. P. Watson-Williams in 1922. The speaker had on numerous occasions had the felicity to see minor mental disturbances yield to surgical attack on foci of septic absorption. He had on several observed really profound alterations of mind and character similarly relieved. He felt bound therefore to stand up and support those who advocated the elimination of every possible source of sepsis in the insane, in the confident hope that this course would lead to a diminution in the total volume of insanity.

Dr. W. A. Potts said that, so far from agreeing with those who did not accept the term "septic psychosis," while Dr. Hunter was speaking he, the speaker, saw a most distinct clinical picture from that gentleman's description of a septic psychosis. It was the most satisfactory term he knew. He would like to go on from that to answer the question which Dr. Menzies raised, as to how it was we could call these cases septic psychosis when septic conditions were as common in the sane as in the insane. It seemed to him that that must inevitably be so, because such investigators as Col. McCarrison, when inquiring into the condition of the thyroid, said that in all civilized people there was some toxic infection. The reason it produced psychic effects in some cases and not in others was, because in the insane person there were many contributing factors co-operating, and also the septic factor commenced earlier and so had been longer-lasting.

He did not altogether agree with the statement that there was not yet any marked improvement in the recoveries. But he felt that extraordinarily good results would follow if all septic foci were dealt with when they first developed, instead of waiting until they had produced serious, even dangerous, symptoms; and that in many cases there was a psycho-genetic factor of enormous importance, which also should be dealt with as soon as the person showed the slightest

abnormality, instead of waiting until he had become certifiable and placed in a mental hospital. The psychological treatment should have been carried out five, ten, or fifteen years earlier.

Dr. WILLIAM HUNTER, in reply, said he had been greatly interested in the discussion, and he hoped that the general result of it would be helpful to both Associations, as it certainly had been to him. It was necessary to put this great factor of disease prominently forward in order that it might be generally recognized; admittedly what he might term the side-lights could be adjusted subsequently.

He felt particularly grateful to Dr. Henderson for his criticism, from a point of view he could well understand. With regard to the difference between them, he felt much in the same position as Jonah. Jonah had only one conversation with the whale, and it was to the following purport: "If you had only kept your mouth shut I should not have been in this trouble." If the speaker's patients had only kept their mouths shut twenty-five years ago, he would not be in this trouble now. But they would not, and so one had to face the facts.

With regard to neglect of this subject in the past, one had to speak relatively. The broad fact was that psychiatrists had been very much interested in toxic infection for many years as a possible cause of mental trouble, and especially toxæmia in the intestinal tract. But the point of departure as distinct from the toxæmic and toxic factors, between that period and the factor now being considered, was the localization of the foci to some particular points. He was quite aware of what Clouston did, and how he called attention to the factor of toxæmia in mental disease. The getting down to the underlying focus was, however, a somewhat different matter.

The term "septic psychosis" which he used need not cause any confusion, as he had to use it in connection with anæmia. He could not merely say that people had bad mouths—that conveyed no meaning; he had to call a spade a spade so as to call attention to the septic underlying cause and ensure adequate treatment. If the condition was septic, it was up to the medical man to remove the sepsis. If it were merely called, in a general way, toxic, one roamed over the body to look for the site. Septic psychosis was a parallel condition to septic anæmia—a condition which he described twenty-five years ago. Dr. Henderson had stated that there was in the former no group of symptoms which characterized it, but that applied to all.

Dr. Henderson had rightly drawn attention to the work of Kopeloff, Kirby and Cheney, of America, whose work the speaker had carefully studied, and it had left on his mind an impression which there was only time for him to briefly indicate, especially as he did not wish to be controversial. Kopeloff was a bacteriologist, and he had two physicians working with him, and they made a detailed examination of 58 cases for two years, and 62 cases in the wards were left with their sepsis. In the 58 cases of mental disease, 24 (40%) had had their trouble from one to twelve years; they had had, on the average, three or four previous attacks. The teeth they had removed for the trouble averaged two or three. But one could not expect to modify a whole clinical picture by such a limited removal of sepsis. Eleven of the 58 cases were stated to show no oral sepsis, in contra-distinction to which the speaker had found too much oral sepsis in the cases of mental disease he had examined. British psychiatrists, of course, would form their own opinion on these matters. The only case of complete success which the Americans had mentioned was one in which 30 teeth were removed, ensuring that at least that patient's oral sepsis was taken away. That patient was discharged cured a month after the extractions, and was permanently discharged seven months later, and had since remained well. The most striking cases he had found in the literature were those in Kopeloff's account. The removal of the sepsis must be thorough and detailed. The three American observers mentioned said that focal sepsis had nothing to do with the mental disorders, but they concluded, "We are whole-heartedly in favour of removing all septic foci." Why? The reason they gave was, "Because there were physical conditions." And they recorded their gratitude to their colleague, Dr. Cotton for having drawn attention to the physical condition, which, however, they declined to call infection. They would not have anything to do with infection, but they wished to remove tonsils. He found that Kopeloff was not even a doctor; he was a bacteriologist. He did not think psychiatrists need worry about Kopeloff's work.

In thanking also the other speakers, he wished particularly to say how interested he had been in Dr. Menzies' speech, also that of Mr. Eric Watson-Williams, as he knew the work of the latter in connection with the nose and throat. Dr. Potts's contribution had been a confirmation of the principles he, the speaker, had laid down. It had been a great privilege and pleasure to participate in this discussion.

Prof. G. M. ROBERTSON said that Dr. Henderson, every day of his life, talked about "toxic psychoses," which was the condition Dr. Hunter meant, the poison circulating in the blood producing a diminution of the function of the nervous system, thereby tending towards an inferiority in the mental processes, in some cases leading to insanity—a toxic exhaustive insanity, which was recognized throughout the world.

The discussion had been very interesting, and it had made a deep impression on everyone who was present at it. He was sure that in the future no one attending clinical cases would overlook septic foci.

Dr. C. HUBERT BOND, in a written communication, remarks: In the absence for fifteen years of having had responsibility for the individual treatment of patients, I doubt whether I should have volunteered for any part in this interesting symposium. In complying with the invitation to do so, I am fortified by ability to claim, firstly, to have kept a resolution never to allow my clinical interest to be submerged either by official routine or by inquiries, highly important as they are, into the patients' creature comforts, general welfare and contentment; and secondly, to have kept notes of a considerable number of cases observed and discussed in the course of official visits. Moreover, it is generally admitted that on-lookers occupy a position that is not without its advantages, whether it be at a game, or whether it be in a life-and-death struggle between two groups of subtle and invisible forces—the aid of medical and other sciences being thrown in the scale to turn the balance in favour of the defensive group.

The use of such an expression as "Listerism" in connection with the treatment of mental illness is apt to strike a false note, and even to incur ridicule. We saw a tendency for that to arise in the course of an effort made, under distinguished patronage, by some of us a few years ago to raise a large fund, with which to subsidize selected mental hospitals, to enable them rigorously and unimpeded by monetary considerations, to apply routine laboratory investigation in a consecutive series of newly admitted cases, in number and diversity sufficient to supply an unequivocal answer to the question whether such systematic examination would yield directions for successful treatment which would not otherwise have been forthcoming; the idea being that, were the answer in the affirmative, the moral lesson would induce—and, indeed, compel—local authorities to provide the money for this treatment at all mental hospitals. This scheme had the ardent support of the Professor of Psychiatry in this University, and it was, I believe, one of the lecturers in Clinical Medicine here (Dr. Chalmers Watson) who suggested that the name of Lister should be applied to the Fund. How and why the scheme was not launched is beside the mark to-day. It is my hope that by some means or other it will yet mature; certainly it can do so, if contemplated legislation includes, as suggested by my colleague Commissioners, the bestowal upon Visiting Committees of a power to combine and to make financial contributions for such purposes.

Whatsoever the future of such a scheme may be, the use, in connection therewith, of Lister's name was, in my opinion, justifiable, and connotes the correct angle for truest vision. Not that it is suggested there are relatively many cases, still less forms, of mental disorder due solely to sepsis, and, even against those cases—and they are by no means rare—in which proof of septic causation seems clearest, it is of course undeniable that there are numerous examples of apparently similar sepsis in which no corresponding mental symptoms arise. It is unfortunately true, except as to a small proportion of mental hospitals, that in supplement of bedside examination, laboratory and other ancillary reports are only called for in cases where there is some evidence that they may yield an affirmative answer. On the other hand, evidence is accumulating that the more thorough the daily charting of bodily symptoms, the more routine the use of the laboratory, of X-ray examination, and of other diagnostic refinements, and the more systematic the work of the resident medical staff linked up with that of visiting specialists whose visits are regular (and not merely occasional, and in relation to

special cases), the oftener will instances of sepsis be found. It is scarcely necessary to remark that other morbid physical conditions are revealed by this thoroughness of inquiry which otherwise might have remained undetected.

It is with great diffidence that I venture any opinion on these matters, but, as it appears to me, there is already danger of exaggerating the import of this incidence, and the further risk of polemical argument with liability of cleavage into materialistic and animistic schools of thought. Any such tendency is to be deprecated as being liable to obscure the facts, and is surely not in accord with Lister's love of truth, or with the methods by which he unceasingly laboured to pursue it, and to penetrate what to him, at the time, was a baffling mystery. Do we know, for instance, what proportion of a group of average healthy adults would yield evidence of a hitherto unsuspected septic focus, if subjected to an intensive examination? Or, admitting that the incidence in a series of cases of mental disorder is, in fact, above that which normally prevails in such a postulated healthy group of adults, and admitting that restoration to mental health follows treatment directed to the septic focus sufficiently frequently to invite a deduction of cause and effect, can it even then be asserted that it is the *fons et origo mali*? Is it not a tenable argument and perhaps a greater probability that the basic defect is, as the late Sir Frederick Mott used to put it, an abnormally narrow margin of physiological resistance with the brain as the *locus minoris resistentiæ*? While it is, of course, only right to be ceaseless in endeavour to find unchallengeable answers to such questions, there is no need, and it would merely be wrong, to wait upon such investigations. The removal of sepsis cannot do otherwise than promote health, and, if perchance it has indeed acted as a precipitating agent of the mental illness, its removal cannot fail to assist in warding off relapses.

That there is, indeed, a relation between sepsis and mental disorders seems scarcely open to doubt, and therefore, upon any occasion—as during this week's memorable medical programme in Edinburgh—when the memory of humanity's debt to Lister is invoked, those who practise psychological medicine and those whose sufferings have been relieved by such practice have a just claim to be heard. Still less would we be willing to be silent when we are assembled upon the very site of his keenest struggles with the foe which at every turn met his skill as a surgeon. Nor does it need the welcome presence of our French *cofrères* to remind us, as Lister himself would be the first to bid us not to forget, that, just as it was the dramatic work of Pinel, Tuke, Gardiner Hill and Conolly that caused the scales to drop from the eyes of those who had hitherto treated the insane with what seems to us barbarity, so the investigations and opinions of Pasteur, who in a sense was Lister's predecessor as well as contemporary, caused him to see his problem in a new light and showed him the road to victory—not a static but a dynamic victory, the full harvest of which, as Sir John Bland-Sutton recently insisted, has been by no means yet reaped.

VISIT TO BANGOUR VILLAGE.

In the afternoon members and ladies were invited to lunch at Bangour Village by the kindness of the Edinburgh District Board of Control and the Medical Superintendent, Dr. John Keay. After luncheon the party inspected a remarkable collection of handiwork of great variety which had been done by patients at Bangour, Craig House, Larbert, Stoneyettes, Glengall, Gartnavel, Inverness, Barnhill, Dykebar, Woodilee, Riccartbar and Gogarburn.

The PRESIDENT, speaking on occupation therapy, said that at Barnhill were received boys of bad habits—almost criminal habits. They had refused to do what they had been told. When faced with definite constructional work under the tuition and guidance of experts, however, they became amenable. It gave them a new outlook on life.

The visitors then proceeded to the Treatment Pavilion and were much impressed and interested in all they saw, especially the elaborate arrangements for remedial exercises and electrical and hydro-therapeutic treatment.

Owing to the unfavourable weather Mrs. Keay's garden-party could not take place, but members and ladies were nevertheless hospitably entertained to tea indoors.