

## Part IV.—Notes and News.

### THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE NINETIETH ANNUAL GENERAL MEETING of the Association was held on Wednesday, Thursday, Friday and Saturday, July 8, 9, 10 and 11, 1931, at the Royal College of Physicians, Dublin, by kind permission of the President and Fellows, under the Presidency, in the earlier proceedings, of T. Saxty Good, O.B.E., M.A., M.R.C.S., L.R.C.P., and later of Richard Robert Leeper, L.R.C.P.I., F.R.C.S.I.

On the previous day, Tuesday, July 7, the Council and Committees met at the Royal College of Physicians, as under :

Mental Nursing Advisory Committee . . . . .	9.30 a.m.
Library Committee . . . . .	10 a.m.
Educational Committee . . . . .	10.30 a.m.
Parliamentary Committee . . . . .	11.30 a.m.
Research and Clinical Committee . . . . .	2 p.m.
Council Meeting . . . . .	2.30 p.m.

### LECTURE AND DEMONSTRATION BY PROF. KAPPERS.

At 12 noon, on Tuesday, July 7, the members assembled in the Anatomy Theatre of Trinity College to hear an address on "**The Development of the Cerebral Cortex and the Functions of its Layers,**" by PROF. C. U. ARIËNS KAPPERS, Director of the Central Institute for Brain Research, Amsterdam (*vide* p. 692).

The PRESIDENT (Dr. T. SAXTY GOOD) said that they had all listened with great pleasure to the lecture, and they were under a great obligation to Dr. Kappers. He thought the best way he could show their appreciation would be by calling on Dr. Leeper to propose the vote of thanks to Dr. Kappers.

Dr. LEEPER, in proposing the vote, said that every one of them realized it was a very great privilege to see such a distinguished man as Dr. Kappers, and he thought that they would all go a long distance for that privilege alone, but to actually hear him speak on a subject they were all supposed to know something about was an honour every one of them would always remember. He thought it was an outstanding honour to them that they had been able to get such a distinguished man to address their Congress.

Prof. SHAW BOLTON, in seconding, said it was many, many years since he first heard of Dr. Kappers, and he had often wished to see him, but never thought the opportunity would occur in such unusual circumstances and in such a place. It was quite unnecessary to make any remarks on the subject of the address, but he would like to point out that though Dr. Kappers had given only one address, he might have given fifty all equally important.

Dr. KAPPERS, replying, said that he must confess that he had not known Dr. Shaw Bolton personally. He only knew him through his works, and he had not known that he was to be present. Another great worker in the same field, Sir Frederick Mott, had unfortunately gone from the scene of his work several years ago, but it was a great pleasure to him that at least one of these men, who had contributed so much to their knowledge of the functions of the cortex, was present. He (Dr. Kappers) had always regretted that he had not had a chance to meet in

England a third research worker he had referred to in his lecture, Dr. Campbell, whose work he had always admired. He was now in Australia and no longer did laboratory work, and his excellent researches had not been continued. He (Dr. Kappers) had heard that he was now a practising physician in Sydney.

Dr. Kappers then said that he had only mentioned three names in the course of his address, but that he could have mentioned many more, including those of Sherrington, Head, Holmes, and many others. The agreement to which they had all come only showed that science was one in all countries, and it was a great privilege to collaborate with them in Dublin, as it was also a privilege to collaborate with their neighbours of other countries. This collaboration was even more necessary in psychiatry than in other branches of medical science. In this connection, concluded Dr. Kappers, it might interest them to know that one of the streets in a town of Holland, where the largest asylum was, was called after one of their countrymen, Conolly Norman, who did much to improve the conditions of treatment.

#### CIVIC RECEPTION.

In the afternoon a reception was held at the Royal College of Physicians, Dublin. Members and their guests were received by the Lord Mayor of Dublin (Senator Alfred Byrne), to whom they were introduced by the President of the Association, Dr. T. Saxty Good.

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#### MORNING SESSION.—WEDNESDAY, JULY 8.

At the Royal College of Physicians.

Dr. T. SAXTY GOOD in the Chair.

##### I. \*MINUTES AND OBITUARY.

The PRESIDENT, opening the meeting, said that he was departing slightly from the agenda in referring to the fact that—as he dared say they had all heard—Dr. Hunter, of the Coppice, Nottingham, had had a serious attack made on him. He understood that Dr. Hunter had been very seriously ill, but was getting better. He had taken the liberty that morning of sending a wire to Dr. Hunter wishing him a speedy recovery. There had been no reply yet, but he thought the Association would like to hear that the wire had been sent. He was sure they all wished Dr. Hunter a speedy recovery.

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

The PRESIDENT said that the next item on the agenda was always a sad one—the obituary references. The names were:

Hugh de Maine Alexander, who died on June 19, 1931; William Charles Clifford Smith, June 3, 1931; Patrick Joseph Dwyer, June 19, 1931; John Carswell, June 20, 1931; and George Robert Lawless, February 21, 1931.

Dr. McRAE said that in his Division they felt that by the death of Dr. Alexander they had lost a very charming colleague. Dr. Alexander did not attend their meetings very regularly because his whole life was spent in the administration of his institution. He went to Kingseat Mental Hospital as Medical Superintendent in 1906, succeeding Dr. Angus. The hospital was the first in Scotland to be based on the colony system. It was not the first to be erected, because he believed Bangour preceded it in that respect, but it was, he believed, the first actually in operation. It began with a population of 400 patients, and at the time of Dr. Alexander's death there were 800 patients. It must be obvious to all that in an institution of that type, demanding a very large amount of original ideas and involving great administrative responsibility, Dr. Alexander had little time

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\* Numbers refer to items on the Agenda.

for anything but what was really his life's hobby—the care of his institution. He had consummate tact, and was exceedingly interested in all the cases under his care. He was rather proud of the fact that he had the largest proportion of patients on *parole*. He had also tried to found a sort of Gheel system under which the patients who had partially recovered were boarded out in farm-houses in the surrounding district, where he and his assistant used to visit them regularly. The speaker believed that the scheme had now been given up, but Dr. Alexander had made a great effort to introduce this system into this country. There were very many things one might say about him, but in addition to his ordinary work he had done a great deal of reviewing for the Journal, and had written several papers which had appeared in its pages. He thought that they would feel that in him they had lost a man who was a very great credit and honour to the Association, and it would be very hard to find a man who would fill his place as ably as he had done. He proposed that their condolences be sent to his widow.

Dr. COLLINS, referring to the late Mr. Clifford Smith, said that Mr. Smith was not a member of their profession. He was Chief Engineer to the London County Council Mental Hospitals. He started his profession in the Turkish Navy, which was hardly the work that might be expected to lead him to what he afterwards did. He subsequently became Chief Engineering Officer to the London Asylums Committee, and when the Committee was abolished the Council kept Mr. Clifford Smith in his old position. He acted as architect and built three of the Council's institutions—the Epileptic Colony at Ewell, which was an entire new venture at that time for England at any rate, being composed of separate small villas without any boundaries, fences or restrictions of any kind; and later the Maudsley Hospital and West Park Mental Hospital. He was always interested in the welfare of the patients, and always willing and anxious to help the medical superintendents and to obtain from the Committee, over whom he had considerable influence, anything they required. When he retired it was a great loss to his medical colleagues. He left a widow and one son and one daughter. His son was a doctor, and it was always his father's desire that he should take up this work. Unfortunately he lost a leg in the war, with the result that he was never able to do this. He (Dr. Collins) hoped that the Association would send a message of sympathy to his family.

Dr. LEEPER said that in the last few months they had lost two members from the Irish Division. The first of these was Dr. Dwyer, Acting Medical Superintendent at Portrane. Dr. Dwyer had met his death in a very tragic way. He (Dr. Leeper) happened to be there one morning when he came in saying that he was not feeling well and that his collar was a little tight. Unfortunately it turned out that there was a malignant growth in his neck. Notwithstanding every treatment he had been taken away, and had left a widow and three children. Until recently he was very active in his professional work. He caused him (Dr. Leeper) to summon a special meeting of the Irish Division to consider the treatment of dementia præcox. He had recently brought over a Swedish professor (Dr. Loberg) and had him shown round many of the mental hospitals of Ireland. Dr. Loberg published an interesting brochure of his experiences, and that was due to the action of Dr. Dwyer. He (Dr. Leeper) was sure his wife would appreciate an expression of regret from the Association.

Another member had been taken away in the person of Dr. Geo. Lawless. He was in the specialty from the day of his birth, for he was born in his (Dr. Leeper's) hospital. He was for many years a member of the Association and attended the meetings. He was very active in many ways, and during the war had taken on special duty. He had been taken away very suddenly, and he (Dr. Leeper) thought a letter ought to be sent to his wife expressing the regret of the Association.

Dr. MACDONALD said that he had had the privilege of Dr. Carswell's friendship from his earliest connection with the specialty. Dr. Carswell was considerably older—indeed when he (Dr. MacDonald) was still an undergraduate, Dr. Carswell had already established a reputation as a man of learning and wide experience. He spent most of his professional life in Glasgow, and he (Dr. MacDonald) thought that the thing they remembered most about him was that he was responsible for the common-sense treatment, without certification, of early cases of insanity. He believed that Dr. Carswell drew his inspiration from his former asylum superintendent, Dr. Rutherford, who was responsible for the open-door system in Scotland, which was a great step in the advancement of the treatment of insanity.

Dr. Carswell went a step further. When he became the certifying physician in Glasgow he had to examine many patients, and it was his duty to certify those who were to be removed to the asylums. It was then that he recognized that a great number of patients might be treated without certification, and it was largely owing to his efforts that the Glasgow Poor Law Board and the Board of Control were induced to establish wards in their hospitals for the reception of cases of incipient insanity for treatment there without certification. The modern call for psychiatric clinics was a development of the work done by Dr. Carswell, and for that alone his name should be remembered. Later he became a member of the General Board of Control. He was a man of wide culture and broad outlook. He was rather combative in disposition, but he had the courage of his convictions and never failed to carry them to success. He served as a member of the Glasgow Corporation, and his professional experience was of great value to that body. He was particularly interested in legislation for the control of inebriates. He read extensively, being a man of literary interests, which were reflected in the works of his daughter and of his son, Donald. He was a man of a humane and sympathetic character, which could not fail to make an impression on those who met him.

In conclusion Dr. MacDonald asked that an expression of regret should be recorded in the minutes and an extract sent to the bereaved family.

Dr. DONALD ROSS said that Dr. Lawless was one of those men who never seemed to be in a flurry and yet was always getting things done. He (Dr. Ross) had the privilege of being his guest at Armagh and was greatly impressed with him as a host. It was a great pleasure to hear him describe the history of Armagh. He was a genial and charming character, in whom they had lost a great and good man.

Col. DAWSON said that in his former capacity as Inspector of Hospitals he knew both Dr. Dwyer and Dr. Lawless. Dr. Dwyer he had known longer—practically for the whole of his medical life. In 1906, when he (Col. Dawson) was investigator for the Royal Commission, Dr. Dwyer acted as his assistant, and he did very good work indeed, and he (Col. Dawson) valued his capacity and interest in the subject. He knew Dr. Lawless well and had a great regard for him. His kindness and geniality were points of his character that had impressed themselves on him. His (Col. Dawson's) relations with him were always of the friendliest. In the days when he (Col. Dawson) was secretary of the Irish Division it was a great pleasure to work with him.

The CHAIRMAN said that they had heard the expressions of the speakers regarding the deceased gentlemen, and he was sure that it was the wish of the meeting that letters of sympathy should be sent to their relatives.

This was agreed to, all present rising and standing in silence as a tribute to the departed members.

## 2. ELECTION OF OFFICERS AND COUNCIL FOR 1931-32.

The following resolutions were put from the Chair:

2 (a). That the Officers of the Association for 1931-32 be:

*President.*—Richard Robert Leeper, L.R.C.P.I., F.R.C.S.I.

*President-Elect.*—Robert Brown Campbell, M.D., F.R.C.P.E.

*Ex-President.*—Thomas Saxty Good, O.B.E., M.A., M.R.C.S., L.R.C.P.

*Treasurer.*—George William Smith, O.B.E., M.B., Ch.B.

*General Secretary.*—Reginald Worth, O.B.E., M.B., B.S.

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

*Editors of the Journal.*—

John Robert Lord, C.B.E., M.D., F.R.C.P.E.

Douglas McRae, M.D., F.R.C.P.E.

Maurice Hamblin Smith, M.A., M.D.

Alexander Walk, M.D., D.P.M.

*Librarian.*—James Richard Whitwell, M.B.

[Agreed.]

2 (b). That the Nominated Members of the Council for 1931-32 be:

Drs. W. J. T. Kimber, J. Ernest Nicole, M. J. Nolan, W. Starkey, J. S.

Ian Skottowe, Aidan G. W. Thomson.

[Agreed.]

## APPOINTMENT OF STANDING AND SPECIAL COMMITTEES.

The following resolutions were put from the Chair :

2 (c). That the Parliamentary Committee, as revised by the Council, be re-appointed.

Retirements : Drs. G. A. Auden, G. N. Bartlett, W. Norwood East, W. F. Nelis, E. W. White.

Additions : Profs. G. M. Robertson and J. Shaw Bolton, Drs. Hamilton Marr, T. Saxty Good, J. R. Gilmour, Neil T. Kerr, E. Barton White, A. W. Neill, M. J. Nolan. [Agreed.]

2 (d). That the Educational Committee, as revised by the Council, be re-appointed.

Retirements : G. A. Auden, T. Beaton, W. R. Dawson, J. H. Macdonald, W. F. Nelis, D. McKinley Reid.

Additions : Profs. G. M. Robertson and J. Shaw Bolton, Drs. A. W. Neill, M. J. Nolan, T. Saxty Good, Douglas McRae, J. R. Gilmour, E. Barton White, Neil T. Kerr. [Agreed.]

2 (e). That the Library Committee be re-appointed.

Addition : Dr. J. L. Baskin. [Agreed.]

2 (f). That the Research and Clinical Committee be re-appointed.

Retirement : Dr. G. A. Auden.

Additions : Dr. F. J. Deane (representing Northern Ireland), Drs. Hubert J. Norman and J. Norman Glaister (representing Private Mental Hospitals). [Agreed.]

2 (g). That the Mental Nursing Advisory Committee (Official Members) be re-appointed as follows :

*For England and Wales.*—Drs. H. Dove Cormac, T. Beaton, W. J. T. Kimber, F. R. P. Taylor and R. Worth.

*For Scotland.*—Drs. W. M. Buchanan, Donald Ross, T. C. Mackenzie, Douglas McRae, and Prof. G. M. Robertson.

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

*For Irish Free State.*—Drs. J. O'Connor Donelan, L. Gavin, J. C. Martin, R. R. Leeper and Stanley Blake. [Agreed.]

2 (h). That the Mental Deficiency Handbook Special Committee be re-appointed. [Agreed.]

2 (i). That the Special Committee for the Revision of the Bye-laws be re-appointed. [Agreed.]

2 (j). That G. F. Barham, M.A., M.D., and C. W. Bower, L.M.S.S.A., be appointed Hon. Auditors.

The appointment of the Maudsley Lecturer for 1932 was postponed till the October meeting.

## 3 (a). REPORT OF THE COUNCIL.

The Council begs to submit its 35th Annual Report as under :

At the Annual General Meeting (1929), the criticism was made that the Annual Report of the Council was not in the hands of members until the morning of the meeting, so that individual members had no opportunity of reflecting on its contents and formulating considered views before being called upon to discuss it.

The Council felt that there was some justice in this criticism, and directed that steps should be taken to meet it. These steps were detailed in its 1930 Report, but it has been found impracticable to carry them out during the present year. It is proposed to essay the attempt next year. This Report, however, will not record the Council proceedings at its meeting, July, 1931, which will be included in next year's report.

The number of members—ordinary, honorary and corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1931, was 847, as compared with 819 in 1930.

1929.		1930.
47	Number of new members elected . . . . .	46
819	Number of members registered . . . . .	847
1	Removed according to Bye-law 17 . . . . .	15
10	Number of members resigned . . . . .	10
10	Number of deaths . . . . .	3

Members :	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.	1930.
Ordinary	631	676	710	694	703	700	706	727	753	771
Honorary	25	27	30	29	29	30	31	33	35	36
Corresponding	10	13	14	16	16	15	17	22	31	40
	<u>666</u>	<u>716</u>	<u>754</u>	<u>739</u>	<u>748</u>	<u>745</u>	<u>754</u>	<u>782</u>	<u>819</u>	<u>847</u>

A study of the above figures shows that the gratifying increase in the number of ordinary members since the year 1926 has continued, despite the fact that the names of 15 members have been removed in accordance with Bye-law 17.

Only 3 members died, the lowest number recorded for many years.

The number of members resigning in 1930 is the same as in the previous year.

To keep up our average number of ordinary members, about 30 new members are required annually. During 1930 this was exceeded by 16.

#### *Revision of the Bye-laws.*

The Special Committee for the revision of the Bye-laws, appointed at the last annual meeting, has not met during the year. Those concerned have been too busily occupied in other important matters, but the items which will interest them have been much added to, and the Committee's re-appointment is recommended.

#### *The Advancement of Research and Clinical Psychiatry.*

The Report of the Research and Clinical Committee is again of absorbing interest. The standard method of applying the Wassermann test has occupied the attention of three special sub-committees since May, 1929, the report on which reached its final stage in May, 1931, when it was approved by the Committee and Council and ordered to be published. The comparative incidence of cancer in mental hospital patients and the general population is still being investigated by the Infectious Diseases, etc., Sub-Committee, and the Mental Deficiency Sub-Committee's report on "The Place in Family" is an important contribution to the ætiology of mental deficiency.

The Clinical Sub-Committee has issued a draft report on the classification of mental disorders.

The Irish Sub-Committee created to link up study groups in Ireland with the work of the Sub-Committees has commenced its labours.

The establishment of a special medal and prize, value £250, to be awarded every third year according to a scheme which has been approved by the Council, now awaits the approval of this Annual Meeting.

Mention should also be made of the activities of the Study Tour Sub-Committee, which is arranging a tour of psychiatric centres in Germany and Austria.

The Committee again draws attention to the zeal and enthusiasm displayed by the honorary secretaries to the Sub-Committee, and specially mentions the services of Drs. W. Ford Robertson, F. S. Mann and L. Penrose.

The Committee also takes the opportunity of appealing to medical superintendents to further as much as possible the holding of Divisional Clinical Meetings for assistant medical officers; an appeal which the Council heartily endorses.

#### *Educational Matters.*

The Council at its meeting in June, 1930, considered very fully a report by the Educational Committee in regard to complaints received from the Scottish and Irish Divisions of the undue severity of the markings in the May, 1930, Final Mental Nursing Examination, and steps were subsequently taken to remedy the situation.

The Educational Committee instructed that, in the future, papers marked between 45% and 50% should be sent to a third examiner for re-assessment.

The revised mental nursing regulations and rules came into force for the May, 1931, examination. On the whole the change of procedure has been successfully initiated, thanks to the loyal response of the medical superintendents and the excellent work of the Registrar and Area Examination Secretaries, who have had



a difficult and onerous task. The inspection of the examinations will shortly commence, which will complete the initiation of the new system. A few points will need adjustment, such as a better definition of the various examination areas, and as far as it is within the power of the Association to afford it, a more generous scale of remuneration and refunding of out-of-pocket expenses of Chief Examiners and Nurse-coadjutors, which matter is being considered by a Special Committee of the Council.

The Committee has revised the system of marking written papers, and issued regulations for the calling, when necessary, of a Board of Examiners to consider the examination results before they are announced by the Registrar.

The number of new entrants for the Nursing Certificates continues to increase, and for the year May–November, 1930, was 6316.

Commendable progress is being made in the writing and publication of the Handbook for the Nursing of Mental Defectives by the Handbook Committee.

Dr. W. J. T. Kimber was regretfully compelled to resign his position as Hon. Secretary to the Educational Committee, owing to an increasing amount of other work. The Committee elected Dr. W. G. Masefield in his place. Dr. Kimber has done much really fine work for the Committee, especially in regard to the revision of the Regulations and Rules for the conduct of the various nursing examinations.

#### *Parliamentary Matters.*

A special meeting of the Committee was held in October, 1930, to consider the draft rules to be prescribed by the Board of Control under the Mental Treatment Act, 1930. The Committee at this and subsequent meetings took strong exception to the decision of the Board that the wording of the heading of Schedule 3 did not give it discretionary powers in this matter, but that it was obligatory on its part to apply wherever possible the sections of the principal Act and the Board's existing rules in regard to all matters scheduled. Counsel's opinion was obtained in favour of the Committee's views. In the meantime the Board announced a change of policy which acknowledged the justice of the Committee's contention. The Committee worked with other bodies interested and sent in a considered criticism of the draft rules. The Board's final rules met in many respects the Committee's objections, and ultimately on the whole were considered satisfactory.

The Committee studied with care the Report of the Select Committee of the House of Commons on Capital Punishment, in so far as the question of mental disorder and the McNaghten Rules were concerned. It expressed approval of the suggested reconsideration of these rules, and the Council was recommended to support this attitude. A letter to this effect was sent to the Home Secretary. Other matters considered were the Edinburgh Corporation Bill (still *sub judice*) and the Nursing Hours and Wages Bill, which the Committee decided strongly to oppose.

#### *Legalising Eugenic Sterilization.*

In July, 1930, the attention of the Council was drawn to an arrangement that the Eugenics Society, proposed to further legislation on the subject. A draft Bill was outlined. In September, 1930, a letter was received from Sir Frederick Willis, asking the Council to nominate a speaker on this subject at the forthcoming Public Health Congress. It was known to the Council that there was no unanimity of opinion in favour or against eugenic sterilization among members of the Association, so a *questionnaire* was issued to all members to ascertain if possible what was the dominant opinion among them on this matter. Over 250 members responded. Dr. W. F. Menzies spoke at the Congress on November 21, 1930, and said that probably on the whole the feeling in the Association would be that, with careful selection of cases and adequate safeguards, sterilization might have a limited application in dealing with mental deficiency.

#### *The Library.*

The last annual report of the Council records in full the Council's efforts to secure the best accommodation possible for the Library, and concludes by announcing the appointment of a second Committee, with much the same reference as the previous one.

The Honorary Librarian, Dr. J. R. Whitwell, whose tireless efforts in the best

interests of the Library are so greatly appreciated by the whole Association, reports that more use is made of the Library than formerly. He is very anxious to build up and complete a historical collection of psychiatric works from the seventeenth century onwards. The Council gives its hearty support to Dr. Whitwell's appeal in this matter, and is grateful for his fine gifts of books for this purpose, and hopes members generally will follow his example. Those so disposed are advised to consult Dr. Whitwell as to what books it is desirable the Library should possess. Thanks to the Hon. Librarian the Association's album of past presidents has been brought up to the year 1920. This collection was commenced by the late Dr. T. Outterson Wood, whose death this year the Association bemoans.

*The Journal of Mental Science.*

The Journal continues its successful career, and the value and variety of its original articles is much appreciated by members and outside subscribers. Its reviews and epitomes, though interesting to all readers, are of special value to research workers and psychiatric students.

*Members' Badges.*

A members' badge was approved for sale at the annual meeting, Oxford, 1930. Over 200 were distributed, mainly sold. It is hoped that these badges will be used by members at all subsequent annual meetings, and at other meetings when convenient.

*Resignation of the Treasurer.*

Dr. J. Chambers, owing to ill-health, resigned his post as Treasurer of the Association, which he has occupied with much distinction since 1917. Both in this capacity and as Co-Editor of the Journal, 1905-14 (previously Assistant Editor, 1900-5) he has rendered services of immense value to the Association. His kindly personality and the advantage of his ripe wisdom and experience will be greatly missed by the Association.

*Complimentary Dinner to Sir James Crichton-Browne.*

A suggestion was considered at the November, 1930, meeting that a dinner should be held to commemorate Sir James Crichton-Browne's long and distinguished service to psychological medicine.

The dinner, at which Sir James and Lady Crichton-Browne were present, took place on May 21, 1931. It was a great success, and was remarkable for the fine speeches, especially that made by Sir James himself. A full report of the dinner will be published in the *Journal of Mental Science*.

*Miscellaneous Matters.*

The Council did not see its way to appoint a representative to serve on the Committee of the Central Association for Mental Welfare *re* Short Course of Training in Mental Health Work for Social Workers.

The Council has sent a letter to the Board of Control protesting vigorously against the inadequacy of the remuneration offered by the Treasury in respect of the post of Commissioner (Officer) of the Board.

Dr. Reginald Worth resigned his post as member of the General Nursing Council.

Dr. Donald Ross kindly acted as the Association's delegate at the Congress of French-speaking Alienists and Neurologists, 1930. Dr. G. W. Smith was appointed delegate to the same Congress held April, 1931. Drs. Helen Boyle, H. Devine, J. Brander and G. W. B. James were appointed representatives of the Association on the Committee *re* the *Æ*tiology, Prevention and Treatment of the Cyclothymias, instituted by the National Council for Mental Hygiene and Royal Society of Medicine.

Dr. T. Saxty Good was nominated to act as the Association's representative on the Board of Control's Advisory Committee on Scientific and Ancillary Mental Health Services.

Dr. J. R. Lord was nominated to act as the Association's representative on the Organizing Council for the International Congress of Local Authorities, 1932.



*Obituary.*

Honorary Members: Henri Colin, October 19, 1930; William Charles Clifford Smith, June 3, 1931.

Ordinary Members: T. Outterson Wood, July 19, 1930; Owen Felix McCarthy, November 6, 1930; William Ireland Donaldson, April 4, 1931; Walter Smith Kay, April 22, 1931; Hugh de Maine Alexander, June 1, 1931; Patrick David Joseph Dwyer, June 19, 1931; John Carswell, June 20, 1931.

J. R. LORD,  
*For the General Secretary.*

In the absence of the General Secretary and of Dr. Lord Dr. R. THOMPSON read the Report and moved its adoption.

The PRESIDENT said that before putting the resolution to the meeting he wished to announce that he had received a letter from Dr. Blacker, the General Secretary of the Eugenics Society, stating that the modified Bill for voluntary sterilization would be brought before the House of Commons by Major Church, M.P. The Bill had been greatly modified, and only applied to mental defectives.

The President then asked if there were any comments on the Report.

Dr. DRURY said that the deaths of only three members were recorded in the Report and in the obituary remarks six were mentioned.

Dr. RUSSELL said the other three had died since the Report was made.

Dr. MILLS said he would like to draw the attention of the meeting to, and to dissent from, the tendency which existed to reduce the standard and, in consequence, the value of the nursing certificate of the Association. He saw by the Report that the Council seemed to be what he might respectfully call "giving in" to the reducing of the standard. He wished, as one of the oldest examiners of the Association, to protest against any further reduction of the standard of this nursing certificate, which he thought was quite low enough already.

Dr. COLLINS said he had raised the matter at the Educational Committee, and it was stated that the wording in the paragraph in question simply meant that the case was sent to a third examiner when a person had been rejected by one of the examiners.

Dr. MILLS said he would move that the President express clearly what the paragraph did mean, as he had interpreted it differently.

Dr. COLLINS said that if the examiners agreed the matter was settled, but if they disagreed the case was sent to a third examiner.

Dr. DONALD ROSS said that of about twenty papers sent to him, in the case of one-third he added marks and in another third he deducted marks. This showed that there was difference of opinion amongst examiners.

The PRESIDENT said that what they were all anxious for was that there should be absolute justice. They all had different opinions and they could not help having them. When two people differed they appointed a third person to act as arbitrator. The Association had appointed a third person and that was only in fairness to the candidates; it was not a lowering of the standard, but rather a raising of it.

## 3 (b). REPORT OF THE TREASURER.

The Treasurer submits the Revenue Account and Balance Sheet for 1930, and also the Financial Statement of the Maudsley Bequest and of the Gaskell Fund. £800 of 3½% Conversion Loan was purchased for the Association. The Asylum Workers Convalescent Fund is exhausted.

Dr. G. W. SMITH read the Report and moved its adoption.

Dr. MACDONALD seconded.

[Agreed.]

## 3 (c). REPORT OF THE EDITORS.

The Editors beg to submit their Report for 1930-31.

The subjoined table shows the cost of the Journal under various headings.

The size of the Journal compared with that of the previous year answers for the increased cost of production.

**MAUDSLEY BEQUEST.**

1930.	Dr.	Expenditure.	£	s.	d.	1930.	Income.	Cr.	£	s.	d.
Jan. 9.	To Cash—Income Tax ...	...	21	2	0	Jan. 1.	By Balance (owing) ...	...	21	2	0
Oct. 29.	" " Adlard & Son ...	...	5	6	6	Jan. 1.	By Balance (Dividends) ...	...	181	11	6
Dec. 31.	" Amount owing—Lecturer's Honorarium	...	52	10	0	June 1.	" Cash—Half-year Dividend on War Loan	...	52	16	4
"	" " Postages ...	...		10	6	Dec. 1.	" " " " " "	...	52	16	4
"	" " Income Tax... ..	...	23	14	9						
"	" " Adlard & Son ...	...		13	6						
"	" Balance (Dividends) ...	...	204	8	11						
			<u>£308</u>	<u>6</u>	<u>2</u>				<u>£308</u>	<u>6</u>	<u>2</u>

**GASKELL FUND.**

1930.	Dr.	Expenditure.	£	s.	d.	1930.	Income.	Cr.	£	s.	d.
Jan. 9.	To Cash—Income Tax ...	...	3	14	0	Jan. 1.	By Balance (owing) ...	...	3	14	0
July 21.	" " W. A. Mussett (Medal) ...	...	25	4	6	Jan. 1.	By Balance (dividends) ...	...	160	0	8
" 30.	" " Prize ...	...	30	0	0	" 1.	" Cash—Half-year Dividend on New Zealand 3½ per cent. ...	...	19	6	7
Sept. 5.	" " Examiner's Fees and Expenses ...	...	14	11	0	Apr. 1.	" " Half-year Dividend on New South Wales 3 per cent. ...	...	4	1	0
Dec. 31.	" Amount owing—Income Tax... ..	...	4	3	3	June 2.	" " Half-year Dividend on War Loan ...	...	9	5	0
"	" " 'The Lancet' ...	...	1	4	0	July 1.	" " Half-year Dividend on New Zealand 3½ per cent. ...	...	18	14	6
"	" Balance (Dividends)... ..	...	149	8	6	Oct. 1.	" " Half-year Dividend on New South Wales 3 per cent. ...	...	3	18	6
			<u>£228</u>	<u>5</u>	<u>3</u>	Dec. 1.	" " Half-year Dividend on War Loan ...	...	9	5	0
									<u>£228</u>	<u>5</u>	<u>3</u>

# ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1930.

## REVENUE ACCOUNT—January 1st to December 31st, 1930.

1929. Dr.		Expenditure.		Income.		Gr.		1929.		
£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	
1919	5 4	To Journal—Printing, Publishing, Engraving, Advertising, and Postage	1431	6 0	By Dividends—General	...	...	406	5 7	
1802	2 11	Examinations, Association Prizes, and Clerical Assistance to Registrar	1974	7 1	By Sale of Journal	...	...	232	10 0	
23	8 0	Petty Disbursements, Stationery, Postages, etc.	38	7 2	By Handbook	...	...	105	8 0	
400	10 8	Annual, General, and Divisional Meetings	529	6 1	By Statistical Forms, etc.	...	...	9	1 11	
80	0 0	Rent of Premises and care of Offices	80	0 0	By Advertisements	...	...	23	0 7	
12	12 0	Audit and Clerical Assistance	12	12 0	By Fees for Certificates of Psychological Medicine...	...	...	370	0 6	
158	9 3	Miscellaneous Account	255	6 4	By Certificates of Proficiency in Nursing	...	...	2908	16 2	
170	12 5	Library Expenses	26	0 0	By Subscriptions	...	...	1235	11 9	
50	0 0	Special Research Fund—Grant	...	...	By Interest on Deposit	...	...	2	9 10	
071	1 9	Balance	4337	4 8						
			585	19 2						
4894	9 1		£4923	3 10			£4923	3 10	£4804	9 1

## BALANCE-SHEET—31st December, 1930.

1929.		Liabilities.		Assets.		1929.				
£	s. d.	£	s. d.	£	s. d.	£	s. d.			
290	14 0	To Journal Account, balance of	498	5 2	By Lloyds Bank:—Bankers	...	...	774	8 5	
57	10 7	Meetings Account, balance of	120	13 3	By Deposit Account, General	...	...	400	0 0	
40	0 0	Rent Account, balance of	40	0 0	By Interest due	...	...	2	0 3	
7	5 3	Miscellaneous Account, balance of	31	3 0	By Sales Account, balance of	...	...	44	0 11	
160	0 8	Gaskell Account Dividends	149	8 6	By Subscriptions Account, balance of	...	...	303	0 0	
3	14 0	Maudsley " Income Tax, etc.	5	7 3	By Library Account, balance of	...	...	104	17 6	
181	11 6	Maudsley " Dividends	204	8 11	By Fees Account, balance of	...	...	2208	10 2	
21	2 0	Maudsley " Income Tax, etc.	77	8 9	By Mott Memorial Fund, balance of	...	...	235	2 8	
22	12 0	Maudsley " Dividends	21	12 0	By Stocks, value at this date:					
1393	7 11	Examinations Account, balance of	1713	18 10	£634 8s. 3d. New Zealand, 3½ per cent. Stock, 1940	...	...	564	12 0	
7	10 7	Asylum Workers' Convalescent Fund	...	...	£320 14s. 8d. Ditto, ditto (Hack Tuke)	...	...	285	9 0	
44	10 0	Research Fund	44	10 0	£103 7s. 2d. Victoria, 3 per cent. Stock, 1929-49 (Dr. Paul)	...	...	56	6 6	
—	—	Petty Disbursements, balance of	4	13 6	£313 18s. 1d. Manchester Corporation, 3 per cent. Stock	...	...	143	6 3	
—	—	Deposit Account, Income Tax	3	3 0	£405 18s. 1d. New South Wales, 3½ per cent. Stock, 1930-50	...	...	221	4 3	
2330	8 3	Balance as at 1st January, 1930	12,178	6 7	£386 0s. 0d. London, Midland and Scottish Railway, 4 per cent. Pref. Stock	...	...	230	6 5	
11,811	10 3	Add Balance as per Revenue Account	585	19 2	£1864 1s. 2d. War Loan, 5 per cent. Stock, 1929-47	...	...	1919	19 7	
971	1 9	Increase in Value of Investments	715	3 2	£9972 1s. 3d. Conversion Loan, 3½ per cent. Stock	...	...	8152	3 2	
15,113	0 3	Deduct:	13,479	8 11	£800 0s. 0d. Ditto, ditto (purchased in 1929)	...	...	618	12 0	
		Subscriptions written off	23	16 9						
		Decrease in Value of Investments	580	8 8						
604	5 5		13,358	13 5			£16,273	5 7	£14,508	14 10
£14,508	14 10		£16,273	5 7						

(Signed) JAMES CHAMBERS, Hon. Treasurer.  
 (Signed) DUJARDIN, BOLT & Co., Incorporated Accountants, Philpot Lane, E.C. 1.

G. F. BARHAM  
 CEDRIC W. BOWER } Hon. Auditors.

At the May meeting of the Nominations Committee, the Editors' representative reported that it was imperative to increase the editorial staff if the Journal was to be published at all regularly. The Committee thereupon nominated Drs. M. Hamblin Smith and Alexander Walk for election as additional editors, and acceded to Dr. Beaton's request to retire. The Editors express their thanks to Dr. Beaton for his work in editing the Epitome section of the Journal. After consultation with the Council, the Editors have appointed Dr. G. W. T. H. Fleming to be Assistant Editor.

Owing to the pre-occupation of Dr. J. R. Lord, the indisposition of Dr. Graves and other causes, but little progress was made during the year in the editing of the Journal's *Monograph on Sinusitis in Mental Disorders*.

Thanks are due to Dr. Alexander Walk, the Assistant Editor, for his co-operation. The Editors are most grateful to the reviewers and epitomizers, whose valuable services are so ungrudgingly maintained throughout the year.

Dr. DOUGLAS McRAE read the report and moved its adoption.

Dr. GILMOUR seconded.

[Agreed.]

*Analysis of Cost of Journal 1929 and 1930.*

1929.				1930.				
£	s.	d.	£	s.	d.	£	s.	d.
758	3	9				871	13	1
45	2	0				81	19	0
79	5	0				93	3	9
47	2	6				41	14	11
71	15	6				87	19	7
<hr/>			1,001	8	9	<hr/>		
87	4	2				108	9	1
8	15	1				12	5	6
51	4	4				55	6	9
<hr/>			147	3	7	<hr/>		
8	13	0				8	6	11
26	6	9½				30	14	6
<hr/>			34	19	9½	<hr/>		
41	11	3				42	1	5
<hr/>			41	11	3	<hr/>		
<hr/>			<u>£1,225</u>	<u>3</u>	<u>4½</u>	<hr/>		
<hr/>						<u>£1,433</u>	<u>14</u>	<u>6</u>

£ s. d.			<i>Credit.</i>			£ s. d.		
266	12	0	£ s. d.	Sale of Journal, etc.	232	10	0	£ s. d.
28	12	10		Advertisements	23	0	7	
<hr/>			<u>£295</u>		<hr/>			<u>£255</u>
<hr/>					<hr/>			<u>10</u>
<hr/>					<hr/>			<u>7</u>

*Cost of Journal.*

1929.		1930.
5s. 7d.	Cost of production of Journal per copy . . . . .	6s. 3d.
4s. 2½d.	Cost to Association of Journal per copy . . . . .	5s. 0d.
850	Size of Journal in pages . . . . .	955

3 (d). REPORT OF THE HONORARY LIBRARIAN.

This is included in the Report of the Library Committee.

3 (e). REPORT OF THE HONORARY 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 1930.

G. F. BARHAM }  
CEDRIC W. BOWER } *Hon. Auditors.*

### 3 (f). REPORT OF THE REGISTRAR.

The total number of entries for the Preliminary and Final Examinations for the year 1930 was 6,316—570 being candidates for the Mental Deficiency section.

Of this number (6,316), 3,569 were for the Preliminary and 2,747 for the Final Examination.

For the May, 1930, Examination the number of candidates was: 2,325 Preliminary, 1,756 Final, a total of 4,081.

For the November, 1930, Examination the number was: 1,244 Preliminary, 991 Final, a total of 2,235.

It is interesting to compare the number of entries for recent years. Below I give them:

Year 1925 . . . . .	5,569
„ 1926 . . . . .	5,789
„ 1927 . . . . .	6,212
„ 1928 . . . . .	6,095
„ 1929 . . . . .	6,283
„ 1930 . . . . .	6,316

The South African candidates for the year 1930 numbered 487—239 in May and 248 in November.

The details for the Preliminary Examinations for the year 1930 are as follows:

Class of institution.	Entries.	Passes.	Percentages.
English County Mental Hospitals . . . . .	1,897	1,269	67.00
English Borough Mental Hospitals . . . . .	484	269	55.58
Registered Hospitals and Licensed Houses . . . . .	143	105	73.43
Scottish Mental Hospitals . . . . .	464	300	64.65
Irish Mental Hospitals . . . . .	261	137	52.49
Federated Malay States . . . . .	2	1	50.00
Mental Defective Institutions . . . . .	318	241	75.78
Totals . . . . .	3,569	2,322	65.06

For the Final Examinations for the year 1930 the details are:

Class of institution.	Entries.	Passes.	Distinc- tions.	Percentage of—		
				Passes to entries.	Distinc- tions to entries.	Distinc- tions to passes.
English County Mental Hospitals	1,408	894	81	63.49	5.75	9.06
English Borough Mental Hospitals	362	227	13	62.71	3.59	5.73
Registered Hospitals and Licensed Houses . . . . .	150	90	4	60.00	2.67	4.44
Scottish Mental Hospitals . . . . .	329	177	4	53.80	1.22	2.26
Irish Mental Hospitals . . . . .	246	89	4	36.18	1.63	4.49
Mental Defective Institutions . . . . .	252	138	4	54.76	1.59	2.90
Total . . . . .	2,747	1,615	110	58.79	3.86	6.56

### MAY, 1931, EXAMINATIONS.

For the May, 1931, Examinations the entries numbered 4,137. This is a record for a May examination. Of this number 2,420 were Preliminary and 1,717 were Final Candidates.

The whole of the results of both examinations have been despatched to the various institutions.

Below I give the details of the results:

*Preliminary.*

Class of institution.	Entries.	Passes.	Percentage.
English County Mental Hospitals.	1,269	767	60.44
English Borough Mental Hospitals	232	136	58.62
Registered Hospitals and Licensed Houses	138	87	63.04
Scottish Mental Hospitals	373	236	63.27
Irish Mental Hospitals	204	119	58.33
Federated Malay States	1	1	100.00
Mental Defective Institutions	203	145	71.43
Totals	2,420	1,491	61.61

*Final Examination.*

Class of institution.	Entries.	Passes.	Distinc- tions.	Percentage of—		
				Passes to entries.	Dist. to entries.	Dist. to passes.
English County Mental Hospitals	943	621	27	65.85	2.86	4.34
English Borough Mental Hospitals	179	97	8	54.19	4.47	8.25
Registered Hospitals and Licensed Houses	93	61	4	65.59	4.30	6.56
Scottish Mental Hospitals	240	200	12	83.33	5.00	6.00
Irish Mental Hospitals	103	55	0	53.39	0	0
Federated Malay States	1	1	0	100.00	0	0
Mental Defective Section	158	105	3	66.45	1.89	2.85
Totals	1,717	1,140	54	66.39	3.15	4.73

There were 76 candidates whose papers were marked 45% to 49% (both inclusive). On re-assessment 30 of these candidates were raised to a pass mark and 46 remained below 50%.

There were no entries in May, 1931, for either the Gaskell Prize or the M.P.C. Examination.

There were four entries for the Bronze Medal and Prize. With regard to these entries the President reports as follows:

"I have carefully considered the four papers that you sent me for the Bronze Medal. Three of them are, in my opinion, of great merit, and I think are all worthy of a Bronze Medal. The three papers approach the problem of psychiatry from different points of view. The order in which I place them is as follows: First, 'Pervicax Recte'; the next one would be 'Isoëtis,' and then 'Two Leaves.'

"I notice that the regulations say that original observations and research will be considered as the principal points of excellence. In the first paper these conditions are fulfilled more than in the other papers, although both the latter show an immense amount of care and application, but at the same time I do not think there is as much original observation or research as is shown by 'Pervicax Recte.'

"'Pervicax Recte' is, in my opinion, the most worthy of the Prize, and the other two papers mentioned above are of exceptional merit.

"I have opened the envelope containing the name of the writer 'Pervicax Recte,' and I find it is John H. Ewen, M.R.C.S.Eng., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, County Mental Hospital, Netherne, Surrey. The other envelopes, of course, have not been opened."

There was one entry for a Divisional Prize. With regard to this the President reports: "We have, with great regret, come to the conclusion that although the paper for the Divisional Prize shows a good deal of industry, yet it shows no indication of original work, which it must be according to the Regulations; therefore we are unable to award it a Prize."

DANIEL F. RAMBAUT,  
*Registrar.*

Dr. RAMBAUT read the Report, and moved its adoption.  
Dr. MILLS seconded.

[Agreed.]



The PRESIDENT said he would like to make a statement regarding the Bronze Medal. The three papers were of exceptional merit, and the Council suggested that in the case of the two papers that did not gain the Medal a certificate should be issued to the two candidates who submitted them, together with a prize of £10. The papers were very good indeed, and it was extremely difficult to adjudicate between them. The only difficulty was with regard to the regulations. The papers were sent in with the names in sealed envelopes, and according to the regulations these envelopes could not be opened except for the one that was awarded the Bronze Medal. He did not know what was going to happen, because if unclaimed at the end of one year the papers became the property of the Association and the envelopes were burned without being opened.

Dr. DRURY proposed that the President be authorized to open the envelopes.

Dr. RUSSELL proposed that, as apparently the regulation was intended to be something in the nature of a protection to the candidates, the latter should be consulted, and invited to claim back their papers.

Dr. GRANT seconded the last speaker's amendment.

Dr. COLLINS proposed as a further amendment that a post-card should be sent to every member asking whether the envelopes should be opened. There was the difficulty that the candidate might not wish to accept the prize of £10.

Dr. SHAW BOLTON proposed that the meeting simply publish the mottoes of the candidates who submitted the two papers and leave it to them to claim the prizes.

The other proposals having been withdrawn, Dr. Shaw Bolton's suggestion was agreed to.

It was subsequently ascertained that the essays submitted under the mottoes "Isoëtis" and "Two Leaves" were the work of Dr. G. W. T. H. Fleming and Dr. G. de M. Rudolf respectively.

Several members having expressed the view that the various prizes open to members of the Association were not widely enough known and appreciated, it was proposed and seconded that Dr. Good and the Registrar should review the conditions of obtaining these prizes and make a report to the next Council meeting.

A suggestion received from Prof. Robertson that appropriate thanks be conveyed to the Free State Government officials for their courtesy in recognizing the Association's Certificate of Proficiency in Mental Nursing was adopted.

### 3 (g). REPORT OF THE EDUCATIONAL COMMITTEE.

The Educational Committee beg to submit the following report for the year ending June 30, 1931.

Four meetings have been held.

The number of candidates who presented themselves for the Nursing Examination (exclusive of candidates in S. Africa) during the year was :

*Mental nursing*.—Preliminary : 3,334. Final : 2,456.

*Nursing of mental defectives*.—Preliminary : 330. Final : 252.

The Revised Regulations for the Training and Examination of Candidates for the Certificate of Proficiency and the Revised Rules for the conduct of the Examinations came into force at the May, 1931, examinations. Much work was thrown upon the Area Examination Secretaries, and it was mainly due to their successful efforts that the new Rules were satisfactorily initiated. It was not found possible to appoint Examination Inspectors in time for the May examinations. It is hoped that, as time goes on, and the details of the changes are more thoroughly understood, the value of the Association's Examinations may be appreciated even more than in the past.

At the meeting held in November the resignation of Dr. W. J. T. Kimber, who had held the post of Hon. Secretary to the Committee since 1927, was received with much regret. His work on behalf of the Committee and the Association as a whole has been very valuable, especially in regard to the revision of the Rules and Regulations concerning the Nursing Examinations.

The following institution was approved during the year : Laverstock House, Salisbury, for the Training of Mental Nurses.

Dr. MASEFIELD read the Report and moved its adoption.

Dr. COLLINS seconded.

[Agreed.]

## 3 (h). REPORT OF THE PARLIAMENTARY COMMITTEE.

There have been five meetings of the above Committee during the year.

At the November meeting Dr. Nathan Raw was re-elected Chairman and Dr. H. G. L. Haynes Hon. Secretary.

The chief business during the year has been the consideration of the rules proposed by the Board of Control in connection with the Mental Treatment Act, which came into force on January 1, 1931.

It will be in the recollection of the members of the Association that it was deemed desirable to take Counsel's opinion upon the draft rules.

Eventually the more questionable rules were amended, and the rules finally were regarded as satisfactory in view of the experimental character of the Act.

The Committee has also considered the question of eugenic sterilization. It has expressed its approval of the suggested reconsideration of the McNaghten rules; this latter matter has been brought up by the Royal Commission on Capital Punishment.

The Hours of Nurses Bill has not reached its second reading in the House of Commons. The Committee has made arrangements for the Bill to be objected to, though there is no likelihood of its being brought before the House during the present session.

On the advice of this Committee the Association has expressed its strong disapproval of Section 194 of the Edinburgh Corporation Bill. Other influential bodies are also strongly opposed to the principle introduced in this clause.

The help of the Parliamentary Agent has again proved of great value.

F. R. P. TAYLOR,  
*Acting Chairman.*

Dr. BOWER read the Report and moved its adoption.

Dr. IVISON RUSSELL seconded.

[Agreed.]

## 3 (i). REPORT OF THE LIBRARY COMMITTEE.

The Secretary reported that the Library Committee had met on three occasions during the year, that a certain amount of use had been made of the Library, and that the circulating journals had been sent round regularly. Certain presentations of books had been made to the Committee and these gifts had been acknowledged, from time to time in the Journal.

Dr. COLIN McDOWALL read the report and moved its adoption.

Dr. GRANT seconded.

[Agreed.]

## 3 (j) REPORT OF THE RESEARCH AND CLINICAL COMMITTEE.

THE Research and Clinical Committee beg to submit the following report for the year ending July, 1931 :

**Meetings.**

The Committee has met four times during the year, *viz.*, June 30, 1930, November 19, 1930, February 24, 1931, and May 20, 1931.

**Encouragement of Research.***Special Prize and Gold Medal for Research on Mental Disorders.*

It was stated in the Committee's last report that considerable attention had been given to the stimulation of research work in psychological medicine, especially since the Gaskell Medal and Prize was no longer available for this purpose. The matter was referred to a Sub-Committee, which recommended—

- (1) That a special prize and gold medal be awarded triennially for research on mental and nervous disorders and on any condition bearing on them.
- (2) That the minimum award should be £250.
- (3) That the award should not be limited to members of the Royal Medico-Psychological Association.
- (4) That three assessors be appointed to decide as to the value of such research, with power to consult an expert adjudicator.

These recommendations were approved by the Council and the Treasurer. The Annual Meeting, Oxford, 1930, expressed approval of the expenditure of £250 every third year, and requested the Council to submit the proposals in a final form for the consideration of the Association at a general meeting. The Council referred the matter to the Committee for completion. A Sub-Committee was appointed at the November, 1930, meeting to formulate this final scheme.

At the February, 1931, meeting, the recommendations of this Sub-Committee were approved by the Committee and Council:

- (1) That a Special Prize and Gold Medal be awarded triennially for submitted Research on Mental Disorders or any condition bearing on them.
- (2) That the total award be limited to £250.
- (3) That the award be not limited to members of the Royal Medico-Psychological Association, but open to all British subjects.
- (4) That the Assessors for adjudicating on the research submitted be appointed by the Council on the recommendation of the Research and Clinical Committee.

#### Reappointment of Sub-Committees.

At the November, 1930, meeting the following Sub-Committees were reappointed:

Pathology, Bacteriology and Bio-Chemistry.  
 Psychopathology and Psychotherapy.  
 Clinical Psychiatry.  
 Infectious Diseases.  
 Mental Deficiency.  
 Study Tours and Post-Graduate Education.

The Hon. Secretaries of the Epidemic Encephalitis, General Paralysis and Actinotherapy Sub-Committees were appointed Officers of the Committee, to be known as Hon. Secretaries to the Committee for these subjects respectively. The Sub-Committees on these subjects were not to be reappointed unless developments made it advisable.

#### Irish Divisional Research and Clinical Sub-Committee.

Owing to the peculiar difficulties existing in Ireland it was not found possible to hold meetings of this Sub-Committee apart from the ordinary Divisional Meetings. The remote situation of most of the mental hospitals makes travelling to any one centre difficult and costly, and the general understaffing of the public mental hospitals makes it exceedingly difficult to collect a quorum.

Members of the Sub-Committee undertook to form study groups at convenient centres—Downpatrick for the northern area, Dublin for the midland area, and Limerick for the southern area. The Dublin group has carried out special investigations in the treatment of epilepsy and dementia præcox, and the results of their work were embodied in communications read at the Divisional Clinical Meetings and reported in the Journal.

No reports of the work done by the Northern and Southern groups have yet been issued.

#### Pathology, Bacteriology and Bio-Chemistry Sub-Committee.

Two meetings of the Sub-Committee have been held during the course of the year, one on February 24, 1931, and the other on June 26, 1931. Owing to various unforeseen circumstances and to the difficult nature of the work, the publication of the Report on the Standardization of the Wassermann Test had to be delayed until May, when it was put before the Research and Clinical Committee for consideration. The Report was accepted with one amendment, *viz.*, that the full text of the technique relating to the Meinicke Klarungs-reaction should be added, since it was agreed that as a flocculation test it fulfilled all the necessary requirements, and further, that it had been proved to be of high sensitivity, comparing favourably with the new standard Wassermann technique and being of particular value in fading reactions occurring in treated cases. Authority was given to the Hon.

Secretary to write to Dr. Hinton asking his permission to publish his flocculation test; this request has been kindly granted. It was urged that every mental hospital laboratory should adopt the standard method, not only because it was especially adapted to meet the needs of psychiatry, but because the test was now in line and strictly comparable with the recognized method of the Ministry of Health Laboratory. Further, its general adoption would undoubtedly lead to a uniformity of results and enable the work of one laboratory to be compared with that of another, which, from the point of view of research, would be of inestimable value. Those who are willing to undertake a revision of their present Wassermann technique on the lines of the Report will thus not only benefit themselves, but will be making a contribution of scientific value to psychiatry.

The Report will be published in the *Journal of Mental Science* for July. The Committee desires to record its great appreciation and gratification at the conclusion of this valuable piece of research, and draw the Association's special attention to the devoted labours of Drs. W. M. Ford-Robertson and S. A. Mann in this matter.

On February 24, 1931, the members of the Sub-Committee considered the question of a suggested research on post-encephalitic states, including the psychoses and particularly schizophrenia in relation to virus disease, the subject being introduced by Dr. Goodall and Dr. Scholberg. The scheme as put forward was not considered favourably, various amendments being made. The matter was therefore referred back by the Research and Clinical Committee to the Sub-Committee in the following terms: "That all possible steps be taken for the investigation of schizophrenia in its pathological, bacteriological and bio-chemical aspects, including its relationship, if any, to encephalitis lethargica, particularly in early cases." It also instructed the Sub-Committee to consider and put forward a scheme for such investigation, having in view the powers given to local authorities under the Mental Treatment Act, 1930, to provide financial assistance for such research. The activities of the Sub-Committee since then have been mainly directed towards this end, and tentative schemes of research have been formulated for further consideration. At the meeting of the Sub-Committee held at the British Medical Association House on June 26, 1931, the whole question was discussed, but details are not available for this report. The difficult problem of undertaking schemes of research in all branches of laboratory work is being investigated, and plans are being made to bring the whole question up for discussion at a later date. The first task of the Sub-Committee will be to ascertain whether or not such schemes have a practical bearing on the present needs of scientific work in psychiatric hospitals, and if so, how the numerous difficulties can best be overcome. Dr. F. E. Reynolds, Pathologist to the Scottish Asylums, has in course of preparation an epitome of literature on the morbid histology of the brain and nervous system, which will be received in due course and be available for co-opted members.

Dr. W. Rees Thomas has been elected a member of the Sub-Committee.

#### **Clinical Psychiatry Sub-Committee.**

During the last year four meetings of the Sub-Committee have been held.

Time has been devoted almost entirely to the revision of the classification of mental disorders, and a report on this matter is now in draft form. It is hoped to present the final Report to the Council and Association at an early date.

The present position with regard to the psychological research advocated by Prof. Spearman in his Maudsley Lecture can be gathered from the following report by Dr. J. R. Lord:

#### *Psychological Research.*

Mental phenomena first became the subject of exact measurement from the time of the publication, in 1883, of Sir Francis Galton's *An Enquiry into Human Faculty and its Development*.

The most important results so far have been:

- (1) The establishment of mental tests of ability. Mental facts rather than physical facts (physiognomy, phrenology, anatomical stigmata, and so forth) came to be relied upon in the diagnosis of mental characteristics.

- (2) The formulation, in due course, of ultimate laws having a scientific foundation, embracing cognition, affection and conation. The decisive factor here was the fine work of Prof. Spearman, of University College, and his assistants; his mathematical method of measuring correlations of psychological data, his discovery of the general factor of ability, "g," and other fundamental work.

For many years I and others have urged the necessity of applying as far as practicable such definitely ascertained mental facts, and the methods of ascertaining them, to mental patients, and of substituting them, where necessary, in psychopathology, for such purely hypothetical "faculties" as cannot by any scientific method be shown to exist.

This would result in greater efficiency in the diagnosis, prognosis and classification of mental disorders.

It is thought that the remarkable developments in psychopathology due to the advent of biological and dynamic conceptions are not bearing the fruit they should do, because they are correlated in our mental examinations and estimations with faculties which have no reality. For instance, though the faculty of "attention" as a special process of mind has no existence, yet abnormal functioning of it is still looked for in mental cases, and when found is said to be symptomatic of mental disease. Similar criticisms may apply to all formal faculties of ancient psychology and also to many others of more recent creation. In fact, to quote Prof. Spearman, "the doctrine that the faculties constitute unitary functions appears everywhere to have broken down," and "would seem on closer scrutiny to be wholly devoid of foundation."

It is recognized that the application to psychopathic states of a system of abilities which can be accurately determined, measured and classified, cannot be achieved without some years of special research by skilled teams of psychologists and psychiatrists assisted by physiologists and pathologists.

Preparing the ground for this has been the object of a team of psychological and psychiatric workers.

Some early work of this kind was done by Prof. Spearman and Dr. Bernard Hart at Long Grove (*vide Journal of Abnormal Psychology*, October–November, 1914), and yielded some important and encouraging results.

The publication in 1927 of Prof. Spearman's *Abilities of Man* revived interest in the application of these new methods to mental patients, which was further stimulated by Prof. Spearman's Maudsley Lecture in 1929.

In November, 1929, the Research and Clinical Committee, through its Clinical Sub-Committee, decided to assist in creating a number of Research Centres, where the preparatory work mentioned could be done. Work was commenced at the Maudsley Hospital, and on November 26, 1929, the L.C.C. Mental Hospitals Committee gave permission for Dr. William Stephenson, of the Psychological Department, University College, to commence work at Horton Hospital, in co-operation there with the medical staff.

The following scheme of research was agreed upon:

- (1) To commence with cases exhibiting marked changes, either between normality and abnormality, or between one sort of abnormality and another, such as cases of manic-depressive psychosis, and of general paralysis before and after treatment.
- (2) To investigate perseveration ("p") or oscillation ("o") among the more stable cases. Special interest would attach to cases of paranoia and to "shut-in-ness" (brooding, loss of interest, introversion, etc.).
- (3) To investigate "r," retentivity, in cases of loss of memory for new impressions, e.g., "Korsakov type."
- (4) To investigate cases which display extreme results from physiological tests.
- (5) Ratings by the psychiatric staff. In general the tests will measure mental powers, whereas the ratings are primarily derived from the degree of exercise of these powers, which largely depends upon emotional experience. Cases which show a striking disparity between tests and ratings are of great interest. As to the nature of the characters rated, what is at present recorded about patients can well be adopted as a beginning. These will need supplementing as necessary.
- (6) Physiological tests up to date, such as those for blood-pressure, blood sugar, basic metabolic rate, endocrine disturbances, etc.



Preliminary work was commenced at Horton in February, 1930, by Dr. Stephenson, assisted by Dr. D. M. Wilkins, of the Hospital medical staff.

On July 7, 1930, Prof. Spearman reported on the progress made. He said, "So far, the results have fulfilled our most sanguine expectations. Our work falls into three phases. The first is preparatory and rough; it has been done by three investigators in different medical institutions. This is now over. The next phase is still investigative, but needs to be both accurate and comprehensive. All three investigators have to work hand in hand, and therefore in one institution and for this purpose we are all agreed that no place can compare with Horton. The third phase will be that of application, by which time we hope to have supplied psychological tests ready to do valuable service in the diagnosis and prognosis in mental cases." (Abstract.)

An application was made in July, 1930, that more research workers might visit Horton Hospital.

This permission having been obtained, a larger research team was created by the withdrawal of workers from other hospitals and their concentration at Horton, associated with further members of the Horton medical staff.

**RESEARCH CLINIC.**—This team commenced soon afterwards the second phase of the research under the direction of Prof. Spearman for the psychological view-points, and under Dr. J. R. Lord's direction for the psychiatric view-points, and is composed as follows:

William Stephenson, D.Sc., Miss G. Studman, and Miss C. A. Simmons, M.A., Assistants, Psychological Research Department, University College.  
Dr. J. Norman Glaister, Deputy Medical Superintendent, Northumberland House.

Miss D. M. Wilkins, B.Sc., M.B., Miss M. E. Tyars, B.Sc., M.B., Miss M. Whelan, M.B., Assistant Medical Officers, Horton.

Dr. Stephenson has devoted the whole of his time to the work of the Clinic.

**REPORT ON WORK COMPLETED AND IN PROGRESS.**—Methods have been evolved, suited to abnormal subjects, for measurements of the Spearman factors "g," "p," "o," "w," etc. Since the work was commenced at Horton, tests have been constructed for these Spearman factors, and will be available for use by any psychiatrist in the recording of objective conditions of mental patients.

The batteries of tests, which in part will be standardized as the number of patients tested is increased, have been employed in a survey covering in a broad way the whole field of psychiatry.

Physiological and psychiatric data are being recorded by the psychiatrists in the team, while the psychologists are recording measurements of "g," "p," "o," "w," and the like. The critical examination of about 100 typical patients is in progress, and certain significant findings, notably in schizophrenia, where "p" tests are showing anomalies, are already indicated.

To further the understanding in psychiatry of these experimental methods, several papers are being prepared which illustrate the psychological tests and their functioning. One is ready, and will be published in the *Journal of Mental Science* at an early date.

Prof. Spearman suggests establishing an instructional course at University College, which medical officers from mental hospitals can attend in order to learn the technique. The course would have to last at least a month, if not six weeks. In this connection arrangements may be possible for practical experience in testing to be gained at a neighbouring research centre.

#### **Mental Deficiency Sub-Committee.**

One meeting was held during the year, when Dr. Geoffrey Cobb, in Dr. Litteljohn's absence, reported further results of the Wassermann blood tests which have been conducted on patients at The Manor, Epsom, through the kindness of Dr. Lindsay. All the patients have now been examined.

The following are the results:

- (1) *The incidence of the reaction in the cases of amentia examined.*—A positive reaction was found in 129 out of 1,275 cases examined (10.11%).
- (2) *The relation of the reaction to sex.*—A positive reaction was found in 43 out of 655 males (6.5%), and in 86 out of 620 females examined (13.8%).



- (3) *The relation of reaction to age.*—207 cases were under 16 years of age, and of these 28 (13·5%) were positive: 331 cases were over 16, and of these 36 (10·8%) were positive; 556 cases were over 20, and of these 68 (12%) were positive; of the remainder, namely 94 over 30 years of age, only 9 (9·5%) were positive.
- (4) *The relation of the reaction to the degree of amentia.*—There is a difficulty in giving this, owing to the different standards adopted by successive medical officers. There were, however, practically no idiots or low-grade cases, so to that extent the picture is one-sided.
- (5) *The relation of the reaction to the clinical varieties of amentia.*—
1. Of the 24 mongols examined all were negative.
  2. All 5 cases of hydrocephalus were negative.
  3. All 3 cretins were negative.
  4. Of 65 epileptics 13 were positive (20%).
  5. Of 43 cases of amentia with paralysis 4 were positive (9·3%)

The Sub-Committee have experienced great difficulty in obtaining bloods from normal children for purposes of control. So far Dr. Litteljohn has only succeeded in getting 43 normal boys, all but four over 16 years of age. Only one of these was positive, *i.e.*, 2·3%. Further efforts are being made to obtain controls.

A short preliminary report has been presented by Dr. L. Penrose on Wassermann work amongst the patients at the Royal Institution, Colchester. The results are as follows:

- (1) *The incidence of the reaction in the cases of amentia examined.*—A positive reaction was found in 72 out of 320 cases examined (22·5%).
- (2) *The relation of the reaction to sex.*—119 cases of those examined were males, and of these 2·5 gave a positive reaction (21%); 201 were females, and of these 47 gave a positive reaction (23·4%).

(3) *The relation of the reaction to the age and grade of the patients examined.*—

	Age below 16.	Age above 16.	Total.
Idiots . . . .	32·2%	18·2%	27%
Imbeciles . . . .	32·2%	16·19%	21·8%
Feeble-minded . . . .	26·4%	16·5%	20·3%

- (4) *The relation of the presence of the reaction to sex and age.*—

	Age under 16.	Age above 16.
Males . . . .	24·7%	13·1%
Females . . . .	37·5%	17·9%

A point to notice is the much higher percentage of positive reactions when the cases tested are below the age of 16.

The investigation into "Place in Family" of defectives has resulted in the return of 1,455 questionnaire papers. Elaborate tables have been compiled by Dr. Penrose from 500 cases personally investigated and 778 similarly analysed from case-papers. One result of the questionnaire was that it showed the advantages of personal investigation over case-paper methods. A full report of the investigation will be published in the July number of the Journal.

The Committee highly commended Dr. Penrose for this valuable research.

Dr. Douglas Turner, owing to pressure of work, has found it impossible to continue in the office of Honorary Secretary to the Sub-Committee. He has done an extraordinary amount of very valuable work, and his resignation was accepted with regret. Dr. E. O. Lewis, whose work on mental deficiency is well known, was appointed Honorary Secretary.

### Psychotherapy and Psychopathology Sub-Committee.

No meeting of the Sub-Committee has been held during the past twelve months. The routine work of replying to queries and giving assistance to workers has continued. The scope of collection of references has been slightly enlarged. The references for last year were published with the April number of the Journal.

The local groups have met repeatedly, and these meetings have been much

appreciated—especially has this been the case in connection with the London group. The venture to organize *research* groups along definite lines has not met with success.

A new departure has been the fortnightly issue of a special "Correspondence Bulletin," an informal organ under the leadership of Dr. I. D. Suttie, for the exchange of views and theories that may be too fragmentary for publication in the journals, and yet can profitably be discussed among a few keen workers.

#### Study Tours Sub-Committee.

Meetings were held on November 19, 1930, and February 24, 1931.

Schemes have been prepared for private visits by members of the Association to mental hospitals at home and abroad.

Notice was circulated in January of the Summer course in Neurology and Psychiatry in Vienna, and correspondence conducted with the organizers and with members thereon.

Arrangements have been in progress for some months to promote a study-tour of Continental mental hospitals in the autumn. The practicability of a visit to Austrian institutions this year was first explored, and a programme is now awaited of a less costly visit to the mental hospitals of North-West Germany, which Dr. Roemer is very kindly preparing.

#### Infectious Diseases Sub-Committee.

The Infectious Diseases Sub-Committee has met twice during the last twelve months.

At the November, 1930, meeting the subject under consideration was the importance to mental hospitals in England of dysentery due to the Sonne bacillus. The Sub-Committee had sent a questionnaire on the subject to various mental hospitals, and a considerable amount of information had been obtained. This information was carefully examined, and the Sub-Committee drew up a Report on Sonne dysentery, which was published in the January number of the *Journal of Mental Science*.

Another of the Sub-Committee's reports published during the last twelve months was Dr. Petrie's report on "Carriers in Mental Hospital," which appeared in the October number of the *Journal of Mental Science*.

Since the Sub-Committee published its first Report on Cancer in Mental Hospitals Dr. Rudolf has been engaged in further investigation into this important subject.

At the May, 1931, meeting of the Sub-Committee, a preliminary paper by him on "The Relative Mortality of Cancer in Mental Hospitals and the General Population" was read. Dr. Rudolf hopes to be able to present his completed report at the next meeting of the Sub-Committee. It may be mentioned that the Sub-Committee's first report on this subject received considerable attention in the medical press.

Now that the Pathology, Bacteriology and Bio-Chemistry Sub-Committee has issued its Report on the "Standardization of the Wassermann Test for the Use of Mental Hospital Laboratories," the Infectious Diseases Sub-Committee hopes shortly to consider the question of the complement-fixation test as an aid in the detection of tuberculosis in mental hospitals.

#### Epidemic Encephalitis Research.

At the Maudsley Centre, under Dr. Golla, pathological examination of *post-mortem* material has been done, and Dr. Cooper, the officer in charge of the encephalitis cases, has been doing a large amount of work on the problem of recording alterations in muscle tone. He has also been trying the effect of some alkaloids allied to banisterine, in conjunction with Prof. Gunn, of Oxford.

At the Oxford Centre, under Dr. Good, two cases were examined which showed definite traces of lesions in the basal ganglia, and one of the two also showed cortical lesions in the frontal region. The lesions presented themselves as "gliascars," and some vascular proliferation gave the impression of a still active lingering process. The clinical history of the cases seemed to tally with the anatomical findings. The cerebro-spinal fluid of patients whose previous history

led to the tentative assumption of an encephalitic infection showed some permanent changes which appeared to confirm the clinical contention. An endeavour is being made at Oxford to correlate the anatomical findings with the symptomatology of the patients.

At the Birmingham Centre for Research, under Dr. Pickworth, in three cases the nasal sinuses have been investigated bacteriologically, and in one case the cerebro-spinal fluid. In the latter Pfeiffer's bacillus was found, and this was also present in two of the nasal sinus examinations—*Staphylococcus aureus*, streptococci and *Micrococcus catarrhalis* being also found in one case.

Three *post-mortem* examinations have been carried out apart from Rubery Hill—at Winson Green, Leicester, and Stafford. In the case at Winson Green pus was present in the sphenoidal sinus (confirmed by microscopic examination of the film); a swab taken from the sinus showed streptococci (hæmolytic), staphylococci and *Micrococcus catarrhalis*. Histological examination of the brain showed a large number of capillary hæmorrhages, especially in the basal ganglia. In the second, at Narborough, the sphenoidal sinuses contained a quantity of thin yellowish pus, also present in the left posterior ethmoidal cells. Some thin muco-pus was present in the antrum, and the left frontal sinus showed a thickened wet mucosa suggestive of old inflammatory change. The frontal sinus was sterile, the sphenoidal showed *B. xerosis* and *Staph. albus*, the ethmoidal swab showed streptococci (non-hæmoglobinitic) and *Staph. aureus*. The brain parenchyma was sterile, also anaerobically. In the third case at Stafford all the nasal sinuses were clear. The pituitary showed some abnormality, and there was a thin brownish fluid in the left middle ear (later shown to be sterile); there were adhesions of the arachnoid to the dura over this ear, which suggested old chronic infection. Swabs taken from the nasal sinuses were quite sterile, both aerobically and anaerobically. The brain parenchyma was sterile, also anaerobically.

Ten specimens of brain from various cases investigated for "virus" by intracerebral inoculation gave quite negative results.

Nineteen clinical cases and six less typical cases are under observation and examination in Birmingham at present.

#### Clinical Meetings.

The Scottish and Irish Divisions hold their Clinical Meetings in connection with their usual Divisional Meetings. An account of them is always published in the *Journal of Mental Science*.

No other Divisional Clinical meetings have been reported to the Committee.

The Committee again desire to point out that it was never intended that these meetings should be more than informal gatherings of small groups of assistant medical officers, together with such local practitioners as might attend at the invitation of the medical superintendent, who was to be host and (or his deputy) preside.

Attendance at such meetings is not limited to members of the Association. They are initiated by the divisional administration, and their proceedings reported in the *Journal of Mental Science*.

Invitations are sent to the medical staffs of convenient groups of mental hospitals through the medical superintendents, who are asked to give leave of absence to as many as possible of their medical officers for this purpose.

The educative and social value of these meetings has never been questioned, and the Committee once more draw the attention of medical superintendents in England and Wales to this fact, and ask their good offices in favour of a movement which is of great promise to psychiatry.

#### Acknowledgments.

The Committee wishes to thank Honorary and Corresponding Members who have continued to send the current psychiatric literature of their respective countries.

The Director of the National Committee for Mental Hygiene, U.S.A., has continued to supply the Committee monthly with current literature collected from all over America. The Committee much appreciates this co-operation.

In conclusion the Committee desires to express its thanks to all officers, special

advisers, and especially the Hon. Secretaries of the Sub-Committees, for their assistance in its labours, and for the generous support it has received from members generally.

J. R. LORD, *Chairman*.

B. H. SHAW, *Hon. Secretary*.

Dr. B. H. SHAW read the Report and moved its adoption. [Agreed.]

Dr. COLLINS drew attention to the fact that clinical meetings were not being held in England. A discussion followed, in which the PRESIDENT, Drs. McRAE, RUSSELL, SHAW BOLTON, HELEN BOYLE, TAYLOR, BOWER and GRANT took part.

#### 5. MOTIONS INVOLVING EXPENDITURE OF FUNDS.

Dr. SHAW submitted a report on the Regulations for the Award of a Special Prize and Medal for Research in Mental Diseases. The total amount of the award was limited to £250. The prize was not to be confined to members of the Association, but was to be open to all British subjects; the assessors for adjudicating on the research submitted were to be appointed by the Council on the advice of the Clinical Committee. The only other point was what were they to call this prize? He would suggest it be simply the Triennial Prize of the Royal Medico-Psychological Association for original research.

Dr. McRAE seconded.

Dr. GAVIN said that in his opinion the prize should be confined to members.

The PRESIDENT: That matter has already been decided by the Council and I am afraid it would be out of order to re-open the question. [Agreed.]

A motion put from the Chair seeking authority to increase liabilities and expenditure in respect of accommodation at the B.M.A. House was lost after a discussion in which members expressed the desire that alternative accommodation should be provided. It was agreed to refer this matter back to the Committee already dealing with this subject, to add the names of Dr. Good, Dr. Shaw Bolton and Dr. Collins to this Committee, and to appoint Dr. G. W. Smith Convener of the Committee.

With reference to a motion put from the Chair for authority to pay a permanent Assistant Secretary, the President said that the Council had appointed a small committee to go into various matters connected with the work of the Association. It was obvious that the work had increased enormously, and the Council suggested that there should be a sub-committee formed to go into this matter and report to the general meeting. This sub-committee, it was agreed, should consist of the President, Ex-President, President-Elect, General Secretary, Treasurer and Registrar. It was felt that some assistance was necessary to the General Secretary, and they now sought authority from the meeting to allow them the sum of £100 annually for this purpose. He would put that motion.

Dr. LEEPER seconded.

[Agreed.]

#### 6. DATES OF QUARTERLY MEETINGS OF THE ASSOCIATION AND OF THE COUNCIL.

A motion fixing the dates for the Quarterly General and Council Meetings as follows—Tuesday, November 24, 1931; Wednesday, February 24, 1932; Thursday, May 19, 1932—was then put.

Dr. CAMPBELL said that it was an advantage to fix the date for a Tuesday because the members coming from Scotland could take advantage of the week-end tickets.

The CHAIRMAN said that they were bound to pass these dates. The President, in consultation with the Secretary, could alter them, and it could be left to them.

#### 7. ELECTION OF HONORARY, CORRESPONDING AND ORDINARY MEMBERS.

##### *Honorary Members.*

JAMES CHAMBERS, M.A., M.D., late Treasurer of the Association; Medical Superintendent, The Priory, Roehampton. (Ord. Mem. since 1888; President, 1913-14.)

MICHAEL JAMES NOLAN, L.R.C.P.I., L.R.C.S.I., Consulting Visitor-in-Lunacy to the Lord Chief Justice of Northern Ireland and to the Chief Justice, Irish Free State; Medical Superintendent, Down County Mental Hospital, Downpatrick. (Ord. Mem. since 1888; President, 1924-25.)  
*Proposed by* Drs. T. Saxty Good, R. R. Leeper, Prof. G. M. Robertson, Drs. D. F. Rambaut, J. R. Lord and R. Worth.

*Corresponding Members.*

- Dr. CLARENCE MEREDITH HINCKS, General Director of the National Committee for Mental Hygiene, 450, Seventh Avenue, New York, U.S.A.
- Dr. ARTHUR H. RUGGLES, Medical Superintendent, Butler Hospital, Providence, R.I., U.S.A., Lecturer in Psychiatry, Yale University, New Haven; Chairman, Executive Committee of the National Committee for Mental Hygiene.
- Dr. GENIL-PERRIN, Chief Physician, Seine Department Mental Hospital; General Secretary, French League for Mental Hygiene; 99, Avenue de la Bourdonnas, Paris.
- Prof. A. J. JOUCHTCHENKO, Director, Ukrainian Government Institute of Clinical Psychiatry and Social Mental Hygiene, Kharkov, Ukraine, U.S.S.R. Konuchennaia 34.
- Dr. SAMUEL RAMIREZ MORENO, Director, Manicomio General, Mexico City.
- Dr. med. HANS ROEMER, Director, Institute for Mental Diseases, Illenau, Germany; Secretary, German Association for Mental Hygiene; Secretary, Health Welfare Committee, Baden.
- Dr. GUSTAVO RIEDEL, Director, Hospital-Psychopathic Colony of Engenbo de Dentro, Rio de Janeiro, Brazil; Hon. President, Brazilian League for Mental Hygiene; Vice-President, Brazilian Society of Psychiatry.  
*Proposed by* Drs. T. Saxty Good, R. R. Leeper, J. R. Lord and R. Worth.

*Ordinary Members.*

- HUNTER, CONSTANCE PRIMROSE HELENA, L.R.C.P.&S.Edin., D.P.H.Edin., Secretary, Scottish Association for Mental Welfare, 26, Palmerston Place, Edinburgh; St. Catherine's, Linlithgow.  
*Proposed by* Drs. Kate Fraser, Mary R. Knight and Wm. M. Buchanan.
- LORD, Mrs. RUBY THORNTON (*née* CARR), M.B., Ch.B.Edin., Horton House, Epsom, Surrey.  
*Proposed by* Drs. J. R. Lord, W. D. Nicol and G. F. Peters.
- MAGRATH, DONALD, M.B., Ch.B.Birm., M.R.C.S., L.R.C.P.Lond., D.P.H. Lond., Assistant Medical Officer, Caterham Mental Hospital, Caterham, Surrey.  
*Proposed by* Drs. Thomas Lindsay, K. Paddle and R. Worth.
- EARL, CHARLES JAMES CECIL, M.R.C.P.I., D.P.M., Assistant Medical Officer, Caterham Mental Hospital, Caterham, Surrey.  
*Proposed by* Drs. Thomas Lindsay, K. Paddle and R. Worth.
- SMITH, ROBERT SYDNEY STEELE, L.M.S.S.A., Assistant Medical Officer, Caterham Mental Hospital, Caterham, Surrey.  
*Proposed by* Drs. Thomas Lindsay, K. Paddle and R. Worth.
- MILMO, DERMOD HUBERT FRANCIS, M.B., B.Ch.Dubl., D.P.H., Assistant Medical Officer, Caterham Mental Hospital, Caterham, Surrey.  
*Proposed by* Drs. Thomas Lindsay, K. Paddle and R. Worth.

The PRESIDENT said he could not hope to have the fluency of Dr. Lord, who was to have spoken to the election of the Honorary Members. However, he thought that the Association, in offering to Drs. Chambers and Nolan the honorary membership, was only doing what it was right that it should do. Both had been Presidents of the Association, and one had also been Treasurer. He did not think any man could be more worthy to be made an honorary member than Dr. Chambers, and it was only a just reward of his services and a sign of the Association's appreciation of them. It was absolutely unnecessary to speak there about Dr. Nolan. They all knew his intense enthusiasm and the work he had done. As to his personal attributes, no words could give expression to the feeling of the members.

Drs. Collins and Masefield were appointed scrutineers. The candidates were declared unanimously elected.

This concluded the morning session.

#### AFTERNOON SESSION.

Dr. T. SAXTY GOOD in the Chair.

#### 9. VOTE OF THANKS TO THE OFFICERS AND COUNCIL.

The PRESIDENT said he now came to his swan song, which was a vote of thanks to the Officers and Council of the Association. He would very soon be giving up his peacock's plumage and become the jackdaw he really was, but meanwhile it was his pleasant privilege to thank the Officers of the Association—their Secretary, Treasurer, Registrar, Editors and other officers for their work. The amount of work, anxiety and trouble they had to face was very large indeed, and the President could not exist without their whole-hearted assistance. As regards the Council, he would personally like to thank them for the kind way they had treated him during his year of office. The Association was now in a position to make itself felt, and this was due to the people who did the work. He proposed a vote of thanks to Officers and Council for the way in which they had steered the ship during the last year, which had not been a particularly easy one, and he thought that the fewer words he used in doing so the better; the members would see the truth of what he really felt. He would now put the motion. [Agreed.]

#### 10. INDUCTION OF RICHARD ROBERT LEEPER, F.R.C.S.I., TO THE OFFICE OF PRESIDENT.

Dr. Good said his next duty was the induction of Dr. Richard Robert Leeper to the office of President.

Addressing Dr. Leeper, he said: "I now invest you with the badge of President of this great Association and I wish you on behalf of myself and the Association a very happy year of office and the best of luck."

Dr. R. R. LEEPER in the Chair.

#### 11. INVESTITURE OF THE EX-PRESIDENT WITH THE PAST-PRESIDENTIAL BADGE.

The new PRESIDENT (Dr. Leeper), having taken the Chair, said the kind words Dr. Saxty Good had spoken were badly wanted for a man who had, as President, to follow such a man as Dr. Saxty Good, and he appreciated them. To fill the position of President was a thing he had never dreamed of, but he hoped he would be able to carry through the work. There was a great deal of work, and from the ordinary member to the President there were no idlers in the Association. "I hope," said the President, "that when my term of office ends, Longfellow's line may apply to me—'And departing leave behind them footprints in the sands of time.' You, Dr. Good, have unquestionably left footprints in the sands of time, and it devolves on me to struggle to follow in those footsteps. I now have the great privilege of affixing to your breast the Past-Presidential Badge."

#### 12. PRESENTATIONS.

Prof. Burrige, representing India, and Dr. K. O. Newman, Austria, were then introduced to the President by Dr. Thompson.

Referring to Prof. Burrige's presence, the PRESIDENT said that Prof. Burrige had come all the way from Lucknow to be present at their meeting. Everyone knew his work, and he (the President) considered it a high honour that he had half crossed the world to be amongst them.

Dr. NEWMAN then conveyed the greetings of his country to the Association, and said the members would always be welcome to Vienna.



## 14. THE PRESIDENTIAL ADDRESS.

The President then read the Presidential Address, entitled "**Some Reflections on the Progress of Psychiatry**" (*vide* p. 683).

## 15. VOTE OF THANKS TO THE PRESIDENT.

Col. W. R. Dawson, in proposing a vote of thanks to the President for his address, said that they had listened in the past to a great number of Presidential addresses on different subjects, some of which dealt with special points in psychiatry, while others took wider ground. The President's address was of the latter type, and if discussion of an address of this kind were not forbidden, he thought they would have heard many opposing views, because there were numerous points on which many members would differ in an acute manner. One thing that characterized the address was the very commonsense way in which Dr. Leeper looked at the subject. They might not agree with all the points and each might have different views on them, but they would be sure his opinions had been formed after due consideration. In a general way one might say that a great many of the steps which were now being urged on their profession in the way of treatment were urged by men who took an extreme view, but he would submit that they were not to be blamed for thus taking an extreme view, if only in that way could they arrive at the end they sought. It was impossible for a man working on a particular line of treatment to be quite fair to men working on other lines, and not to go beyond what the facts warranted. It was for them, who had to apply these methods, to weigh one against the other, and to arrive at the happy mean.

It gave him particular pleasure to propose this vote of thanks because he had had the honour of being the last Dublin President of the Association. He felt he could wish Dr. Leeper no better than that he should meet with as loyal and kindly treatment, and that he should enjoy his year of office as much as it had been his (Col. Dawson's) happiness to do.

Dr. SHAW BOLTON seconded the vote, which was passed with acclamation.

The PRESIDENT, in reply, said he wished to return the heartiest thanks to Col. Dawson for the kind words he had spoken. Time went very fast, and it did not seem so long ago since he took over the Honorary Secretaryship in the year his friend Col. Dawson was in the Presidential Chair—the year 1911. He could only thank the members and Col. Dawson in the sincere hope that he would be worthy—and he would try to be worthy—of their good wishes during his term of responsibility and office in that great Association.

## RECEPTION AT ST. PATRICK'S HOSPITAL.

From 4 to 6 p.m. Dr. R. R. Leeper and the Governors of St. Patrick's Hospital gave a reception in honour of the visitors. The guests were received by Mrs. R. R. Leeper and Mrs. Hugh Kennedy.

An interesting feature was the presentation to the Hospital Governors by Miss Swift McNeill of some relics of Dean Swift, with whose name the institution is associated. These were a miniature containing a portrait of Swift, which was worn by Stella, and a replica of a silver coffee-pot which was presented about 1730 by the poet Gay to Swift to commemorate the success of the "Beggars' Opera," the original inspiration of which was provided by the Dean. Gay told Swift that he was about to write a pastoral opera, and the Dean replied, "Why not write a Newgate pastoral?" The result was the immortal "Beggars' Opera."

At the presentation Dr. LEEPER explained the conditions attached to the gift.

Mr. MACONCHY, on behalf of the Governors, thanked Miss Swift McNeill, who he said was the last living relative of Dean Swift. Her brother, the late Mr. Swift McNeill, they knew very well, and during the short time he had been a member of the Board he had endeared himself to his colleagues.

Miss SWIFT McNEILL briefly replied.

During the afternoon the guests took the opportunity of inspecting the large collection of Swift relics, of which the hospital is justly proud.

## THE ANNUAL DINNER.

The Annual Dinner was held in the Royal College of Surgeons, the President (Dr. Leeper) presiding.

Amongst the guests were their Excellencies the Governor-General of the Free State and Mrs. McNeill, the Chief Justice and Mrs. Hugh Kennedy, General Eoin O'Duffy and the Lord Mayor of Dublin (Senator Alfred Byrne).

The toast of "The King" having been honoured—

Dr. T. SEXTY GOOD, in proposing the toast of "THE GOVERNOR-GENERAL OF THE IRISH FREE STATE AND PROSPERITY TO IRELAND," said that he had so much trouble sometimes in proposing toasts that on this occasion he had been tempted to journey to the south of Ireland and kiss the Blarney Stone, by which means, he had heard, one was able to acquire the gift of eloquence. However, he had finally decided not to do so, and he felt that even if he did not speak well, members would at any rate believe that what he said he really meant. Ireland had not only been a great country, she had been the home of poetry, and her bards had spread everywhere. The Irishman had always been a poet, even during his restless roamings in every country on the face of the earth. If they went back into the past and thought of their great hero Cashulain, and read some of the myths about him, they would remember the chivalry with which he fought, and his sympathy with the foes whom he conquered. He was a poet and a musician—although the instrument he used was one with an unpronounceable name. It was his people to whom they were now wishing prosperity. They had seen how Ireland was looking after the mental welfare of its people; here was one way in which progress was being made. It was mental science that made the world go round. When he had said how much they appreciated the fact that this great race had invited them to their capital, as well as the presence of His Excellency the Governor-General, he thought that all would agree that he was saying what not only he, but all members, really meant.

The GOVERNOR-GENERAL, responding, said: "I thank you for your kindness to myself and for your Association's goodwill towards my country. That goodwill was shown before the toast of prosperity to Ireland was proposed. Even to the lay mind that was made obvious when our visitors decided to come over here and discuss with their Irish colleagues matters of wider importance than anything that is of purely local interest. We are gratified that Dr. Leeper has had the honour of being elected your President. I should like to add to the welcome given to our visitors by their Irish colleagues a national welcome. I hope that the meeting of your Association in Dublin will further its own progress, because, amongst other desirable consequences, that will be good for Ireland. I should like to think that all the members of the Association will find time to enjoy themselves, and that they will satisfy themselves that we regard their branch of the medical profession as well worthy of public appreciation and support. At the same time I further hope that you will find everywhere a purposeful anxiety to have *all* our affairs so ordered that we will have an unending succession of bad harvests of mental disease. But whatever you find, I hope that our visitors will enjoy their visit, and that you will all feel that both your discussions and your relaxations have been good for you and good for us."

Dr. McRAE, speaking to the toast "THE CITY OF DUBLIN," said that the President had made a mistake when he had said that he called on him to propose the toast. As a matter of fact he wrote him a letter saying, "I have put you down for the toast of 'The City of Dublin'; wire me at once 'Yes.'" Getting a command like that from the President of the Association, he could do nothing but wire "Yes." The responsibility rested entirely on the President. What did he (Dr. McRae) know about the City of Dublin? He recollected that he had read a good deal about Dublin, but what one read was apt to fade, and to be frank, his memory was quite gone. However he realized that there was no spot on earth where there was not somebody who used to belong to Dublin at some time or other. That was the one thing he really knew about Dublin. A charming lady was reputed to have resided in Dublin and she was reported to sell shell fish. Throughout the civilized world, when the boys were lonely and wanted a bit of song they sang about that sweet girl. He had heard that her ghost was still to be seen in the "streets broad and narrow," but though he had had an opportunity of looking for it he had failed to find the ghost. As a medical student one had to get up a lot of information, and in his young days they used not to bother about being able

to tell what exactly were the signs and symptoms of a disease. What one had to get up was the names of the fellows who found out about these diseases. They were given the name of a man and asked, "What disease is that?" He must say that it was a matter of astonishment to him on going into the College of Physicians and the College of Surgeons in Dublin to see name after name written up there that had been the bugbear of his existence in his student days. It was a satisfaction to him to know now that these men came from Dublin, and he thought that after all they, as an Association, knew a lot about Dublin in the matter of what Dublin sent out. In 1911 they had had Col. Dawson as President of the Association, and this year they had Dr. Leeper, and he must not leave out the largest man of the lot—their Registrar. And the name and fame of Conolly Norman, and his life's work in the cause of the mentally afflicted, was well known throughout the world, and were imperishable.

He wanted them to realize what Dublin was like. He did not know anything about stout, but Dublin, he understood, possessed the largest brewery in the world. When he wished to obtain any information about a city, being a canny Scot, he did not go and buy a guide-book; he picked one up in the hotel, where he was charged nothing. He would like to quote a piece out of it with the idea of suggesting that if Dublin had a past like that described in the guide-book it must surely have a great future. He then quoted: "Dear delightful Dublin"—I always heard it was "dirty," he said—"undoubtedly the second city in the Empire one hundred years ago, is gradually getting back to her old position faster perhaps than her citizens realize." He was sure that it was the wish of them all that that should soon be realized in the future. He had lived within five hours' journey of Dublin but never had the courage to visit it. However, one visit only produced the temptation to come back again. For the benefit of the members of the Association he would say that the Lord Mayor was the proper person to tell them about Dublin, and with that idea he suggested that the Lord Mayor should tell them how he was going to make Dublin like what it was one hundred years ago. The manner in which he treated them on the previous day, when he took them round to see the sights of interest, was an exhibition of good nature, energy and kindness. He realized that the Lord Mayor of Dublin was particularly interested in children, and in his civic capacity he had made a special point of being hospitable to children. From that trait in his character he thought Dublin ought to get back to what it was like one hundred years ago in a very short time. They, as an Association, wished him every success during his term of office.

The LORD MAYOR OF DUBLIN (Senator ALFRED BYRNE), responding, said he was privileged to be there to say to them once more, "Welcome to the City of Dublin." He hoped they would have a very pleasing time, and that the results of their conference would bring about many great benefits for those whom they looked after. Looking round that building and thinking of the toast now before them, he said that Dublin was very fortunate in having amongst its citizens many members of their great profession. In the city life of this State their profession played a prominent part, and its members had been honoured by the country in both houses of the Oireachtas. Right in front of him he saw one of the leading members of the Dail—Sir James Craig. The speaker who had just sat down said he knew very little about Dublin, but he thought Dublin had been very much in the lime-light within the past twelve months, and if this was so it was because Deputy Sir James Craig had seen that their hospitals were in difficulties, and, against great opposition, he had made up his mind that the hospitals should be taken out of their difficulties, and they had now gone a long way in that direction. Dublin was looking forward to the day to which the proposer of the toast had referred, when the City would be as prosperous and as well off as it was one hundred years ago. They had in this country at the moment a very young Government, and if the country got a chance at all, and if its progress was as rapid as it had been in the past ten years when these young men took over charge, they would have no fear for the future. To-day, as could be seen from the Stock Exchange reports, the Irish Free State National Loan stood at 108, and as a government security it was higher than any other in Europe. They might then look further and they would find from the civic bonds that Dublin City's credit was equal to that of any of the great cities of Europe; and the same applied to the Dublin Harbour Board. He merely mentioned these facts to show that there was a hope for this country, and from this display of confidence in the country, not alone by the Irish

people, but by people of other countries, he felt—and he did not say it in any boastful spirit—rather proud of his native city. He felt proud to be associated even in a small way with the young men who were in charge of the affairs of the country, and he thought they would agree that he was justified in that pride.

He would not detain them much longer, but would conclude by saying that he was very happy that they had honoured one of Dublin's most worthy citizens by making him their President. He hoped they would all come back to Dublin. On the previous day he was informed at the reception that there were a number of delegates who, living within three or four hours' journey of Dublin, had never visited Ireland before, but he was hopeful that they would all come back, because the exchange of views cemented old friendships and made new friends for both their countries. Whilst he had mentioned some good points in favour of his own city, he did not want them to go away with the idea that everything was perfect. They, in Dublin, had the same troubles as existed on the other side. They had their share of unemployment, and they also had the greatest evil of the lot—the tenement slum problem. There was no need to mention what it meant to a city like Dublin to have a slum problem. The members of the Association knew exactly what it meant to the occupiers of these houses where fifteen families lived in one house originally built for one family. It was bound to have a bad effect, and it was bound to require attention from men who specialized, as the members of the Association specialized. Once more he hoped that their conference would result in many new benefits for those for whom they cared, and once more he bid them welcome to Dublin and hoped to see them in Dublin again.

Prof. SHAW BOLTON, proposing the toast of "THE IRISH MEDICAL SCHOOLS," said he would like to say how much he appreciated their Irish impromptu speakers. They had a custom in England whereby they prepared their speeches days beforehand or had them prepared by someone else. The result was that the audience was sent to sleep or, more often, to drink. He well remembered the speech of a friend of his who was proposing a similar toast, and having made use of an out-of-date calendar referred to the names of members long dead or retired. He (Dr. Shaw Bolton) did not intend to fall into that error, but he wished he had had an opportunity of inspecting the Dublin Medical Schools and both the Universities before speaking there. From the important pamphlet written by Dr. Percy Kirkpatrick, of which he had read every word, it was really remarkable to notice how the treatment of the insane in Ireland followed on exactly similar lines to those in England. During the first half of the nineteenth century the treatment of the insane in Ireland was barbarous, and so was theirs in England. He remembered reading in one of the old books of the committee of Wakefield Asylum a minute recommending the expenditure of £12 10s. for the swinging chair. He only came across a few cases of its use, for it appeared that the threat was more efficacious than the actual treatment. In the second half of the nineteenth century they in Ireland progressed remarkably. They began to look upon lunatics as persons who needed care. During the present century a very important change had taken place. An attempt had been made to turn the asylums into hospitals, and they in England were endeavouring to obtain suitable recognition of medical superintendents of mental hospitals. In this respect in Ireland they would appear to have progressed much more rapidly than had been done in England. It was most gratifying to see the President of their Association sitting between the President of the Royal College of Surgeons and the President of the Royal College of Physicians, and he did not think he could pay a higher compliment to the medical schools of Ireland than by pointing out that they in Ireland had grasped the importance of the co-operation of the different branches of medicine better than had been the case in England.

Dr. GILLMAN MOORHEAD, President of the Royal College of Physicians, responding, said he felt highly honoured at being present, and very much privileged in having his name associated with that of his colleague in the toast that had just been proposed. He would like, in the first place, on behalf of the Fellows of the Royal College of Physicians, to give to the members of the Association their greeting, and to say how pleased the Fellows were that the Association was making use of their halls. With the Lord Mayor he hoped sincerely that they would return to Dublin. The College of Physicians had never been lacking in Fellows who paid special attention to diseases of the mind. In 1884 Sir Francis Cruise was particularly struck by the psychological work then being done in France. He journeyed there, and on his return he began to put into practice their methods of psychological

treatment. He wrote several pamphlets, and gave a powerful filip to the study of psychology. Dr. Conolly Norman, a past-president of the Association, was one of the Fellows of the College. He would not attempt to assess the value of his work in psychology, but he felt very proud when he heard Dr. Kappers say that one of the streets of a town in Holland had been called after him. They had another Fellow in Dr. Dawson, whom he felt he could claim as a friend of his student days. He was Secretary of the Biological Society when Dr. Dawson was president, and he well remembered the address he gave on a psychological subject. Since then they had followed his career with great interest especially now that he had gone to the other side. In other ways they had always shown interest in psychiatry. In 1926 they included, amongst the subjects entitling candidates to the Fellowship, that of nervous and mental diseases. Continuing, Dr. Moorhead said that in addition to the Royal College of Physicians he represented Trinity College, and there in the last five years they had established a diploma in psychological medicine, and there were a large number of candidates in this subject. Furthermore, they had in the undergraduate curriculum a course and examination in mental diseases. Some people said that it was well they in that country had such training, for—to quote Swift—“no nation needed it so much,” but as they exported so many of their doctors, it was pleasing to know that that education would be of value to them in England too. He would like to mention a mental disorder very prevalent in this country, and, indeed, throughout the civilized world during the past twelve months. It was characterized by restlessness and excitement, which reached its culmination on certain dates. This was generally followed by a period of melancholia. Amidst laughter, Dr. Moorhead said he referred to the sweepstakes, and added that every purchaser seemed convinced he was going to win, and on the fatal day when he found he had not, he was filled with suspicion that the draw had been unfair. He did not wish to say any more about the sweepstake, but the plan seemed to be to take the cash and let the credit go, and he did say that a curious psychological change had come over the people. Some years ago there were sweepstakes for prizes of small value, and he remembered a domestic lady near him won a prize of £1,000. He understood she had so many proposals of marriage subsequently that she had to be admitted to an asylum for treatment.

Dr. CRAWLEY, Vice-President of the Royal College of Surgeons, who also responded, said that when he looked at his menu card he was plunged into the depths of gloom, for he saw he had to respond to the toast. He was only there because the President of the College, being in grievous straits, had asked him to go.

There was one thing he knew about their education, and that was that the word “psychology” was rather a stumbling-block. Their education in the College of Surgeons was more or less practical as opposed to the scientific. This was illustrated by the story told by one of their students attending a man who was grievously ill, and who had a wife who was rather apt to talk too much. When the boy came in he said he was giving the man a sleeping-draught. “Oh,” said the woman, “when shall I give it him?” “Take it yourself,” said the boy, “and give the man a rest.” He thought the Dublin medical education was more of that type than of the purely scientific type, and long might it continue to be so. They required the scientist, who was a great help to them, but they also wanted men who would come out and treat a patient, not as a case, but as an individual, and he did think that Trinity, National, Physicians and Surgeons had set up that high idea of medical practice, and he thought that was why their men succeeded so well in other countries.

He wished to thank the members of the Association for the kind way in which they had honoured the toast.

Dr. SERGEANT, in proposing the toast of “THE GUESTS,” said that after-dinner speeches were divided into three parts. In the first part one explained and apologized for speaking at all, in the second one attempted to be flippant and gain the sympathy of the audience, and in the third one got over as quickly as possible what one had to say of importance and sat down. He could claim to be the only genuine impromptu speaker, and there was evidence of that in the menu card. Unfortunately Dr. Shaw was not able to speak and someone else had to be brought in. It was obvious that it would be difficult to approach any other distinguished man because he might feel piqued at not having been asked before. It was necessary to find somebody who was at once obscure and good-natured, and the choice obviously fell on himself. He (Dr. Sergeant) would quickly get to the real business



of the toast. Other speakers had talked about the city of Dublin, but after all the people were the really important thing. As mere Englishmen what they observed about Irishmen and women was their sincere and intense love for Ireland, and this explained any slight disorder that might appear from time to time. For if they saw a young man in love they were not surprised if he was subject to some disorder.

They would carry away from Ireland many pleasing memories, not the least of which would be that their hosts had consented to honour them by becoming the guests of their Association.

The CHIEF JUSTICE (Mr. HUGH KENNEDY), responding, said that he was greatly relieved because he knew that at this late hour his fellow guests would regard it as unkind to their hosts if he were tedious in returning thanks. He was very glad for another reason—because it did seem to him a rather frightening experience for them, as lay people, to be amongst so many distinguished alienists, and particularly to be, as it were, specimens on exhibition before a gathering of medico-psychological diagnosticians. For one never knew what they might find out. Not only they themselves, but even some of their patients were very acute in observation, if one was to rely on the following story told by Dr. Leeper. Dr. Leeper told of a predecessor of his (the Chief Justice's) of a very imposing presence, resounding voice and dignified bearing, who went on one of his surprise visits to St. Patrick's Hospital to see one of the Chancery patients. The patient, a lady, was produced, and when she saw the Lord Chancellor she said, "Who is that old lad?" Dr. Leeper said, "That is the Lord Chancellor, who is specially interested in you." "Oh, indeed," she replied, "and how much does he get?" Dr. Leeper said he got £6,000 a year. "Well," she said, "just look at his trousers; there is a fringe round them." (Laughter.)

Continuing, the Chief Justice said he thanked them all in the first place for visiting the ancient city of Dublin. They would have discovered by now that it was a city with ancient institutions and respectable traditions. They would also have discovered that one of its oldest and most respected institutions was St. Patrick's Hospital. He thought he might mention that St. Patrick's Hospital, which had been conducted on such wonderful lines since Dr. Leeper came into charge, was one of the few hospitals which had no connection with the "Sweep," and supported itself. It was as well to mention that, because they might otherwise suppose from the proceedings there that night that Dr. Leeper had been reaping a great harvest from the sweepstake which Sir James Craig had introduced. One of the men of whom they in Ireland were most proud was Dr. Leeper. It had been his (the Chief Justice's) privilege to come into contact with him in connection with Chancery cases, and Dr. Leeper had been a great help and support to him in many cases. Dr. Leeper was the first man to whom he turned in the difficulties of administration, and he thought it would not be right if he were to resume his seat without offering to him some little tribute for the enormous amount of help he had given him (the Chief Justice) in his work. He knew he spoke for the distinguished company there present as guests when he offered thanks to the Association—thanks for coming amongst them, and thanks for having entertained them so sumptuously that night, and he assured them that they had enjoyed themselves enormously, and that they would be delighted if the members of the Association would accept the Lord Mayor's invitation to come back in the near future.

Sir JOHN LUMSDEN, K.B.E., speaking to the toast of "THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION," said that he considered it a very great privilege to be permitted to propose the toast which he thought most of them would agree was the most important of the evening. It was, he understood, twenty years since the Association met in Dublin under the Presidency of Col. Dawson, and he joined with Prof. Moorhead in saying how pleased they were to see Col. Dawson and the members of the Association amongst them once again. They regarded it as a very great compliment that the Association had decided to hold its conference in this city, and it was a very great satisfaction to them that the President of the Association was Dr. Richard Robert Leeper. Dr. Leeper was held in high regard and affection in Ireland by all his medical *confrères*, and as a consultant in his own particular line he was thought of very highly, and the fact that they had appointed him to the chair of their Association proved that their confidence in Dr. Leeper had not been misplaced. Dr. Leeper was a cheery optimist, always helpful, and when one departed from him one generally carried away a story that was well worth repeating.



Men of his type were far too rare in these times, when there were so many pessimists. Dr. Leeper presided over a comparatively small institution, but one with the advantage of great historical associations. Dr. Jonathan Swift, one of their greatest historical personalities, as no doubt they knew, bequeathed all his money to found the hospital, and he wrote :

“ He left what little wealth he had  
To build a home for fools and mad,  
Showing by one satiric touch  
No nation needed it so much.”

There were to-day in Ireland as many insane persons as there were one hundred years ago, but the advance made in their treatment was truly remarkable, and this was due to the research of members of the Association, and had been assisted by the conferences which they had been holding for the last ninety years.

They in Ireland were very proud to see the members in their city and hoped that they would come back again.

The PRESIDENT of the Association (Dr. LEEPER), responding, said he had no words to thank them for the way in which they had pledged the toast. He had hoped the speakers would confine themselves to the work of the Association instead of indulging in praise of the very unworthy man who happened to be President. The many fine words used by the Chief Justice left him powerless to express to them the gratitude he felt to the Association as a whole for their action in placing him in the Presidency. Those who spent their lives in mental hospitals had been described as people who spent their lives amidst phantasies, melancholias, furies and fatuities, and caricatures of mankind. That was fairly true, and if they had not got something in their characters to carry them through they were in a very parlous state indeed. A little story sometimes helped to smooth the way. He hoped they had all had a very comfortable dinner, and in this connection he remembered a story of a dinner in Dublin some years ago where a very distinguished man said he wished to propose a toast. He was asked what toast he wished to propose. “ Well,” he said, “ the toast is ‘ Our absent friends.’ ” “ Oh well,” they said, “ there is no harm in that—you can propose it.” So he got up and said, “ I wish to propose a toast to our absent friends, and particularly to our absent friend the wine waiter.” (Laughter.) He (Dr. Leeper) hoped that the wine waiter had not been an absent friend to anyone that night.

He wished to thank them all from the bottom of his heart both on his own behalf and on behalf of his wife for the wonderful kindness that had been shown to him on the commencement of his year of office. He had only commenced his year of office that afternoon when the chain of office was fastened upon him, but he thought that as long as he carried on in the footsteps of Dr. Dawson, Dr. Nolan and Dr. Saxty Good he would be doing well. He remembered the last time the Association met under the presidency of Dr. Nolan ; and those that had the privilege of attending that meeting knew how much he had done for the Association. He (Dr. Leeper) felt personally that it would be wrong if he did not refer to these predecessors of his—Dr. Good, Dr. Nolan and Dr. Dawson—who were there that night. It was due to these men and others that this great Association had the training of four thousand mental nurses, that it carried on scientific work, and that it was able to bring together their young and keen junior psychiatrists. They had in Ireland a band of young men fired with enthusiasm for research and the study of psychiatry, and it might be that some day they might produce a Pasteur or a Lister in their specialty.

The President added that he had omitted to mention that they had a General Nursing Council in the Irish Free State which recognized the training and the examinations of the Association. The Association were the pioneers in this work, and but for it there would not be a single trained mental nurse in the British Isles to-day, nor in South Africa, New South Wales or the Malay States. The Free State Government had been sensible enough to register their nurses upon the register of the General Nursing Council—a concession which had not been obtained in either England or Scotland. “ But thank God,” concluded the President, “ we have sane minds in the Irish Free State.”

MORNING SESSION.—THURSDAY, JULY 9.

16. PAPER.—“**Insanity in its Relation to the Parturient State,**” by Dr. BETHEL SOLOMONS, Master of the Rotunda Hospital, Dublin (*vide p. 701.*)

The PRESIDENT said that when he asked Dr. Solomons for a paper he knew he was going to get something well worth the hearing, and he thought they would all agree that though Dr. Solomons had said he has not going to read a long paper, what it lacked in quantity it made up for in quality.

Dr. SEXTY GOOD said that he congratulated the writer of the paper on the way he had put the subject. The question bristled with difficulties, but he thought that they might say they had never heard it put more clearly or fairly. He (Dr. Good) had to apologize because he was a little bit out of touch with certain ideas, but when Dr. Solomons referred to puberty and the instruction of the family in the natural processes, and traced the causation of some cases of insanity to ignorance and superstition at that period, he (Dr. Good) thoroughly agreed. Secondly, Dr. Solomons had referred to marriage. Some of them knew that he (Dr. Good) for many years had had out-patient clinics at Oxford, and there they got cases coming in at all stages of psychosis. One was astonished at the ignorance shown of the natural function of creation. He thought he would best illustrate that by a case he was called to in the Radcliffe Infirmary. The woman in this case had a temperature of 101° F., which went down to 99° the next morning. She was in a state of intense confusion, with excitement. She was talking of nothing but “blood, blood,” and “burst, burst.” He was able to get that woman into a somewhat quieter state by means of sedatives, and he then attempted to dig down into her mind for the origin of the trouble. There was nothing definite in her family history, but her mother, she said, had been nervous and was frightened of certain things. This was confirmed later because, living in a small area with a small population, it was easy to trace her history. It was found she had been a rather hysterical woman. As a child she often heard of the dangers of giving birth, and she had once heard somebody screaming. She was a youngest daughter and had been very much spoiled. She had married without knowing anything about the functions of marriage, and she went on until about a week before her labour without seeking any advice. At this time she felt pains in her limbs and her temperature rose. The doctor who was called in diagnosed influenza, though this was not subsequently reported at the clinic. An injudicious woman told her, “You are sure to lose blood and you will burst.” From that moment the woman became very agitated, and passed into such a state that she was incapable of thinking in terms of time, place or persons. She was then admitted to the hospital. She was now home, and, as far as he knew, quite well. What struck him about these cases they called puerperal insanity was that confusion was always present. This was borne out by the paper, and the statistics showed that in the maternity hospitals the percentage was small. It was a good deal larger in the mental hospitals. Confusional states were among the most recoverable, and where one could exclude conditions like epilepsy, general paralysis, etc., cases did recover and remain well. What recovery really was he did not think any of them could at present say, because it really should mean that the patient should never show any further sign of insanity in this life.

Some of them would remember the lecture given last year by Prof. Gunn, at Oxford, on the use of sedatives. The professor pointed out that hyoscine acted directly on the lower nerve centres. And he told them something else which was extraordinarily interesting, and that was that he had carried out a large number of experiments, and he found that there was no other drug as far as he was aware that had the same action in that it made the patient feel better. In encephalitis he had noticed that where the attack had started with symptoms of lethargy, and later showed hyperkinetic symptoms, hyoscine did not seem to have as much effect in causing sleep and quiescence of the movements as it did in those cases which were hyperkinetic from the start. In the former type of case, bromide seemed to have a better effect than hyoscine. This might be due to the fact that hyoscine acted more on the lower and motor centres, whereas bromide acted on the cortical control centres. The reason he mentioned this was because Dr.

Solomons had referred to a case of encephalitis where there was about five years between the attacks. The patient had several births and suffered no ill-effects. She then had an attack of acute confusion. Subsequently she completely recovered. That was an extraordinarily interesting fact, because they did not know in these cases of encephalitis whether the toxicity lay latent for some period and required something to bring it out, or whether the patient recovered and could have a second attack.

It seemed to him that in speaking of puerperal insanity the term "puerperal" should be rather used to indicate the time of the attack only, because apparently the puerperium had very little to do with its causation. He thought the sooner medical men made it known to the public that having children and the ordinary functions of nature were natural processes and not any more dangerous than any other things in their existence, the better, because then they might help people to be more calm. The mental condition of a patient was immensely important, and they did know that if you had mental stress you had biochemical changes in the organism. He was very keen on looking at insanity as an illness that had many factors which had to be considered. One of the great factors was what the patient thought of his condition. Every individual had different ideas, and therefore would have different emotions about the same fact, and it was only by the work of people like the writer of the paper that they had any hope of solving those problems. In conclusion he wished to say that one of the things that struck him in the city of Dublin—which he hoped they would in time have in England—was the close relationship between the different branches of the medical profession. This was not universal, but to come to this city and see the medical men working so closely together was one of the greatest things to cheer them on their difficult path, for they had only got to the stage of knowing how little they really knew.

Dr. McRAE said that Dr. Solomons' paper, coming from a gynæcologist, was an extraordinarily fine and lucid description of the subject, succinct and intensely interesting. However, Dr. Solomons had said nothing on the bacteriological side of the question. Many years ago he (Dr. McRae) had a case of puerperal insanity. The woman was extremely confused and appeared to be going to die. They tested her bacteriologically and they could not find any pus. Nevertheless he decided to curette the uterus. The woman was discharged recovered after three months. After that every similar case was curetted, as he was convinced at the time that there was a local irritation that produced these states. He continued this practice for years, until he heard Prof. G. B. Watson say that curetting was criminal, and he thought that it was time for an ordinary asylum doctor to stop what was being termed criminal practice. However, he continued in cases where the woman was not getting better, and he thought that in these cases the womb ought to be scraped, and that one was perfectly justified in the assumption that there was something there. Of course they were dealing with a form of insanity that was recoverable, and perhaps the woman would have got better in any case, or, as had been said, "in spite of medical interference." He thought there was far too much said about the influence of heredity. After all, no one in that room was safe, for if you went back twenty generations who could say that there had been no "insanity among their (million) direct ancestors"? They had cases of families where the father or mother, and sometimes both, had been insane without having insanity in their children. Indeed marriages had taken place between a man and woman after they left an asylum. They had produced children and grandchildren, and no child or grandchild of theirs had been admitted to the asylum suffering from insanity. In order to take statistics one would have to live two thousand years, and if one could live long enough one would probably find that in the case of the insane parents Nature re-asserted herself and restored sanity in the progeny. With regard to the suggestion that a person who had been insane must never have children, he had never advised that, because he found that it was not of much use to do so. What could be done in the case of the woman who came in with puerperal mania, having had many children? He had had two such cases, where one woman had had nine children and the other ten, and in neither case were any of the children insane. Should the public be worried about the dangers of heredity? For they must remember that in such cases, when these children were grown up they would be living in terror, as they would feel that it was only a question of time until they would be admitted into the asylum. It was a mistake

to be dogmatic, and the very fact that one was afraid of going off one's head was enough to put one off one's head. He thought he had said enough to suggest that when they were going to talk about insanity and the influence of heredity, it would be more scientific to be frank and say they did not know.

Dr. COLLINS said that he was sorry to hear Dr. Solomons say that it was impossible to nurse these cases in a maternity hospital. It might be impossible now, but it ought not to remain so. It seemed to him that it ought to be possible for the patients to be looked after, and not turned out of the maternity hospital. Where there were symptoms of insanity, surely curetting ought to be done by the people who were experienced in that work rather than by people who were experienced in mental diseases. With regard to heredity, he did think that many people were made insane and kept insane by insistence on that point. He (Dr. Collins) had two people in his hospital whose fathers died there and both of them said they were going to die there, and they came in with that view impressed upon them probably in early life. He (Dr. Collins) had seen a number of children born in mental hospitals, and only knew of two of these who afterwards became insane, and surely if there was much in hereditary influence, they ought to see very many more people born in mental hospitals ultimately break down. If you went into the history of these people you found that they were suffering from some definite psychosis, and the fact that the onset was noticed at the time of childbirth was a pure accident, and the puerperium had nothing to do with it. It was a time when a person was restrained from her ordinary activities, and therefore the symptoms were more readily noticed. He thought they could lay far too much stress on puerperal insanity. Referring to prevention, Dr. Collins asked what had the puerperal period to do with insanity? From what Dr. Solomons had said, toxæmia, sepsis and chorea were the only things he could mention that had any direct influence. These were matters for preventive medicine, for instruction during the period of pregnancy.

Dr. GILMOUR asked Dr. Solomons whether he had any knowledge of cases where the involution of the enlarged uterus in itself caused mental symptoms, without there being any sepsis or toxæmia. He had reason to think that they had cases in which that was the only factor.

Dr. HELEN BOYLE said she would like to raise the question of the influence of lactation in cases of puerperal insanity. Amongst the many cases she had seen she had tried in vain to find any case of insanity after birth, in which the baby had been steadily nursed at the breast. She had heard very frequently of nervous symptoms arising at the time lactation ceased. The value of lactation as an excretory function was often overlooked, and she thought it enabled the products of involution to be efficiently excreted. She suggested that inefficient excretion of these products was one of the chief causes of instability after childbirth.

Dr. F. R. P. TAYLOR said his only excuse for speaking was that he had worked at Queen Charlotte's Hospital, and he was interested to hear Dr. Solomons' figures as to insanity. During his time they had had nearly one thousand births and not one single case of insanity. It might be accounted for by the fact that all the patients received ante-natal care and treatment.

Dr. O'CONNOR DONELAN described cases at Grangegorman Mental Hospital, Dublin. He divided the cases occurring during pregnancy into three groups: those occurring in early pregnancy—in those cases he thought a good deal was due to the anxiety of a patient having an abnormal fear of parturition; those occurring in the middle months of pregnancy—in those cases as pregnancy went on the insanity generally passed away; and those occurring late—these cases were much less satisfactory than those in the early stages. He was inclined to think that these were cases in which the patient might have become insane in any case, and it was merely a coincidence that it occurred under those conditions. The case might be accelerated by pregnancy, or that might be the determining factor. The point was rather puzzling, for in a good many cases there was a good delivery and everything seemed to be going on admirably, and the nurse would say, "She is getting on very well; she is looking very bright and well," and that "looking bright and well" was the onset of insanity. There was practically no rise of temperature, and this was very puzzling if the mental symptoms were assumed to be due to sepsis at the time of birth.

In cases where the blood-pressure was very low they found that filling the patient up with food seemed to have a very good effect. When drugs appeared to be

utterly ineffective one big feed made the patient quiet and she slept for hours.

Prof. BURRIDGE said he thought he could give them some explanation of the confusional state. The first thing one ought to get hold of was that in the mind one had a supply of energy which had its limit. This energy was derived from two sources, and the more you had of one the less you had of the other.

Every image one received had its after-image, but it lasted only so long that there was no confusion. If that room were strongly illuminated they would get exactly the same image as they got at present, but because the image was strong they would get an after-image which would be confusing. Or again if he looked at the sun he got exactly the same image at noonday as when he looked at it through dark glasses, but the intensity was so different that in the first case he got an after-image which was confusing. The confusional state was similar to that of someone who took a glance at the sun and then at the audience. That man's view of the audience would be wholly confusional. If a man took alcohol all the data he received were enhanced. His view of life was confused by the after-images of everything he had seen. Toxins did exactly the same, for they increased one supply of energy and decreased the other.

Dr. SERGEANT said that the elements of stress and strain predisposed to mental breakdown, and in pregnancy and parturition there was special stress and strain; they wanted to know whether this stress and strain had any special significance over and above other ordinary stresses and strains. If pregnancy was a special strain were they not justified in fearing it? And if there was a tendency for parturition to cause mental disorder, was it practical to take such steps as would prevent further pregnancies? It seemed to him that it was irrational to say that a history of insanity should contra-indicate the giving birth to children. Insanity was an extraordinarily wide term and one could not say "Yes" or "No."

Dr. WILKINS said they ought to distinguish between the cases due to sepsis and those due to psycho-pathological causes. This could be done in actual practice, for they knew that sepsis went with a rise of temperature and confusion, and they also knew that there were other cases exactly similar to mania not associated with the parturient state. They knew that in these cases the condition recurred with subsequent pregnancies, and was probably entirely psycho-pathological. If they considered the case of a woman who had an attack and the question of whether she should have more children, then it depended on whether it was a psycho-pathological case or one due to sepsis. If it was sepsis it could be allowed, but if it was a psycho-pathological case it should be forbidden.

Dr. GRANT agreed that it would be of the greatest importance if they could differentiate between cases due to physiological conditions and those due to psychological conditions. Unfortunately, when they could not find a definite cause for anything there was a tendency to attribute it to some psychological cause. He thought the crux of the matter was, Could they differentiate between causes that were physiological and those that were not? It seemed to him that the first thing to do was to look for the physiological basis, and even if they could not find it he questioned whether they were justified in saying that no physiological basis existed.

Dr. SOLOMONS, replying, said he was rather flattered by the discussion which the paper had evoked. He had come there to learn and he would go away having learnt a great deal. Dr. Good had drawn attention to some of the points raised in the paper. With regard to the ignorance of the natural functions, he found that this was often most striking. He had got patients coming to him very nearly on the verge of insanity. They had been married for years without proper coitus, and a small operation would have got over the trouble. The more the people were taught, the fewer would be in mental hospitals. With regard to the shirking of their duty by mothers who did not teach their daughters about the natural function of menstruation, he considered there ought to be a school for mothers. Psychological treatment was most valuable in the pre-natal period. Pre-natal treatment had now assumed very large proportions, and they tried to get as many as they could to come for treatment. It might interest them to know that in this religious country people refused to come for "ante-natal" treatment because they thought the word "ante" was spelt with an "i." However, they were now doing their utmost to get the people to come. Someone had said that all their troubles could be avoided by pre-natal treatment. That was absolutely impossible. One case, for instance, suddenly, for no apparent reason, developed albuminuric toxæmia.



All they could do was to try and prevent these things, though some occur in spite of them. He was very interested to hear that hyoscine was thought well of by them. He had done a lot of work with hyoscine, and while he had found it sometimes controlled the patient, it sometimes did the opposite. On some occasions they had been able to detect the presence of hyoscine in the urine of a newborn baby. It did, however, make the patient feel better.

Referring to the question of curetting for puerperal sepsis, he said that when he was assistant at the Rotunda they used to curette, and he came to the conclusion that it was a bad thing. He knew that the cases Dr. McRae referred to were old cases, and he did think that it should come from that meeting that there were old cases in which curetting was allowable. Once a fortnight was passed curettagé might be done.

One very important point had been brought home to him: evidently people who had suffered from puerperal insanity might be allowed to continue having children, and he should certainly have to modify his teaching in the future.

He agreed with Dr. Collins that it should be made possible to nurse insane women in the maternity hospitals, but it was terribly difficult. First of all they had not got the staff to look after them. Secondly, he did not think that the maternity nurses had the knowledge that mental nurses required. He tried to keep these patients as long as possible, but it came to the stage where they had not got the staff to look after them; he honestly did not see how it could be done. Dr. Collins had also referred to the question of the possible prevention of sepsis, toxæmia and chorea. In the pre-natal period they tried their hardest and they did get quite good results.

With regard to the enlarged uterus, Dr. Boyle had hit the nail on the head when she attributed it to the absence of lactation.

He wished to thank Dr. Donelan for the information he had given him.

Dr. Sergeant had put the question whether pregnancy was a matter of ordinary stress and strain or of special stress and strain. Here he did believe that pre-natal management could make it a physiological process of ordinary stress and strain. If a woman were properly instructed and had no gross disease, then he would say that she would be in a condition of ordinary stress and strain, and therefore it was surely up to them to make it in every case a condition of ordinary and not extraordinary stress and strain.

He agreed with the speakers who had found how difficult it was to say whether some cases were of physical or of mental origin. It was easy to say in most of them whether they were physical or mental, but cases very often did arise in which it was difficult to know.

In conclusion Dr. Solomons said he would like to thank Dr. Leeper and the members for the way they had listened to and discussed the paper, and once more to agree with those speakers who had stressed the necessity for co-operation between the different branches of the medical profession—particularly between psychiatrists and obstetricians.

The PRESIDENT, in thanking Dr. Solomons, said that there was not one man there who did not feel that the Association owed a debt of gratitude to Dr. Solomons for coming there and reading his paper.

This concluded the morning session.

#### LUNCHEON AND ENTERTAINMENTS.

In the afternoon members and guests were entertained to lunch by Messrs. Arthur Guinness & Co.

The gentlemen were then invited by some members of the Strollers' Club to dinner at the Royal College of Physicians, while the lady members and guests were invited by Mrs. Leeper to a performance at the Abbey Theatre.

#### MORNING SESSION.—FRIDAY, JULY 10.

18. PAPER.—“**The Mechanism of Personality**,” by Prof. WILLIAM BURRIDGE, Professor of Physiology, University of Lucknow (*vide* p. 708).

Introducing Prof. Burridge, the PRESIDENT said, speaking under correction of older presidents, he thought that it was a unique experience for the Association that



a man should cross the world to read a paper at the Annual Meeting. Prof. Burridge had come all the way from Lucknow, and he (Dr. Leeper) thought the meeting should give three times thrice thanks for the kindness he had done them. They had all heard of the extraordinarily interesting communications he had made to the Journal. He had approached personality in an entirely new way, and he (Dr. Leeper) was sure they would all go away from hearing the paper very much more learned than they came.

Prof. BURRIDGE then read the paper.

Dr. DRURY said that the paper deserved the appreciation of them all. When they got theories put down in black and white and a table where they could work them out it made it much easier. Personally he thought the diagrams they had been shown would be appreciated by ordinary people, and would facilitate their understanding of abnormal mental processes. He had always felt that everybody must have some capacity, and they could now readily appreciate that that capacity could vary within different people and that people could vary within their own capacity.

Dr. SHAW BOLTON said he heartily agreed with the last speaker that the exposition so ably given by Prof. Burridge would enormously help people seeking the light in such obscurity as they were in. He was impressed by the enormous amount of labour and extreme originality of the paper, and the almost convincing theories Prof. Burridge had formed. They would all agree that Prof. Burridge had rendered them a great service, and they were highly complimented by his reading this paper to them.

Col. DAWSON said one of the most striking things about this very interesting but difficult lecture was the enormous amount of ground it covered. He fully appreciated that this was going to be a most important theory, which, if established and accepted, would greatly simplify the difficult range of subjects it dealt with and bring them on all fours with physiological theory. That would be a great advance in itself. The difficulty of all who endeavoured to get a grasp of the psychological theories of the different men who studied the subject was the enormous variety, not only in the items they discussed, but in their terminology. It seemed that a great deal of the difficulty would disappear if they could only co-ordinate the observations which had been made on different lines of theory.

He wished to join in the remarks of the other speakers as to their obligation to Prof. Burridge for coming there and giving them, with the advantage of the human element, this paper, which they hoped to study at greater length in cold print.

Dr. MACDONALD said that the thing he appreciated most of all about the lecture was that it was an earnest endeavour to co-ordinate psychological facts with biology and physiology. During the past years there had been too many theories that did not appeal to the biologist. Many of these theories left the biologist dissatisfied, and the lecture was an endeavour to make psychology cerebral physiology. That was the most important thing about it.

Dr. MILLS said he was unable to understand how the mechanistic and biological theory was consistent with manic-depressive insanity.

Prof. BURRIDGE said that in depression everything had gone down and the man did not consider there was any value in anything. He then explained by means of the diagrams various points raised by members.

The PRESIDENT conveyed the heartfelt thanks of the members of the Association to Prof. Burridge.

This concluded the morning session.

#### GARDEN PARTY AND RECEPTION.

In the afternoon members and guests were invited to a garden party by the President and Mrs. Leeper in the Royal Zoological Gardens.

In the evening His Excellency the Governor-General and Mrs. McNeill gave a reception in the Viceregal Lodge, to which members and guests were invited.

## CONCLUDING SESSION.—SATURDAY, JULY 11.

## 20. VOTES OF THANKS FOR HOSPITALITY.

The **PRESIDENT** expressed the hope that the visitors were not displeased with their visit, and suggested that the Association should send letters of appreciation to the President and Fellows of the Royal College of Physicians for placing the College at their disposal during the meetings, to the President and Fellows of the Royal College of Surgeons, who placed their Hall at the Association's disposal for the Annual Dinner, to the Strollers' Club, Trinity College, the Governor-General and Mrs. McNeill, the Lord Mayor of Dublin, and others.

**Dr. Good**, proposing a vote of thanks to the President and Mrs. Leeper, said that they had had so much entertainment that really one was stupefied. The only thing he could say was that he had never had such a week. (Hear, hear). The President, who knew the place very well, had gone very carefully through the list of entertainments, and he would suggest that the only way to give a vote of thanks was to ask the Irish papers, which seemed very keen, to print a special edition. Although the President was such a modest man, it was he and his wife who were really responsible for their enjoyment. If they had not shown such energy, the visitors would not have had the time that they had. There was one thing he would like to emphasize, and that was that, coming from various parts of a great Empire, what struck them most in Dublin was the interest shown by those that governed the country in the specialty that the Association represented. It took, apparently, a Celtic mind to realize that it was the mind that mattered, in medicine as in everything else. That week had shown that everybody was interested. That was not only extremely flattering to the Association, but it was a sign that, even though the pessimist might say that we were all going to the dogs, we had very great hopes.

"I do propose a most hearty vote of thanks" (Dr. Good concluded) "to all the people who have treated us in this wonderful way, and particularly to two people who have almost worn themselves out looking after us. I have never been looked after as I have been this week, and I, therefore, propose a hearty vote of thanks to the President and to Mrs. Leeper."

**Dr. R. B. CAMPBELL** said that, on behalf of the members who had come from Scotland, he would like to associate himself with everything that Dr. Good had said. He had been at many annual meetings; this was the second he had attended in this country; and really hospitality seemed to increase. So did the kindness that was showered upon them. It was a great satisfaction to know that they were so much appreciated in Ireland, and he could give an assurance that they were taking back many happy memories. The only fly in the ointment—there was always some fly in the ointment—was that they were setting such a very high standard of what should be done, and as he was to succeed Dr. Leeper next year it terrified him. His enjoyment had almost been spoilt by that knowledge. He thanked Dr. and Mrs. Leeper for their kindness in arranging everything while the visitors had been there.

**Dr. LEEPER** said that he wished very briefly to try to express to them his gratitude for the kind words that had fallen from the lips of Dr. Saxty Good and Dr. Campbell. It had been a labour of love for him and Mrs. Leeper to try to make the meeting a success, and they had been more than rewarded by the words that had been said.

Following the meeting, members and their guests were entertained by the Irish Division to an enjoyable motor trip through the mountains of County Wicklow.

## NORTHERN AND MIDLAND DIVISION.

**THE SPRING MEETING** of the Division was held by the courtesy of Dr. Rambaut and the Committee of Management of St. Andrew's Hospital, Northampton, at their Seaside Branch, Bryn-y-Neuadd, Llanfairfechan, North Wales, on Wednesday, April 29, 1931, when Dr. J. R. Gilmour, Divisional Chairman, presided.

Four visitors and twelve members attended.

Members had the privilege of seeing all parts of the magnificent house and beautifully laid-out grounds, and were kindly entertained to luncheon.