

and family, and from Dr. T. R. C. Spence, thanking the members of the Division for their kind letters of sympathy.

The Secretary intimated that, through the courtesy of Dr. D. K. Henderson and his Board of Directors, the Spring Meeting would take place at Gartnavel. He explained that the date originally fixed—March 21—left little time for Dr. Henderson to prepare adequately for the clinical part of the meeting. It was unanimously agreed, subject to the consent of the President, to postpone the Spring Meeting of the Division to Friday, May 2, 1924.

The Secretary made a statement summarizing the steps which had been taken in England and Scotland in an endeavour to avoid the duplication of examinations for mental nurses, consequent on the institution of independent examinations in mental nursing by the General Nursing Councils. He submitted a letter, dated January 21, from the Registrar of the General Nursing Council for Scotland, suggesting a conference between representatives of that Council and of the Scottish Division, to consider questions arising in regard to the Council's examination for mental nurses. As a result this special meeting had been called to deal with the matter, and a reply had been sent to the Registrar of the General Nursing Council, informing him that the decision of the Division would be communicated at an early date.

The CHAIRMAN (who had been one of the Association's representatives at a conference in England, similar to that proposed, except that the Board of Control had been invited to attend, and that the conference had been convened by the Minister of Health for the purpose of endeavouring to avoid the holding of similar examinations for mental nurses by two bodies), gave an account of the proceedings at the English conference, and reviewed the whole position in regard to the training and examination of mental nurses.

A very full discussion ensued, during which regret was expressed that the General Board of Control would not be represented.

It was finally unanimously resolved to welcome the opportunity of a conference with the General Nursing Council in Scotland, to endeavour to avert the holding of duplicate examinations on the same Syllabus of training for Mental Nurses, and it was remitted to the Chairman and Secretary to draw up a reply to the Registrar of the General Nursing Council on these lines.

The following six representatives were nominated to represent the Division with powers: Prof. G. M. Robertson, Dr. D. K. Henderson, Dr. R. B. Campbell, Dr. T. C. Mackenzie, Dr. Donald Ross, and the Divisional Secretary.

It was pointed out that any decisions come to would require to be submitted to the whole Association, and the Secretary was instructed to endeavour to arrange the conference before the quarterly meeting of the Association.

A vote of thanks to the Chairman for presiding terminated the business of the meeting.

POST-GRADUATE STUDY IN PSYCHOLOGICAL MEDICINE.

THE President of the Association has addressed the following communication to those Universities and Medical Schools who have not yet established a course in Psychological Medicine:

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

11, CHANDOS STREET,
CAVENDISH SQUARE,
LONDON, W. 1;
January, 1924.

SIR,—The President of the Medico-Psychological Association of Great Britain and Ireland in 1910 addressed a letter to all Universities and other examining bodies, urging the necessity for facilities being provided for post-graduate teaching in psychological medicine at all medical schools, and for the granting of a special diploma to candidates after examination, as had already been done with such conspicuous success in public health and tropical medicine.

Mainly as the outcome of that letter, diplomas in psychological medicine, or psychiatry, have been created at the Universities of Manchester, Edinburgh, Durham, Cambridge and London, and by the Conjoint Board of the Colleges of

Physicians and Surgeons of London ; the University of Leeds had already moved in the matter. Notwithstanding the grave dislocation of educational work which occurred by reason of the war, definite progress has been made in the better systematic and scientific training and teaching of medical officers serving in mental institutions and others engaged elsewhere in psychological medicine. Much, however, remains to be done before psychiatry as a branch of medicine can be considered to be in a satisfactory position, and, for their mutual benefit, properly affiliated to other departments of medicine ; nor has the time come when it can be said that psychiatry has had adequate opportunity of making full use of those modern methods of research which have resulted in such noteworthy advances in general medicine. Thus, psychiatry, though its renaissance during the past half century has been in many respects remarkable, still occupies a position of isolation : not until every centre of medical teaching has adequate facilities for tuition in psychological medicine in the shape of a department (in- and out-door) or clinic in psychiatry, can the treatment of disorders and diseases of the mind hope to be on a level with that of the treatment of physical disorders and diseases ; not until then can psychiatry be constantly subjected to the stimulating and enlightening influences of the associated teaching of medicine in its several branches, which is so vital to progress ; not until then will there be efficient teaching in psychiatry.

The linking up of the mental hospitals of the country with these clinics at teaching and clinical centres of medicine would necessarily follow as an expansion of this policy.

The Council of this Association respectfully asks that the subject-matter of this letter may receive your earnest consideration. Though fully aware that any action taken will need to be in line with the established practices and traditions of particular Universities or examining bodies, it directs me to transmit a revised scheme of post-graduate work and subjects. This it is suggested, having regard to recent developments of psychiatry and practical experiences already gained in this matter, would constitute a suitable course of study and training for a diploma in psychological medicine.

I am,

Sir,

Your obedient servant,

EDWIN GOODALL, M.D., F.R.C.P.,

President.

[*Abstract from the Proceedings of the Committee on Post-Graduate Teaching and Diploma in Psychological Medicine.*]

MODEL SCHEME FOR A DIPLOMA IN PSYCHOLOGICAL MEDICINE ⁽¹⁾.

1. The candidate must be already a registered medical practitioner.
2. The candidate may present himself for examination on the subjects detailed under Part I of the curriculum (see para. 4) immediately he has concluded the prescribed course of instruction, or can produce such other evidence of diligent study of the subjects to be examined upon as may be demanded. Part I must be passed save by special permission at least three months prior to entering for examination on Part II of the curriculum.
3. The candidate may not present himself for examination on the subjects detailed under Part II of the curriculum (see 4) until he has been a registered medical practitioner for not less than two years. He must, subsequently to qualification, have been in the practice of an approved mental hospital for not less than two years, or have attended for six months at a hospital, mental or general, for clinical instruction in psychological medicine, and subsequently held a resident appointment at an approved mental institution or mental wards of a general hospital for not less than six months. In both cases he must produce a certificate from a recognized source that he can apply his theoretical knowledge, and has practical acquaintance with, and is well and adequately versed in, the current clinical methods of examination and treatment of nervous and mental disorders. In the case of mental deficiency the certificate should include a practical knowledge of the various intelligence tests and other methods of ascertaining the degree of

⁽¹⁾ Members will be gratified to hear that this scheme has been adopted by the Royal College of Physicians of Ireland.

mental defect. He must also produce evidence of having attended, subsequently to qualification, courses of lectures, demonstrations or other evidence of diligent study of the subjects upon which he presents himself for Part II of the examination, as may be demanded.

4. *Curriculum* :

PART I: (a) Anatomy, histology and physiology of the nervous system, including the autonomic system. Anatomy and physiology of the endocrine glands. Chemistry and cytology of the cerebro-spinal fluid.

(b) Psychology, systematic and experimental.

PART II: (a) Morbid anatomy, histology and pathology of the systems mentioned under Part I (a). *Post-mortem* and laboratory technique.

(b) Neurology and clinical neurology.

(c) Psychiatry (including the psycho-neuroses), clinical psychiatry and the medico-legal relationships of mental disorders and mental deficiency.

In addition, the candidate for Part II will need to show special knowledge of any one subject, to be selected by him from the subjects comprising Part I or Part II, or may choose to be examined in any one of the following subjects :

(d) Mental deficiency and the mental disorders of childhood and adolescence, and the duties of school medical officers in relation thereto.

(e) Bacteriology as applied to mental and nervous disease.

(f) Psycho-pathology and psycho-therapy.

(g) The principles of diet, vitamins, and basal metabolism, and their application.

(h) Eugenics, and vital statistics.

(i) Criminology and the jurisprudence of criminal responsibility.

5. The diploma, by request, may be endorsed that special knowledge has been shown in the subject selected.

6. It is suggested that any compulsory attendance at lectures and demonstrations and clinical courses should be limited to the subjects detailed for Part II, and that the course for Part I or Part II should not exceed eight weeks.

C. HUBERT BOND,
Chairman.

JOHN R. LORD,
Hon. Secretary.

October, 1923.

THE BOARD OF CONTROL (ENGLAND AND WALES) AND THE
MALARIAL TREATMENT OF GENERAL PARALYSIS.

THE BOARD OF CONTROL,
66, VICTORIA STREET,
S.W. 1;

February 27, 1924.

SIR,—You are doubtless aware that during the past year the Board has had under consideration the clinical trials which are being made in some mental hospitals in England and Scotland of the method of treating general paralysis by inducing attacks of inoculated malaria. The trials have the approval of the Board; some of them have, indeed, been made at their suggestion, and their progress and results are being observed with great interest. Since July, 1923, the Ministry of Health have collaborated with the Board in inquiring into the subject, particularly with reference to its public health aspects. It is the purpose of the present circular letter to inform you of the chief results of this joint consideration and inquiry, and to state the rules based upon them which in the opinion of the Board should now be followed in mental hospitals where the treatment is or will be applied.

The results of the inquiry have shown in the first place that there are differences, some of them important, between the procedure adopted for carrying out the treatment in England and Wales and the procedure which it is understood has been usually recommended by the initiators of this therapeutic measure in Austria, and that there are also differences of procedure among even the few hospitals

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