

been able to do more than this within the time allotted to me—and to judge of their value after your own reflections as to what further may be said either for or against them. May we work onwards and work upwards so that it may not be said of us in the times that are to come that we failed to do our duty. If under the strain of official work and the full blaze of public criticism we can individually add even a colouring of science and art—especially our own science and art—to the many brilliant achievements annually accomplished within our ranks, much as the waters of some noble river gather their colourings from the soils through which they pass, I have no shadow of doubt our labours will be crowned with reward. To this great end we may all do something, but labour as we may our task will never be finished, for not once in a hundred years, as runs the fable of the Arabian bird, but every day and all day long the process goes on, a death of error, a development of truth. “Truth,” said Plato, “is the body of God and light is His shadow.”

Let our aim be to hold fast and care well for the old truths, in our love for the new science to care well for the old art. “For in autumn the leaves fade and fall first from the youngest branches; they linger longest on the old wood. Let us graft our new truths on the old stock; so will they live longest and flourish most.” Thus shall we help on in some measure the great objects for which as a profession we are ultimately striving, and do our part in contributing to the general well-being of the human race.

“Our remedies oft in ourselves do lie
Which we ascribe to heaven: the fated sky
Give us free scope, only doth backward pull
Our slow designs when we ourselves are dull.”

Psychiatry as a Part of Public Medicine. A Discussion
opened by T. S. CLOUSTON, M.D.

Dr. CLOUSTON: Mr. Chairman and Gentlemen,—We all know that preventive medicine—public medicine—is now that branch of our profession which is in the ascendant, and which is most looked to for the future. In short, medicine is called

on not only to aid the individual, but also to help the community in regard to every matter concerning its health, its happiness, and its longevity so far as these depend on bodily conditions. Science can do a great deal for human life, and naturally the community asks science to do so. The gist of what I am about to say is this: Does our department in medicine—call it psychiatry for short—do for the community in an organised way what it might? And if it does not, has not the time arrived at which psychiatry should claim to become a part of public medicine? Should not it take its place with chemistry, with biology, the study of infectious diseases of all sorts, the study of air and water, and all those things which conduce to human life and health? Is it not time, sir, that the department of medicine which studies the mind and its disorders particularly should step in and say: “We are now prepared to help as a branch of preventive medicine”? You know that each man in his private capacity, and especially those of us who hold public appointments, has, by his annual reports, by means of papers to medical societies, by means of the various efforts of this Association, helped to spread the knowledge of psychiatry, and has thus helped the community. Most of us are already public servants, receiving public money, and therefore with a duty to discharge to the public. It would seem very natural that psychiatry should, in an organised way, claim to be a part of public general preventive medicine. Let any person in this room take half a dozen of the recognised text-books on “Public and Preventive Medicine,” and turn up the words “mind,” “brain,” “mental health,” and, indeed, anything which relates to our department, and he may do so without finding a single reference in any of those books to the mental condition of the community as requiring the attention of the public health officer or any other man engaged in connection with preventive medicine. The whole matter is conspicuous by its absence from such works. Is this right, or is it wrong? If it is right, I had better sit down. If it is wrong, then I expect you gentlemen to take part in this discussion, and to express your opinions as to why it is so, and how it can be amended. Our opportunities are very considerable. As public servants we have virtual charge of the mental wrecks of the community, and we have the means, in many cases, of telling why they have become mental wrecks, as you, Mr. President, so vividly endeavoured to do in

regard to the county of Dorset yesterday. There is no doubt that the community in general have not realised what this department of medicine might possibly do to help them. I do not claim, sir, for a moment that our data are as exact and intelligible as the data of chemistry and bacteriology and some other branches of public health are ; but I maintain, without fear of contradiction, that we have relevant facts and data, and that an organised effort might make those facts and data available for the public benefit. In short, I would ask, Can mental medicine, mental hygiene, be made a part of public medicine, so that the authoritative writers of text-books on public medicine shall not utterly neglect this subject for the future? If so, how is this to be done? Like everything else, it will be partly individual and partly by the organisation of individuals. If we have facts, then those facts can be used, and for the effective use of them I take it that an Association of this kind can help enormously. In addition to impressing the writers of text-books could we not also so impress our subject on the minds of the profession and of the public that it might become the duty of the medical officer of health seriously to take into consideration the mental health, the mental condition, the brain risks of the community that he serves, in addition to questions of drainage and water supply, and infectious diseases and adulteration of foods, and the housing question? Does this idea, which I feel I am but poorly expressing, seem to you and to other members of the Association to have anything in it of practical usefulness or not? Is the medical officer of health prepared to study the mental effects of environment in our population? Is he prepared to widen his view to such an extent as to look at the social customs of the community that he serves as affecting their mental condition? Is he prepared to look, say, at our drinking customs, at our marriage customs? Is he prepared to take up and consider not only the question of the clothes of the tramp, but also the mental condition of the tramp who is circulating as a bane of the community in our midst? Then, again, the potential criminal, does he not affect the mental life of the community in many places? If so, why should not the medical officer of health take cognisance of these matters as well as the policeman and the lawyer? And will the ideal medical officer, trained in medical psychology, will he, after ascertaining his facts, marshal them, and be the

means of directing the attention of the community to them, so that they may realise them, and may look to the medical officer of health, associated, perhaps, with the county asylum doctor, for certain preventive measures? Is that a counsel of perfection, or is it not? That is one of my questions. Then if the medical officer of health takes it up, naturally and necessarily the Local Government Board would have to extend the sphere of its supervision and of its inquiries, it would have to go beyond matters of drainage and smallpox, into matters mental. Are we not a sufficiently organic part of medicine to claim that this should be so in the not distant future? We all know that our annual reports give some of us a good deal of trouble in the getting of them up. I have always professed to my medical brethren and to the public that it was part of my duty, as the doctor of an institution in my district, to educate my masters, and to educate them in the mind specialty. I have never hesitated to speak of these matters, and I am always pleased when my annual reports have been published and commented on in the local newspapers. If we come to take up this public health idea our reports will undoubtedly need to be somewhat enlarged and widened in their scope; and we shall have to bear in our minds this definite idea of the medical officer of health and the Local Government Board, in addition to our own committees and the Commissioners in Lunacy, as our audience to whom we speak, and whom we intend to benefit. We all know how valuable the reports of the Commissioners in Lunacy are for all three divisions of the Kingdom. To fit into the new scheme they also would require to undergo a certain change in character—a widening in scope, and a more conscious effort to benefit the community in regard to its mental health. A blue-book may be made, as we know some of them have been, of intense interest and of great importance to the community, and I am quite sure that the Commissioners in all three divisions of the Kingdom would, if there is anything in this idea, consciously endeavour so to frame their reports as to fit into the general scheme. It is no secret in Scotland that though we have a Local Government Board and we have a Lunacy Board—each very effective, each doing its very best for the community—no inter-communication had taken place between those two public bodies, established for the public benefit up to two or three years ago. It was only when Dr. Carswell's wards were got

up by the Glasgow Parish Council that there was any organised arrangement between the Scotch Local Government Board and the Scotch Lunacy Board for the benefit of the community, Surely this was a scientific departure. If this idea is ever carried out there will have to be a basis of co-operation for public health purposes between the asylum doctor and the medical officer of health, the Commissioners in Lunacy, and the Local Government Board, as well as with the general medical practitioner. General ideas, general principles, as we know, do not commend themselves to everybody. But every great reform must be founded on some general principle; and it does not seem to me that this general principle that I have laid down is an unattainable ideal to be looked forward to in the future.

Can we increase the psychiatric modes of looking at things in relation to the universal medical inspection of schools, which is coming in the near future—and I may say it was this which originally put this idea in my mind when our secretary did me the honour of asking me to open this discussion? Here we are to have a new Education Bill, the chief provision of which, from our medical point of view, will be an universal, thorough, and effective medical inspection of schools. Is it to be a really efficient inspection? Is it to take into account the whole of the powers and faculties of the children, or is it only to refer to their eyes, and their ears, and their clothing, their height, and the gross physical characteristics of each child? Can any man with any physiological or psychological knowledge, thinking about this subject, doubt that the future inspector of schools should be a man capable of a psychiatric mode of looking at things, able to carry out his work on those full and broad lines? I say, sir, that this is extremely important, and probably some member of this Association who is better at this kind of thing than I am will think of some effective method of bringing in our influence, so that when this question comes to be discussed in Parliament and the rules have to be laid down by the Education Department, a mental examination shall be carried out, as well as a physical examination. It is marvellous how little effect those extensive investigations made by Dr. Warner have as yet had on the lives of the school community. His exact observations and records seem to have “been writ in water” so far as the community is

concerned. I think this Association could, in the work which Dr. Warner has initiated, have concrete facts with which to approach the Education Board and the medical profession. That, I think, is far and away the most important part of this discussion for our consideration to-day. Let us cut in now and impress ourselves on the new medical inspector of schools. He is quite certain to come. He is at the door, and he will be inside the room shortly. Let us have him properly educated before he comes in. The schoolmaster, of course, will have to be educated to a certain extent, and that would follow naturally through the new medical school inspector. There is such a thing as the relation of psychiatry to the law-breaker, and that has been already a good deal in the air. Dr. Mercier can speak more effectively on that subject than I can. But there is no doubt whatever that we ought to be able to use in a far more definite and more organised and satisfactory way the knowledge of our department for carrying out the law than hitherto has been done. We know it could be done in various ways, *e.g.*, as assessors to judges, or as experts selected whom the judges must consult in certain cases, or in other ways. At the same time this would be part of public medicine, which included psychiatry, if the question were looked at from a philosophical and really scientific point of view. We would thereby greatly benefit the community with our special knowledge, looking at it from that point of view alone. And by way of raising certain points I put down certain questions. At all events they will probably help to excite discussion. Firstly, the occurrence of hot-beds of insanitation, dirt, neglect of the decencies of life, and of immorality in families, and the coteries of people in large cities who are manifestly degenerate in mind—so degenerate that those practices are quite natural to them, just as the practice of eating his fellow man is natural to the cannibal. If they have been submerged through real mental deficiency caused by environment, cannot the medical officer of health lay hold on them and do something for them from that point of view, not from the moral, not from the law point of view, but from the psychiatric, preventive point of view?

Then, secondly, what are the effects of our present school education and its methods on certain children? To take strong cases, let us say the children of the insane. Insane people, and those predisposed to insanity, procreate lots of

children. Neurotic people procreate them in large numbers, and these children have to go to school. It is easy to find a mentally deficient girl with many illegitimate children. Habitual criminals have children, and many of them are bright, excitable, imitative, very educable, but do they not need special modes of education, special environment, special treatment because they are the children of the insane, the neurotic and the criminal? This at present is not thought of by the schoolmaster or, practically, by anybody else, except those children are manifestly and grossly deficient.

Thirdly, there are kinds of brain and mind in which excessive drinking and the drink craving are symptoms or consequences, rather than causes, of social and mental defect and disease. And then there is the tremendous question—and we are not satisfied nowadays until we ask it—how does insanity arise? what are its prodromata in a community? why should not the medical officer of health hunt down the case of melancholia as he does now the case of smallpox? Is there any valid reason against it? If so, let those who think so speak out as part of this discussion. How can the general public be educated into that most momentous of questions, the making inquiry into the mental health, the nervous health of the families into which they and their sons and daughters propose to marry? I have been very much impressed of late years with the way in which this subject is taking possession of intelligent people, by the number of times one is consulted by young men and young women proposing to marry, or by their fathers or mothers. I used to have the feeling in the back of my mind when I was consulted that it did not matter what I said, it would not make any difference. But it is making a difference; and I and others could tell of scores of marriages which were put off in consequence of psychiatric medical advice.

The PRESIDENT said the Association had had what it expected to have, something clear and concise, something worth listening to. He hoped many of those present would discuss the subject, because he felt, with Dr. Clouston, that prevention was the crying question of the day.

Dr. HURD said he thought that all present would be persuaded that the course recommended by Dr. Clouston was an extremely desirable one; that they, as medical men and as men interested in mental medicine, should bring their knowledge to the use of

the community, so that they might assist in guiding the community wisely in all matters in which they had special knowledge. Unfortunately, however—at least if things in England were like what they were in America—it was very easy to point out the difficulties, but very difficult to suggest the remedies. Dr. Clouston had referred to the fact of his having been asked to give advice in reference to the marriage of people who were unfit. He remembered scores of instances in which he had been consulted as to the advisability of marriage between neurotic persons, but he did not recollect a single case where his advice was taken. It was given honestly and judiciously, and sometimes at great length, as well as at great personal discomfort to himself, but it was not taken. The same was true of advice which he had given in reference to neurotic children—children who should not be forced at school, whose hours of study should be very carefully considered; and in many instances such advice had been disregarded by the parents—parents who were aware that their children were precocious, and had a nervous organisation. They were rather pleased to have them advanced and stimulated in school, instead of restrained. The advice of the medical man was not always taken in reference to the treatment of the criminal, as to the establishment of special schools for backward children, and for those who required special instruction. The problem before medical men was how to make the knowledge they possessed effective in the community. Dr. Clouston had pointed out one method, and in looking back over a connection with the speciality for many years he thought he could say it was the only means by which he had ever succeeded in attaining any results, namely, through the published reports, and through work which was brought before the public in some general way. He thought it would be necessary for doctors to sow the seed for a long time and wait very patiently for the harvest.

Dr. URQUHART said that Dr. Clouston was always a little ahead of the rest of the speciality, and was spurring them on to fresh adventures in the working of the Association. And if what Dr. Clouston said that day bore no immediate fruit, he might well console himself with the reflection that it was a considerable number of years after he addressed the Association on the question of the training of nurses and attendants

that the Association took it up and made it the success it had proved to be. He had no doubt that what Dr. Clouston now said would bear fruit; and he felt with Dr. Hurd that what should be done in the meantime was to continue sowing the seed, each one in his own sphere of usefulness, and endeavour to do what he could, as the President had done in elucidating problems of insanity relative to the county to which he had devoted so many years of his life. Dr. Urquhart had had occasion lately, for other purposes, to inspect school children in Perth, numbering some 7,000, in the elementary schools, of course from the psychiatric point of view, though he had also to take into consideration their physical imperfections and necessities. To examine those children properly, of course, took a long time, but it was a work of the intensest interest to him. And when the School Board heard of it they demanded a report, which it was of still greater interest to him to produce. The consequence of that was that a medical officer had been appointed for the examination of the children in the Perth schools, on the understanding that in regard to the feeble-minded and backward children he was to be consulted in every case. He thought it was by such means, by informing and enlightening reports, by the spread of their opinions and their technical knowledge in the Press, and in scientific societies, that they could come nearer their goal. It must be remembered that this was not a new question for the Association. Some years ago, he believed it was under the auspices of Dr. Yellowlees, the Association summed up the matter in a long series of articles which were largely circulated among the county councils of the country. When an association promulgated its beliefs there was always a difficulty, because what came very tersely from one person had to be so watered down and amended as to become in a great degree ineffective. And he did not know that the Association was in a position to repeat its experiment of informing the public as an Association. He certainly thought that what Dr. Clouston had said that day was an indication of the proper means of approaching the matter. Of course, the various members did not necessarily agree on all points. Nothing could be more repugnant to him than the idea of a medical assessor being appointed to guide a judge in his decision. Such an idea was quite subversive of the very foundation of legal procedure in this country, and he hoped

such a thing would never happen. He had only to say, in conclusion, what a pleasure it had been to him to hear Dr. Clouston as eager to-day to press on the work of the Association as he was so many years ago.

Dr. MERCIER said that he had listened to Dr. Clouston's address—as he listened to everything which came from him—with the most eager attention; and he waited for the first definite and concrete and practical proposal which should be made; but he did not get it. The author stirred his hearers up to urge upon the public, and upon the medical officer of health, that they should do vague things. He, Dr. Mercier, could not make out what it was the medical officer had to do in order to assist in the diminution of mental disease among the people, except that he was to hunt down a case of melancholia as he would hunt down a case of smallpox. But he would point out that a case of smallpox was hunted down in order that the contacts might be discovered, and so that the case might be isolated from the rest of the community, and thus that the spread of the disease to other people might be prevented. But supposing a case of melancholia was hunted down—and it usually was hunted down sooner or later by the relieving officer—what then? It was isolated always; at all events, it was separated from the rest of the community, not for the purpose of preventing spread, nor could they discover, as a rule, the contact from which that particular case had been infected. So that he failed to see what the practical value of such a proposition was. He did not say there were not things which they could very well recommend to the State—improvements in the general mode of dealing with the feeble-minded. And he thought there were ways in which the general treatment of people could be very much ameliorated; but he did not see how it could be done through the medical officer of health, nor exactly what it had to do with drainage, the water supply, and the other matters to which Dr. Clouston had so eloquently referred. He would indicate one way in which members of the Association might be of service, if they were to urge upon the authorities a greater co-ordination of effort in dealing with defective-minded persons. At present there were at least six central bodies sitting in London all of whom had to deal with feeble-minded persons, or persons with defective brain, and all of whom were isolated from each other. First,

there were the Commissioners in Lunacy, who had to deal with certain classes of the defective in mind. There were the Lord Chancellor's Visitors, who had to do with a portion of the same classes as those dealt with by the Commissioners. There were Masters in Lunacy, and they, again, had to do with the same class. There was the Home Office, which, by means of its Prison Commissioners, dealt with the criminally insane. Then there was the Local Government Board, which dealt with lunatics in workhouses; and there was the Education Office, which dealt with feeble-minded children. All those different offices had authority over some section of the unsound in mind, yet not one of them had any communication with any other office, so that their efforts were unconnected. Thus a person might pass from the workhouse to the streets, from the streets to the gaol; from the gaol to the streets again, from the streets to the lunatic asylum, and from the lunatic asylum once more to the streets, and then to an inebriate retreat—another department of the Home Office—and when a person got into any one of those institutions there was no official knowledge and no means of obtaining official knowledge of his previous career, or of the institutions which he had been in before. Nor was there, in many cases, any machinery by which a person could be transferred from one to another. All that seemed to him to show that the administration of those matters was very defective, showing a want of organisation and a waste of power which was discreditable to our civilisation. What he would suggest—and what he had suggested to the Feeble-minded Commission—was that there should be one central body which should deal with all cases of defective mind, so that the feeble-minded child which had been educated in a special school, instead of being, as now, at the age of sixteen turned into the streets, should be detained beyond the age of sixteen and not automatically discharged. In the case of the female child, in a very large number of cases it reappeared within a year in the asylums and in the lying-in wards of the workhouses. Those children were prolific mothers of many more or less feeble-minded children. That work could be done in one central office, so that when the feeble-minded child was sixteen years of age it could be drafted off at once without having a chance of being at liberty and degenerating into a wastrel. It should be

drafted into a labour colony, or a lunatic asylum, or whatever special institution would be more appropriate for it. Then there was the borderline case; the case which was constantly toppling over the edge of insanity in one direction or another; the man who was now an inebriate, now an inmate of a lunatic asylum, now in the workhouse, and now, again, in goal. Such a man should have his *dossier* in the central office, and should never be discharged from any one of those institutions without a very good reason, and without the question being considered whether he should be transferred to another. So instead of alternating his periods of detention with periods of complete liberty in the streets, during which he was doing incalculable mischief, he would be detained in one particular institution, or transferred from class to class, as his case demanded. In that way a continuous record would be kept of him throughout his life, and the time would come in the lives of each of those persons when the central authority would consider the case and say that particular person had had trial enough; it was evident he was a person who would never be anything but a charge upon society; that it was of no use to give him any further liberty or trial, and therefore an order must be made for his permanent detention, whether he was an inebriate or a criminal, or a lunatic, or a feeble-minded person, or a wastrel, so that for the rest of his life he would be prevented from being a burden and mischief to society. That was a direction in which he thought the Association might fairly make representations. But there were other propositions made by Dr. Clouston which he very much regretted to differ about, and he never differed from Dr. Clouston without having an uneasy feeling that he might be wrong. That gentleman had said that owing to his advice some scores of marriages had been prevented, the marriage of couples, one of whom was, at any rate, if not of unsound mind—and the question could not have arisen if they had been insane—the subject of mental deficiency or mental instability. He wondered whether Dr. Clouston, as he neared the close of a career which all hoped would be very much prolonged, would not look back with much regret and remorse on the recommendations which he had made; for he, Dr. Mercier, thought that if all the marriages of persons into families in which there was mental instability were prevented, in the first place the marriage rate would sink to an

alarming degree, and in the second place the result would be that the next generation would be at a level of uniform mediocrity. It was true they might then save themselves from having to maintain a certain number of persons of unsound mind; but, on the other hand, who knew how many brilliant geniuses society would be deprived of, and who knew that Dr. Clouston was not responsible for the absence from their midst of a person who might, before now, have solved the question of aerial navigation, and discovered the origin and cure of cancer, and even of insanity itself? It seemed, therefore, that the Association had no cause to thank Dr. Clouston for his prevention of disease in that way. If they were to start on the path of education he thought they should begin with their own profession. He thought they would be doing a very good and useful work if they were to educate certain medical men, to whom so many cases of mental disease went in the first instance, not to send cases of incipient melancholia on a sea voyage; if they were to educate them not to send cases of early acute insanity into nursing homes, to be placed in solitude and be massaged. Those were lines on which he thought they might very fairly launch out with some prospect of doing good. But if they were to recommend that cases of melancholia should be notified to the central authority, and if they were to recommend that persons in whose families there was any taint of mental instability should not marry, he feared that, after all, they would do more harm than good.

Dr. CARSWELL said he was sure all present felt that day what he had himself always felt when listening to Dr. Clouston, that had that gentleman chosen to follow the career of a picture-painter—an artist in colour instead of, as he was, an artist in the work of medicine—he would have been an impressionist. He thought Dr. Clouston's contributions had always the characteristic about them that they were vivid, they were colour impressions, they suggested more than they stated. And he ventured to say that Dr. Mercier, when he called his own contribution a discordant note, misnamed it. In his view Dr. Mercier simply came in to supply the draftsmanship which was lacking in the original colour picture. He thought Dr. Clouston's picture would not bear the criticism of the draftsman at all, and it was not intended that it should be subjected to that kind of criticism. He thought most good

would be derived from the contribution by looking upon it as a suggestion of things which ought to be, and which are to be. He did not know whether he would be trespassing beyond the scope of the address if he said that Dr. Clouston was also a prophet; at any rate his contribution that day appeared to indicate that: that however valuable blue-books were, they had created in Dr. Clouston's mind, as they had in many other minds, the feeling that, having had lunacy blue-books for the last fifty years something further was now required; it was necessary to get the lunacy blue-books and lunacy statistics brought into line with the vital statistics which they had been accustomed to, and which had yielded such brilliant results and suggestions towards medical and social effort in sanitary science. Dr. Clouston expressed the hope that medical officers of health, if they had their attention directed to questions of mental health, would begin to think seriously of such questions as the drinking habits of the community, and of the marriages of drunkards and the unfit. Surely those officers were long enough under the impression that tuberculosis, for example, was an inheritable disease; yet one found no prominence given to the question of marriage relationships in the reports of medical officers of health during the last thirty or forty years. And surely the alcohol question had been as present to medical officers of health as to psychologists. It was known that although alcohol exhibited its immediate physiological effects on the brain, yet it caused more disastrous results on the kidneys and the liver and the arteries. Medical officers of health were well aware of that, and yet we did not find either of those questions bulking with the prominence which Dr. Clouston desired, and which he apparently believed would be seen if those officers were to direct their attention to mental medicine in their work and in their reports. That he regarded as a most significant fact; and it was worth while to inquire why medical officers of health had apparently attached less importance to heredity and alcoholism than Dr. Clouston suggested they should have done. Medical officers of health had contributed towards the reduction of the death rate from phthisis long before they knew that phthisis was not so pronouncedly due to a faulty inheritance as they now knew. In the course of thirty years the death rate from phthisis had fallen 50 *per cent.* Why? Because medical officers of health and sanitary inspectors and local government authorities had directed

their attention to the removal of faulty conditions of living. And who could deny that the same efforts would help to reduce insanity? The real position seemed to be just the opposite of that suggested by Dr. Clouston, and was, in effect, that the medico-psychologist should follow the same line of effort and adopt a similar attitude of mind towards the problems involved in the prevention of mental diseases that the medical officers of health introduced into their work. He thought it was not a great stretch of the imagination to hope to see a lunacy blue-book which would be as interesting in regard to lunacy as Dr. Branthwaite's reports were in regard to inebriety. He thought the blue-book should contain more than the number of people in different asylums, and the percentage they bore to the general population; that it should correlate the lunacy rate with the other returns relating to public health. He, Dr. Carswell, did not know anything about Dorset and other large English counties, but he knew that if one took the general death rate and the lunacy rate of a city like Glasgow, and attempted to compare them in the mass, they would go astray. They must take the lunacy rates of certain districts and compare them with other districts. There was a whole field of effort lying ready to hand, and, as Dr. Clouston had said, all they required to do was to organise effort towards doing it. In Scotland there was not too large an area in the whole country to expect that the general Board of Lunacy might take up that work; and he thought it was one of the happiest omens that the Local Government Board of Scotland and the Board of Lunacy for Scotland had got into close and intimate relationship. Dr. Clouston's reference to their relationships seemed hardly quite correct. The connection between those two Boards really began with the abolition of what was called the Board of Supervision, which had been irreverently called the "Board of Superstition," and the substitution of the Local Government Board, specially through the efforts of Dr. Leslie Mackenzie. He hoped and believed that the work which Dr. Clouston so eloquently and picturesquely pleaded for would be undertaken in Scotland.

Dr. HAYES NEWINGTON said he would like to interject a few remarks from the philistine point of view of a public health committee. Looking at the proposition from the layman's position, the first idea was that it was going to cost money in

order to do the thing well. Merely general opinions did not go very far. There was already an enormous difficulty in getting accurate and reliable information on medical matters, if money had to be expended in the process. But if an absolutely good cause for spending money was shown, then, he felt sure, the money would be forthcoming. With regard to the prevention of insanity by the work of medical officers of health, might it not be said that as the physical basis of mind was an accepted belief, much was already done in present sanitary work for the mind by regulating the physical factors mentioned by Dr. Clouston? With regard to another point, that of education, Dr. Clouston struck a right nail on the head. There was much scope for such work as he desired on the Education Committee, and there was more hope of good being effected by the help of the last Education Act. Many objected to that Act for many reasons, political and otherwise, but there was no question that the introduction of education Acts enabling the primary education to be varied, adjusted, to be judiciously extended in suitable cases into the secondary, was a help from a psychiatric point of view. He would point to London as an example of action. London appointed Dr. Shuttleworth, an esteemed colleague, to go systematically through all the children, and with very good results, and he thought the same practice was likely to spread through all education committees now. Men of common sense had studied the matter, and acknowledged that one could not give the same education to A as to B, and that if an attempt be made to give the same education to all there would be disaster from one side or the other. In that relation he thought Dr. Clouston's recommendation would be of the greatest value. If they could get the bodies who were ultimately responsible for education to see the possibilities for either good or bad so much good would result. The marriage question was a very different matter, and a difficult one. His own feeling was that they might do a large amount of mischief by incomplete work ; it would be far better not to interfere at all.

Dr. CONOLLY NORMAN said the subject was so large and so discursive that it was impossible for any speaker to deal with more than a few points here and there. Dr. Clouston had said that it might be objected to the scheme he had shadowed forth that the data on which they were to work were at present

insufficient or deficient. But Dr. Norman did not think that was much of an objection, because the data on which all the ancillary sciences of medicine started as separate branches of human endeavour were very deficient at the beginning; and they had attained their present position only by differentiation and prolonged work. As far as he could gather, and he endeavoured to follow Dr. Clouston closely, the idea was that the attention to the mental health of the community generally, not of the particular fraction which was under the care of members of the Association, should be handed over to medical officers of health. And the author had said that that was not a counsel of perfection, in which Dr. Norman agreed with him, thinking that it was a counsel of imperfection. At the present time medical officers of health said they had more to do than they could accomplish; they were persons who were not specialists, they had not made a particular study of mental conditions, and he thought it would be a retrograde step to hand over to such folk the work which it was required to have done. What appeared to Dr. Norman to be needed was a general co-ordinating centre, which would take account of the health of the community, both mental and physical, on large lines. Professor Clifford Allbutt, at the dinner the previous evening, referred to the establishment of a ministry of public health. That was what was required; and, as a portion of that, and co-ordinated with the general working, should be a department which would look after mental health. But he did not think it should be an addendum to the work of the present medical officer of health. Such a course was practically impossible, and he regarded it as distinctly retrograde. Dr. Mercier had somewhat anticipated him in speaking of co-ordination when he referred to the inco-ordinate condition of the various lunacy departments in this country. Dr. Mercier enumerated six, and mentioned seven; and Dr. Norman thought, with all respect to Dr. Mercier, that there were eight bodies which looked after lunatics, or potential lunatics; and their lack of combined working led to the bad results which Dr. Mercier had described, such results as he had painful experience of a few weeks ago, when a man was sent from prison to Dr. Norman's asylum with an intimation that he was a drinker; and that was all he heard about him. He began to improve very rapidly and, in consequence of Dr. Norman not having

been informed by the prison authorities that he was a most accomplished and expert burglar, in the period of comparative liberty to which he very soon attained he "burgled" the residence of one of the officers and stole £50 worth of jewellery, on the proceeds of which he believed he had disported himself in New York. A great many subjects had been dwelt upon, medical pedagogy among the number. That was a distinct branch of medical endeavour in several Continental countries, and of late years he thought we were at least approaching in England to ripe practice in this subject. Dr. Clouston went a little out of his way to talk about the advice which members of the speciality were asked for, and which was occasionally acted on in reference to marriage. But all of them had insane relations—even every one of those present to-day. If a man had no insane relations in his family tree it was because he had no family tree. In the country in which he lived statisticians had discovered—whether rightly or wrongly he did not pretend to say—that there was one lunatic to every 178 of the whole population. But fortunately in the human race from its commencement, whether in Adam or the ape, there was a tremendous tendency, if the stream was diverted a little, to resume its course; and the whole current of the human race was towards sanity. Therefore the insane died out and the stock returned to the normal. Thus he did not regard the marriage of persons who were supposed to suffer from some hereditary tendency—as all did—as being so dangerous as had been supposed. Dr. Norman would point out that Dr. Clouston's suggestions, if he had lived 130 years ago, would have prevented the procreation of that ornament of English literature and of the human race, Charles Lamb, whose family on all sides was saturated with insanity. Someone had spoken of "intermingling," which Dr. Norman regarded as a bad phrase when applied to the various bodies responsible for the departments of public health. He did not think there should be an intermingling, but a co-ordination of all departments of public health, mental and physical; that all should be brought under one head, and placed, probably, under one minister, who he thought would be one of the most important ministers in the cabinet.

Dr. DRAPES said he would like to suggest one or two matters which had not yet been mentioned in the discussion. Much

stress had been laid on the education of their profession. If they desired to have that subject brought home strenuously and effectively to the general public it must be the general practitioner who should be thoroughly grounded in mental hygiene. He thought sufficient attention was not paid to that in medical schools, and it should be more insisted upon in the future that the medical student should be thoroughly educated in the principals of neurology and psychology if he meant to effectually set a stop to the alarming increase of insanity which had been going on continuously, and he feared would go on still. So he thought, to use an Irishism, they might go lower still than the bottom suggested by Dr. Mercier, namely, to the school-children. He did not think the instruction in the principles of physiology was at all sufficiently insisted upon in schools. It was of great importance to take special care—differential care—of the education of the feeble-minded, but he thought it was of far more importance to take care of the education of the sound children, to bring them up to be thoroughly instructed in a knowledge of their own bodies and minds, and the dangers which would ensue from their deviating from the normal principles of hygiene and health. While they admitted that the entire functions of the whole body were absolutely dependent for their efficient working on the brain and upon its healthy action, the mental functions seemed to be the only ones which were left out of our systems of education.

Dr. YELLOWLEES said he felt that the valuable discussion which had taken place, and the very opportune and important remarks of Professor Clifford Allbutt at the dinner as to the appointment of a minister of health, made it essential that the annual meeting of the Association should not separate without doing something in the direction of giving effect to those earnest and very practical suggestions. His own feeling was very strong that all Dr. Clouston had urged that morning would remain unattainable—the co-ordination and co-operation of many medical and quasi-medical bodies—unless they were all ranged under one head, and were all parts of one great supreme department, and unless the head of that department were to have a place in the House of Commons, and a position which would imply that his advice was listened to by the House. He was sure the profession had greatly suffered from want of due representation. He asked his hearers to think of

the number of lawyers in the House of Commons in comparison with the number of doctors. Lawyers got whatever they wanted; doctors made vain attempts, and got nothing. He thought that the present Government should be approached in this matter by all the medical associations.

Dr. YELLOWLEES then moved the following resolution: "That it be remitted by the annual meeting of the Medico-Psychological Association to the Parliamentary Committee of the Association to co-operate with the British Medical Association, or with any committee of other Medical Associations, with a view to securing the appointment of a minister of health, with a seat in the House of Commons, or to initiate such proceedings." This was seconded by Dr. HAYES NEWINGTON and carried unanimously.

The Sanatorium Treatment of Active Insanity by Rest in Bed in the Open Air. By C. C. EASTERBROOK, M.A., M.D., F.R.C.P., Medical Superintendent, Ayr District Asylum, Ayr.

DURING the past year I have systematically employed rest in bed in the open air as a special method in the treatment of all patients newly admitted to the Ayr District Asylum; and during the past six months I have carried out the same method in the treatment of all resident patients exhibiting relapses or phases of active insanity, the latter including the most difficult and most dangerous cases in the institution. At present, therefore, all patients in Ayr Asylum who manifest their insanity in such active forms as marked morbid excitement, exaltation or depression, distinct delirium, confusion or stupor, vivid hallucination and delusion, active homicidal or suicidal tendency, impulsiveness and the like, are being treated by the method of rest in bed in the open air, a method which may be conveniently termed the sanatorium or open-air rest treatment of active insanity. Although it is yet too soon to speak as to the ultimate therapeutic value of this system, and several years