

imagine someone quite properly asking what results of a tangible nature had been achieved by them. It might be asked, for instance, "Has insanity decreased? Are we any nearer a knowledge of its nature, its causes, or a method of curing it?" He feared none of these questions could be answered in the affirmative. But he would ask them to consider three of the great advances and reforms in medicine and surgery—vaccination by Jenner, chloroform by Simpson, antiseptics by Lister. These discoveries did not abolish disease, but they diminished some of its most loathsome and most horrible features to the irreducible minimum. It was exactly the same thing that had been achieved by reforms in the care of the insane. By the hospitalisation of asylums, skilled nursing, open-air treatment, open-air work, and as great an extension of liberty as was consistent with actual safety, features that formerly were loathsome enough had become not unpleasant to look upon, suffering had been relieved, and life under abnormal conditions had been rendered more endurable. (Applause.)

Of the nature and causes of certain forms of insanity, those who had devoted their lives to investigation would be found most ready to admit how little was really known. Although insanity was not decreasing, although the recovery-rate in mental hospitals was very slightly but perceptibly decreasing, and although no preventive or curative measures had as yet been devised to combat it, the prospects were never more hopeful than at the present time. Throughout the whole field of scientific medicine constant advances were being made, many of them having a bearing on their subject. Some day—it might not be in their time—a light would be thrown upon problems which were now obscure. Even when that day came problems would remain presenting themselves, as now, under two aspects—a constant and a variable one. The constant was the insoluble problem of life; the variable was the view they chose to take of it. From their views of life all their civilisation had proceeded. It was the same with insanity. The constant was the problem of its nature and causes. From the variable had proceeded all the advances and reforms in its treatment, which had resulted in Scotland in such a uniformly high standard of excellence. (Applause.)

On the motion of Dr. MARR, a vote of thanks was accorded to the chairman; and on the call of Mr. A. D. WOOD acknowledgment was made of the services of Dr. R. B. Campbell, medical superintendent, Stirling District Asylum, Larbert, who had acted as hon. secretary and treasurer.—*Scotsman*, June 9th, 1922.

PSYCHIATRY IN AUSTRALIA.

SIR JOHN MACPHERSON, C.B., Edinburgh, who lately retired from the post of Commissioner of the Board of Control for Scotland, has been offered, through the Agent-General for New South Wales, and has accepted for a period of three years, the post of Professor of Psychiatry in the University of Sydney. This Chair is the first of its kind in any university in Australia.

AMERICAN PSYCHIATRIC ASSOCIATION.

At the last meeting held at Boston, 1921, the American Medico-Psychological Association changed its name to the American Psychiatric Association. At the same meeting the *Journal of Insanity* became the *American Journal of Psychiatry*.

LONG GROVE MENTAL HOSPITAL, EPSOM.

The charges made by a witness against the staff of one of the most up-to-date mental hospitals in the United Kingdom, before the Departmental Committee appointed by the Ministry of Health to consider the allegations made against asylum administration contained in Dr. Lomax's *Experiences of an Asylum Doctor*, were sown broadcast by the Press, but, carrying out its usual inconsiderate attitude to mental hospital employees, the same publicity has not been given to rebutting evidence.