

### Part IV.—Notes and News.

#### THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE Seventy-first Annual Meeting of the Association was held at the Guildhall, Gloucester, on Thursday and Friday, July 11th and 12th, 1912, under the presidency, in the early part, of Dr. William R. Dawson, and later, of Dr. James Greig Soutar.

*There were present:* Drs. S. H. Agar, D. M. Allman, Fletcher Beach, David Blair, J. Shaw Bolton, C. Hubert Bond, E. Dykes Bower, David Bower, John Frederick Briscoe, Robert B. Campbell, James Chambers, P. J. Cole, M. A. Collins, H. Corner, Sidney Coupland, W. R. Dawson, J. F. Dixon, R. Langdon Down, Thos. Drapes, J. W. Geddes, Stanley A. Gill, E. Goodall, H. E. Haynes, C. K. Hitchcock, David Hunter, Theo. B. Hyslop, E. M. Johnstone, John Keay, E. F. Kough, P. W. MacDonald, T. W. McDowall, Douglas McRae, W. F. Menzies, James Middlemass, Alfred Miller, C. S. Morrison, F. Needham, H. Hayes Newington, J. G. Porter Phillips, G. Stevens Pope, Wm. Rawes, D. McKinley Reid, R. G. Rowe, G. H. Savage, Richard Sayers, G. E. Shuttleworth, R. Percy Smith, B. B. Smith, J. G. Soutar, J. B. Spence, R. C. Stewart, R. J. Stillwell, J. D. Thomas, A. C. King Turner, F. Douglas Turner, W. T. Willis, J. Warner.

*Visitors:* T. S. Ellis, J. Howell, Wm. Friday, Rev. W. H. Seddon, Chas. H. Deavin.

*Apologies for absence were received from:* Drs. Adair, Aldridge, H. de M. Alexander, Archdall, Bazalgette, Benedikt, Bevan-Lewis, Blachford, Bowes, Bowles, Brown, Bullen, Cole, Benson Cooke, Marriott Cooke, Craig, Cribb, R. Eager, Easterbrook, Edwards, Eurich, Ewart, Fielding, Fitzgerald, Forel, Fox, French, Gilmour, Graeme-Dickson, Grove, Hewson, Higgenson, G. T. Hine, Hughes, Carlyle Johnstone, R. Jones, Kay, Leggett, Lord, MacIlraith, MacIlraith, T. C. Mackenzie, Marr, Mills, Mornington, Nolan, Oswald, Bedford Pierce, Plummer, Rayner, Revington, Ridington, Ronaldson, Steen, de Steiger, Stoddart, Tate, F. R. P. Taylor, D. G. Thomson, O. F. Treadwell, Turnbull, Watson, E. W. White, Wilkinson, Yellowlees, and Younger.

#### MINUTES.

The minutes of the last annual meeting, having been already printed and circulated in the Journal, were taken as read, and were duly confirmed and signed.

#### ELECTION OF OFFICERS, COUNCIL AND STANDING COMMITTEES.

The PRESIDENT nominated to act as Scrutineers for these elections Dr. Phillips and Dr. Rows. He announced that the number of vacancies for nominated members was six.

The ballot having been taken, the President announced that all the gentlemen whose names appeared on the agenda paper had been elected.

#### ELECTION OF STANDING COMMITTEES.

##### PARLIAMENTARY COMMITTEE.

The PRESIDENT said the names of the proposed members of this Committee were before the meeting, and any member who wished to do so might propose any modification.

Dr. GILL proposed the election of the gentlemen whose names appeared on the agenda paper. This was seconded and carried.

## EDUCATIONAL COMMITTEE.

Dr. MACDONALD proposed, and Dr. HUNTER seconded the election of this Committee as it appeared on the agenda paper. This was carried.

## LIBRARY COMMITTEE.

Dr. SOUTAR proposed and Dr. PERCY SMITH seconded the election of this Committee in accordance with the names printed. This was carried.

The GENERAL SECRETARY said he had to announce that the Irish Division had now elected another representative member of the Council, namely, Dr. Hetherington, to take the place of Dr. Drapes, who had become Editor of the Journal, and an *ex-officio* member of the Council.

This was confirmed.

## REPORT OF THE COUNCIL.

The number of members—ordinary, honorary, and corresponding—as shown in the list of names published in the *Journal of Mental Science* for January, 1912, was 743, as compared with 730 in the corresponding number of the Journal for the previous year. The difference is accounted for by an increase of 10 in the ordinary members, 1 in the honorary members, and 2 in the corresponding members—one of whom became an honorary member.

The following shows the membership for the past decade :

Members.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.
Ordinary . . .	586	597	620	641	638	645	652	673	680	690
Honorary . . .	37	36	35	32	32	30	29	32	33	34
Corresponding . .	12	12	15	15	15	15	15	17	17	19
Total . . .	635	645	670	688	685	690	696	722	730	743

The increase is therefore 108, of whom 104 are ordinary members.

The number of new ordinary members elected and registered during the year was 47, an increase of 6 on the previous year.

Twenty-one ordinary members have resigned and 6 names were removed. Two names that had been omitted were reinstated. Three honorary and three corresponding members were elected.

The Council regrets to have to chronicle the deaths during 1911, of one honorary and eleven ordinary members; these included three past Presidents—Dr. Blandford, elected in 1857 and President in 1877, Dr. Murray Lindsay, elected in 1859, President in 1893, and Dr. Whitcombe, elected in 1872 and President in 1891—Dr. Hughlings Jackson, Physician to the Hospital for Epilepsy and Paralysis, member since 1866, and Dr. Francis Sutherland, Deputy-Commissioner in Lunacy for Scotland.

The usual quarterly meetings were held in November, February and May. That in February was held by the courtesy of Dr. C. Hubert Bond and the Visiting Committee at Long Grove Asylum, and was a record meeting, no less than 90 members and 17 visitors being present. An excellent medical programme was provided by the medical staff of the asylum, and many interesting cases were exhibited with notes. The thanks of the Association are due to Dr. Bond for his generous hospitality.

Thanks are due to Dr. Dawson and others in Dublin in connection with a very successful and enjoyable annual meeting in Dublin, when the Association was specially honoured by the presence of the Lord Lieutenant of Ireland at the annual dinner.

The attendance at all the meetings has been good, and the papers have been interesting and of a good standard.

Fourteen Divisional meetings have been held with good attendances. The membership of the divisions, as reported to the May Council meeting, was:

South-Eastern . . . . .	244
Northern and Midland . . . . .	146
South-Western . . . . .	106
Scottish . . . . .	98
Irish . . . . .	62

The Medical Inspection of School Children Committee has continued to meet, and presents a report.

The Housing Committee presents a report.

The British Committee of the International Institute for the Study of the Causes of Insanity continues to meet, and presents a report.

The Parliamentary Committee has held regular meetings during the year, and a special sub-committee has been formed to follow the progress of, and do the necessary work connected with, the Government's Mental Deficiency Bill.

The Educational Committee, which has lost the services of the chairman, Dr. Mercier, owing to ill-health, and of the Secretary, Dr. Stoddart, has met regularly and has passed the final draft of the rules for the nursing examinations, two items only, the length of time allowed for the papers in the first examination and the age-limit, being held over for the consideration of the Annual Meeting to-day.

In November the President called a special meeting for consideration of the status of psychiatry in this country and the position of the assistant medical officer. A special committee was appointed to consider the "status of psychiatry as a profession in Great Britain and Ireland and the reforms necessary in the education and conditions of service of assistant medical officers," and the following resolution was sent to the Educational Committee: "That this meeting strongly urges the importance of necessary facilities being provided to assistant medical officers for obtaining the diploma in psychological medicine and other special qualifications."

Reports of the Educational and Parliamentary Committees have been printed and circulated.

Dr. Robert Jones represented the Association as a delegate at the International Congress on Psychiatry in Tunis, 1912.

The honour of knighthood has been conferred on two members of the Association by his Majesty the King, namely Sir Thomas Clouston and Sir George Savage, and the Association at its February meeting passed resolutions of congratulation.

The Journal continues to be much appreciated and the sale continues to show an increase.

The entries for the Nursing Certificate examinations during the past year have been 194 in November and 653 in May for the final, and 191 in November and 652 in May for the preliminary.

Thanks are due to the Registrar and Divisional Secretaries for the work so willingly given to the Association.

The President, Dr. Dawson, has presided over the meetings of the Association with dignity and courtesy.

Dr. C. Hubert Bond, the General Secretary, has been appointed a Commissioner in Lunacy for England and Wales and has resigned his post after filling it for nearly six years. An illuminated address has been prepared for presentation to him this afternoon.

The GENERAL SECRETARY read the report of the Council and proposed its adoption. He added that there had been a steady progress throughout the whole of the last ten years.

Dr. SOUTAR seconded, and it was adopted.

The PRESIDENT announced that a communication had been received from Professor Jules Morel, of Ghent, in which he said: "I wish the Medico-Psychological Association the best success, and very much regret not being enabled to be present at this celebrated meeting, which I hope will be followed by a long discussion upon the prophylaxis against mental degeneration." A letter had also been received from Professor Benedict, of Vienna, in which he said his state of health did not permit him to travel, but he had a great wish to renew his former acquaintanceships in the Association, and to make friends with the younger

# THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—For the Year 1911.

## REVENUE ACCOUNT—January 1st to December 31st, 1911.

1910.		1910.		1910.	
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
599 0 10	To Journal, Printing, etc.	476 5 9	Income.	220 0 0	By Dividends
267 9 10	Examinations, Association Prizes, etc.	313 0 4	...	36 15 4	" Sale of Journal
57 10 1	Petty Disbursements, Postages, etc.	44 5 1	...	16 10 9	" Handbook
159 0 0	Annual, General and other Meetings	194 14 7	...	13 18 9	" Advertisements
56 0 0	Rent of Premises and care of Office	61 0 0	...	287 4 10	" Statistical Forms, etc.
6 6 0	Audit and Clerical Assistance	6 6 0	...	13 13 0	" Fees, Certificates of Psychological Medicine
108 6 0	Miscellaneous Account	89 15 5	...	359 8 6	" Certificates of Proficiency in Nursing
28 17 7	Library Account	0 17 0	...	760 4 0	" Subscriptions
1180 10 4	Balance	1186 4 3		373 1 6	
161 2 9		280 9 8		760 4 0	
1341 13 1		£1466 13 10		£1466 13 10	

## BALANCE-SHEET—31st December, 1911.

1910.		1910.		1910.	
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1946 7 3	To Journal Account, balance	0 19 6	Liabilities.	404 11 3	By Lloyd's Bank:—Bankers
161 8 9	Examinations Account, balance	31 13 0	...	498 10 6	" Stocks value at this date:
2107 10 0	Petty Disbursements Account, balance	12 7 0	...	306 6 1	New Zealand, 3½ per cent.
24 13 6	Meetings Account, balance	21 6 5	...	86 16 5	Do. do. (Hack Tuke Memorial)
50 15 10	Rent, etc., Account, balance	16 10 0	...	190 11 4	Victoria, 3 per cent. (Dr. Paul's Bequest)
75 9 4	Audit, etc., Account, balance	20 12 1	...	185 0 7	Do. do. (Manchester Corporation, 3 per cent.)
	Miscellaneous Account, balance	41 19 4	...	197 4 11	New South Wales, 3½ per cent.
	Library Account, balance	41 19 4	...	380 8 0	Midland Railway Preference, 3½ per cent.
	Gaskell Fund Account, balance	148 7 4	...	200 0 0	New South Wales, 3½ per cent.
2023 0 8	Balance at 1st January	2023 0 8	...	1847 0 3	Sales Account, balance
161 8 9	Add: Balance of Revenue Account	280 9 8	...	37 6 9	Fees Account, balance
2107 10 0		3312 10 4	...	133 17 6	Subscriptions Account, balance
24 13 6	Subscriptions written off	38 2 1	...	...	Examinations Account, balance
50 15 10	Decrease in Value of Stocks	4 10 1	...	£2122 15 7	
75 9 4		2274 8 3	...	£2234 9 9	

(Signed) H. HAYES NEWINGTON, TREASURER.  
(Signed) WOODINGTON & BOLT.

R. H. STEEN,  
R. PERCY SMITH, } AUDITORS.

generation in the specialty. He sent his congratulations and good wishes for success.

Dr. HAYES NEWINGTON proposed that the communications from those distinguished men be entered on the minutes.

Dr. MACDONALD seconded, and it was carried.

#### THE TREASURER'S REPORT.

The TREASURER (Dr. HAYES NEWINGTON) said his report was in the hands of members, and he had there the bank pass-book, which was open for inspection. He had pleasure in reporting the continued prosperity of the Association's finances, and he had received the direction of the Council to invest up to another £400 of the balance which the Association had standing to its name. He concluded by moving the adoption of the Report.

Dr. MACDONALD seconded, and it was carried.

#### REPORT OF THE EDITORS.

In the conduct of the Journal during the past year, the Editors have endeavoured to follow the course which the former senior Editors, who resigned in 1911, had adopted with such acceptance.

They desire to record their grateful appreciation of the active interest which Dr. Rayner and Dr. Urquhart have continued to take in the Journal.

They wish to extend a cordial welcome to Dr. Drapes, and to thank the Association for his election to the Editorial Staff.

JAMES CHAMBERS.  
JOHN R. LORD.  
LEWIS C. BRUCE.

Dr. CHAMBERS submitted the Editors' Report, and moved its adoption. It was duly carried.

#### AUDITORS' REPORT.

Dr. PERCY SMITH presented the Auditors' Report, and moved its adoption.

The Auditors beg to report that they have carefully examined the Treasurer's accounts and vouchers for receipts and expenditure for the year 1911 and find them to be perfectly correct. They note with satisfaction that the balance on the year's working of the Association amounts to £280 9s. 8d. as compared with £161 2s. 9d. for 1910. This is the largest balance ever made in one year, and is largely due to the sale of the JOURNAL and the fees received for examinations.

They regret to see that the amount due for subscriptions unpaid at the end of the year has risen again to £133 17s. 6d. and that £33 12s. had to be written off on this account.

They understand that the Treasurer's clerk receives a remuneration of £3 3s. for assisting in keeping these complicated and voluminous accounts. They consider that £5 5s. would be a more generous allowance and beg to recommend this sum.

They wish to express their unstinted admiration at the way in which the financial business of the Association is managed by the Treasurer and at the clearness with which its position is shown in the accounts as set out by him, and they trust that the Association may long continue to enjoy the services of such a valuable and efficient officer.

R. H. STEEN.  
R. PERCY SMITH.

Dr. SOUTAR seconded, and it was carried.

#### REPORT OF THE EDUCATIONAL COMMITTEE FOR THE YEAR 1911-12.

The usual meetings of this Committee have been held during the year. The Registrar reports that 204 candidates presented themselves at the November and May examinations, and that 122 passed the Paper and 170 passed the Final *vid voce*, and 117 passed both portions of the examination. There were 813 who presented themselves for the Final examination. Of these 489 passed the Paper; 808 presented themselves for the Final *vid voce*, of whom 693 passed. The

final result of the examination was that 455 passed the whole examination and received certificates.

In July, 1911, there were five candidates for the Professional Certificate, all of whom were successful. Dr. Porter Phillips, of the Bethlem Royal Hospital, gained the Gaskell prize, and the bronze medal was gained by Dr. Graham Garnett, of Murthly.

As in former years, many disciplinary cases have been inquired into by the Committee, and recommendations made to the Council upon them.

In November there were 191 entries for the preliminary examination; 17 of these withdrew, leaving a net entry of 174; 108 of these passed. There were 201 entries for the final examination; 7 of these withdrew, leaving net entry of 194; 115 of these passed.

Application has been made from one of the superintendents in South Africa that some nurses should be allowed to write their papers in the Taal language. This matter is still under consideration.

During the year the Educational Committee had, with much regret, to accept the resignation of Dr. Mercier as Chairman of this Committee, the reason for resignation being that of ill-health. Dr. Maurice Craig was elected Chairman. The resignation of Dr. Stoddart as Secretary was also received with regret by the Committee, and Dr. Porter Phillips has been elected as the new Secretary.

(Signed) MAURICE CRAIG, *Chairman*.

J. G. PORTER PHILLIPS, *Secretary*.

Dr. PORTER PHILLIPS read this report, and moved its adoption.

Dr. MILLER seconded.

Dr. MILLER said that arising from that report there was a motion, which was originally to have been brought forward by the Chairman of the Educational Committee, who was unfortunately absent, and therefore he had been asked to deal with it. In the Association's regulations for the training and examination of candidates, No. 11 stated that every candidate for the Preliminary examination must not be less than twenty-one years of age by the date of the examination. It was also stated in the rules for the conduct of the examination that three hours were to be allowed for the paper for the Final, but only two hours for the paper for the Preliminary examination. Further on in the regulations it stated that the rules for the conduct of the Preliminary examination were similar to those for the Final, with exceptions, which exceptions, however, did not include the question of the duration of the examination. It appeared to him to be desirable that the rule relative to the age of the candidate should be deleted. He thought that if a nurse or attendant were sufficiently old to enter the service and take over the care of the insane, she was surely capable of entering for the Preliminary examination at the end of a year's service. He did not think a line should be drawn in that respect. It meant that the girl could not be qualified until she was over twenty-three years of age; yet in the medical profession he believed many were qualified at the age of twenty-one. He proposed that Rule 11 be deleted, and that sub-section G of Rule 17 for the conduct of the examination be amended, so that the time allowed for the written portion might be the same for both the Preliminary and Final examinations. He thought that the rules for the conduct of the examinations should be amended so as to coincide with those for the training and examination of candidates.

The PRESIDENT said it would be more convenient to take these two questions separately. The meeting would first consider the proposition that Rule 11 be deleted.

Dr. MACDONALD seconded.

Dr. POPE asked whether what was now proposed could be done only in general meeting. Also, had the matter been thrashed out first at the meeting of the Educational Committee?

The PRESIDENT replied in the affirmative to both questions.

Dr. MENZIES asked whether there was any age rule for the granting of the certificate; must candidates be over twenty-one years of age then?

Dr. MILLER replied that there was no regulation regarding the age of the candidates who presented themselves for the final examination.

Dr. MENZIES thought there should be a rule, even if it were only for the granting of the certificate.

Dr. POPE pointed out that the legal majority of a woman was eighteen years.

Dr. MENZIES said that at his institution nurses signed on for three years, and in the case of those under twenty-one years of age they asked the father to pay if the nurse left before the three years had expired. That course had been upheld in the county court. If the meeting wished he would put his idea as an amendment, that twenty-one should be the age at which the final certificate was given after the three years' training.

Dr. MILLER said he was willing to accept the suggestion that an age-limit should be fixed for the final examination, or for the granting of the certificate.

Dr. POPE said he thought this question should be referred back. But he would be prepared to support Dr. Miller if it had already been thrashed out in committee. He did not care to take the chance votes of those present, who might not have read the subject up.

Dr. J. B. SPENCE said the matter was thrashed out at the meeting of the Educational Committee, and it was arranged that it should be brought forward. That committee had no power of their own to decide it.

Dr. PERCY SMITH asked whether a rule of this kind could be altered without the subject of it having been notified on the agenda paper, and due notice given of it. Nobody had had an opportunity of considering the matter. There was no mention of age on the agenda paper.

Dr. MENZIES said it came under the presentation of the rules, which came up for confirmation to-day, and therefore it was germane to introduce any fresh discussion upon them.

The PRESIDENT said Dr. Menzies was quite correct. The rules were up for confirmation that day, and it would delay their publication if they were sent back again. They had already been much delayed. Dr. Menzies' point rather complicated the matter. He asked whether Dr. Miller accepted Dr. Menzies' recommendation.

Dr. POPE said he had no right to do so.

The PRESIDENT remarked that he had such a right if the meeting would grant him permission. Would Dr. Miller accept the recommendation that no candidate under twenty-one years of age should have a certificate?

Dr. SOUTAR asked whether, as a matter of convenience, it would not be better to carry this motion which had been proposed by Dr. Miller, and then submit the other? They concerned totally different questions. What Dr. Miller wanted to effect at present was to permit candidates under twenty-one years of age to present themselves for the preliminary examination. But that was very different from saying at what age the certificate might be granted.

Dr. BOWER asked that the clause might be read again.

Dr. MILLER said he would read Rule 11, relative to the training of candidates for the nursing certificate: "Every candidate for the Preliminary examination must not be less than twenty-one years of age at the date of the examination." That was the rule which he asked should be deleted, on the ground that he did not think a nurse should be disqualified from going in for an examination at the end of twelve months' service in an asylum. She must have been accepted by the Superintendent as fit to do nursing. ("Agreed.") That was a very simple proposition.

Dr. HAYES NEWINGTON asked whether it would be safe to delete that rule. Would the insertion of the word "final" before "examination" cover the point?

The PRESIDENT pointed out that Dr. Menzies would be in order to move a new rule.

Dr. MENZIES replied that he considered that the alteration of one word would have made the old rule all right.

Dr. MILLER said those rules, from No. 11 on, dealt entirely with the Preliminary examination, and the insertion of a rule relative to the Final examination would naturally be wrong. But if one went further on, where mention was made of certificates being granted, a rule could be inserted there to the effect that no certificate should be given to a nurse under twenty-one years of age.

Dr. MENZIES said he would move that. He raised the question because his inclination had been to get them at the higher age, not qualifying before they reached twenty-four years. But when the matter came before the Educational Committee he was out-voted. He was now willing to reconsider his position, and he proposed

that a rule be inserted where Dr. Miller suggested, "That the Nursing Certificate be not granted to any nurse or attendant under the age of twenty-one." It would come at about Rule 21.

Dr. KEAY seconded.

Dr. POPE asked, if this was carried, whether it would form part and parcel of the Rules.

The PRESIDENT read the words again.

Dr. BOWER asked whether it could not be moved in a form which would save re-numbering of the rules.

The PRESIDENT replied that one had been cut out already, and it meant simply a slight shifting of the numbers.

The new rule was then put and carried.

Dr. MILLER said his second point was that in the rules for the conduct of the examination for the Nursing Certificate it stated in Rule 4, "Three hours are allotted for the candidates to write their answers." It then gave instructions about not writing the name on the paper nor the name of the asylum from which the examinee came, and stated—"Three hours are allowed for this paper." Later on in the regulations it said, under heading "D," as regards the Preliminary examination, "The rules of conduct of the Preliminary examination are similar to those for the Final, with the following exceptions," which exceptions did not include any statement of a difference in the time allotted for the examination. If three hours were to be allowed, he did not see why that should not be passed and the matter settled. The rules for the conduct of the examination really contradicted one another. Under heading (a), sub-section 4, was the rule with regard to three hours being allowed, and further on, under D, special rules for the Preliminary Examination, it stated "These rules are similar to those for the Final, with exceptions," but they did not include any rules relating to the time allotted for the examinations, which they should do, if three hours were to be allowed. In answer to the President, he said he suggested it should be stated that three hours were allowed for each paper. His whole desire in raising the point was to get the regulations finally settled, and he would have liked to stipulate that no change should then be made in them for the next five years.

Dr. GILL asked whether there was anything about the subjects for examination.

The PRESIDENT replied that that was not germane to the present discussion.

Dr. GILL said it was rather ridiculous to make the time allowed for the preliminary examination the same as for the stiffer examination. He would have liked to ensure that some of the examinees should be better educated. Some seemed incapable of writing a satisfactory report, and so a kind of entrance examination in reading, writing and arithmetic might be good. If three hours were to be allowed he thought the candidates should be given something to think about.

The PRESIDENT thought that was opening up rather too large a question to be brought forward now.

The suggested alterations, with the Report, were then approved.

The PRESIDENT asked Dr. Spence to bring forward the Report of the Parliamentary Committee.

Dr. J. BEVERIDGE SPENCE said it was the duty of the Secretary to the Parliamentary Committee to bring forward the Report, but he wished him, Dr. Spence, to read the Report, and express to the meeting his regret that he was unable, for several reasons, to be present. He proposed that the report, as printed and circulated, and the report of the previous day's proceedings, be received and adopted.

Dr. MILLER seconded.

The PRESIDENT said that it would be necessary to make the needed additions to the report as circulated.

Carried.

#### ANNUAL REPORT OF THE PARLIAMENTARY COMMITTEE, 1911-12.

Your Committee has met four times.

It has been largely occupied by a careful analysis of the Asylums Officers (Employment, Pensions and Superannuation) Bill, and a statement of the results arrived at has been printed and circulated among members of the Association.



Three Bills on the Care and Control of the Feeble-minded, which are now before Parliament, have received attention. The Government's Bill on this subject has received special consideration, and a Select Committee has been appointed to deal with the matter, and this Committee has prepared a memorandum setting forth its views and the amendments it proposes.

Other matters under review include: The Scottish Lunacy Bill, the Additional Commissioners' Bill, Sir Charles Nicholson's Bill, and the National Insurance Act.

J. B. SPENCE, *Chairman.*

H. WOLSELEY-LEWIS, *Secretary.*

#### ADDITIONAL REPORT.

The Parliamentary Committee met in the Guildhall at 2 p.m. on July 10th, 1912, and a prolonged consideration was given to a report upon the Mental Deficiency Bill now before Parliament which was submitted by a Special Committee appointed to examine the details of the Bill.

It was recommended:

- (1) To substitute the Lunacy Commissioners as the authority under the Bill for the Board of Control proposed, and that provision should be made for the addition of a due proportion of fully-qualified men to the said authority.
- (2) To limit the scope of the Act to certain classes of defectives whose continued presence among the population at large is undesirable.
- (3) To prevent irritating restrictions in the case of harmless defectives.
- (4) To extend the benefits of the Act to rich as well as poor defectives.
- (5) To make it clear that persons up to sixteen years of age are not to be interfered with by registration while there is a chance of these being improved by training in schools or otherwise.
- (6) That the benefits of the Act be extended to Ireland; and
- (7) That the Sub-Committee be re-appointed further to consider the Bill and to report further.

A conversation took place with regard to the National Insurance Act, but no formal resolutions were made upon this question.

*The Mental Deficiency Bill.*—Dr. MIDDLEMASS asked whether the Committee had discussed the question of making representations to the Government Department in charge of this Bill as to the views of the Association. He thought it was well that those views should be put before the Government, because members felt that there were certain important modifications which should be put into the Bill.

The PRESIDENT replied that the whole Bill would come up for discussion on the following day. After that meeting the Association could make what representations it chose.

The report was carried.

#### LIBRARY COMMITTEE.

The Library is open daily for reading, and for the purpose of borrowing books. Books may also be borrowed by post, provided that at the time of application threepence in stamps is forwarded to defray the cost of postage. Arrangements have been made with Messrs. Lewis to enable the Association to obtain books from the lending library belonging to that firm should any desired book not be in the Association's Library.

The following work has been presented to the Library by the author:

J. Larned.—*Life and Work of William Pryor Letchworth.*

A large number of books have been bound, including a complete set of the Commissioners' Reports.

The Council has acceded to the request of the Library Committee that the book-cases at present in the Library should be provided with glass doors, and this much-needed improvement is now being proceeded with. A similar alteration is being made in the cupboards in the additional room recently acquired by the Association.

Application for books should be addressed to the Resident Librarian, Medico-Psychological Association, 11, Chandos Street, Cavendish Square, W. Other communications should be addressed to the undersigned at Northumberland House, Green Lanes, Finsbury Park, London, N.

BERNARD HART,  
*Hon. Secretary Library Committee.*

Dr. FLETCHER BEACH, in the absence of the Secretary of this Committee, proposed the adoption of the report submitted.

This was carried.

#### APPOINTMENT OF AUDITOR.

The PRESIDENT pointed out that it was necessary, at the annual meeting, to appoint an auditor for the ensuing year.

Dr. MACDONALD asked whether Dr. Steen retired as a matter of course, and on the PRESIDENT replying in the affirmative, proposed Dr. Langdon Down as auditor for the ensuing year.

Dr. BLAIR seconded, and it was carried.

#### HOUSING COMMITTEE.

The Housing Committee begs to report that, at the invitation of the Medical Society of London and the Council, it inspected the additional accommodation suggested for the use of the Association, and reported to the May meeting of the Council that it recommended that an agreement should be concluded with the Medical Society for the use of the two rooms on the ground floor at 11, Chandos Street (one being enlarged by taking in the cloak-room), together with the use, as at present, of the large meeting room and library for general and council meetings. It understands that such an agreement has been concluded at an increased rental.

R. PERCY SMITH,  
*Chairman.*

Dr. PERCY SMITH submitted this report, and concluded by moving its adoption. Dr. BOWER seconded.

Dr. HAYES NEWINGTON (Treasurer) said the Medical Society of London, the Association's landlords, had sent him a draft of the proposed lease. He had made some remarks on it and forwarded it to the Association's solicitor. He had not heard from that gentleman in reply, but he understood that if this gentleman approved the lease, the President, the Secretary, and himself would sign it on behalf of and with the authority of the Association.

Dr. MENZIES asked what was the duration of the lease.

Dr. NEWINGTON replied that the duration was seven years, terminable, if necessary, at three years by giving six months' notice.

The report was carried.

#### REPORT OF THE COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOL-CHILDREN (ADOPTED BY THE ASSOCIATION AT ITS ANNUAL MEETING).

The Committee consists of Drs. G. A. Auden (Medical Superintendent to the Education Committee of the City of Birmingham), Fletcher Beach (late Medical Superintendent, Darenth Asylum), W. Bevan-Lewis (late Medical Superintendent, Wakefield Asylum), C. Hubert Bond (Commissioner in Lunacy for England, Secretary of the Committee), R. H. Bremridge (Medical Officer to the Educational Committee of the County Council of Wiltshire), Chas. Caldecott (Medical Superintendent of Earlswood Asylum), J. Carswell (Certifying Physician in Lunacy, Parish of Glasgow), James Chambers (Co-Editor of the *Journal of Mental Science*), Sir Thomas Clouston (late Physician Superintendent, Morningside, Royal Asylum, Edinburgh), J. Benson Cooke (H.M. Prison Service, Wakefield), W. R. Dawson (President of the Medico-Psychological Association, and Inspector of Lunatics in Ireland), T. Drapes (Medical Superintendent, Enniscorthy Asylum), A. G. R. Foulerton (Medical Officer of Health, East Sussex), John Macpherson (Commissioner in Lunacy for Scotland), Charles Mercier (Visitor of State Inebriate Reformatories), H. H. Newington (Ticehurst; Chairman of the Committee), F. E. Rainsford (Chapelizod, Dublin), A. Rotherham (Medical Superintendent, Darenth), James Scott (Governor, Holloway Prison), G. E. Shuttleworth (late Medical Superintendent, Royal Albert Asylum; Medical Examiner of Defective Children, Willesden), R. Percy Smith (late Medical

Superintendent of Bethlem Royal Hospital), F. R. P. Taylor (Medical Superintendent, East Sussex County Asylum; late Medical Superintendent, Darenth Asylum), A. F. Tredgold (Consulting Physician to the National Association for the Care of the Feeble-Minded), A. Warner (Medical Officer to the Leicester Education Committee).

The reference to the Committee was: "To inquire into the propriety of the Association framing and tendering to authorities advice on the search for and the definition of mental deficiency which is incompatible with the retention in elementary schools, with suggestions for the appropriate treatment of such deficiency, and to consider any other cognate matters."

The Committee has held nine meetings; in addition, a careful *précis* of the transactions of each meeting has been circulated among the members of the Committee, who were invited to make representations thereon, for consideration at the following meeting. In consequence, the various questions included in, or attached to, the reference have been fully considered.

The Committee at once recognised the fact that, as regards general principles, it was to a great extent following in the footsteps of the Royal Commission on the Feeble-Minded, and that it was dealing with subjects which were receiving current attention in other quarters. Nevertheless the Committee has endeavoured to treat independently all questions on their merits, and on these lines it has come to conclusions which support the general findings of the Commission. It has, however, endeavoured to consider details from the personal and varied experience of its members, especially with regard to the scientific recording and "following up" of the progress of mental defectives. It attaches considerable importance to the formation of a complete *dossier* of each defective; and it thinks that for the better study of a case of mental disorder, even though at the time of school mental insufficiency might not have been apparent, it should be possible to refer to its school experience.

It is of the opinion also that closer relations between medical officers of the school and the asylum will be advantageous. It is possible that a warning as to the occurrence in a parent of those forms of insanity, which by their nature and time of happening may threaten to bring about early evidence of hereditary defectiveness of mind in the offspring, may be of some service in modifying normal education where such may produce stress on a possibly deficient brain.

The Committee is strongly of opinion that, in spite of any statements to the contrary, the provision of suitable means of training for children with low intellectual power, and the elimination of means of education which are not suitable to such children, may be found to be economically helpful. Experience shows that it is almost impossible to say beforehand that any child cannot be of some service, however slight, to the community. Such an opinion can only be formed after the capacity of the child has been practically tested for some period of time, and obviously such tests cannot be applied unless there is appropriate machinery in existence. On the other hand, experience proves that under scientific regulation, such as exists at Darenth, considerable saving can be made out of the work of those who, without that work, would be troublesome drones. The Committee feels certain that it is wrong, socially and economically, to allow a large number of cases (adults and children) of mental deficiency to remain deteriorating in institutions without being afforded opportunity for practical trials.

The following recommendations and resolutions have been adopted by the Committee for presentation to the Annual Meeting:

#### RECOMMENDATIONS AND RESOLUTIONS.

(1) The Committee, having seen the Schedule of Medical Examination of Children for Mental Defect, which appeared as an appendix to the Annual Report for 1909 of the Chief Medical Officer of the Board of Education, begs to endorse that schedule, suggesting certain amplifications (see Appendix 1). The Committee further considers that it is most desirable that local education authorities should provide facilities for consultation in doubtful mental cases between school medical officers and recognised experts in mental disease, including the past and present medical superintendents of institutions for mental defectives.

(2) That in all cases of mentally defective persons, provision should be made for a history of each case being kept as long as the case is under official supervision, and that records of the case should be preserved for reference. The Committee further considers that the schedules of school medical inspection of every child should be preserved for future reference, in case of mental failure at a later period of life.

(3) When special provision has been made for the education of a mentally defective child under the Elementary Education (Defective and Epileptic Children) Act or otherwise, a report should be made to the local education authority or other authority providing, by an expert, for the purpose of ascertaining the results, if any, of special treatment.

(4) It is desirable that medical superintendents of county and borough asylums should be empowered to communicate with school medical officers about any cases under their care, whose children are attending elementary schools under the supervision of those officers.

(5) The Committee is of opinion that an essential feature in the solution of the mental defective problem should be that adequate arrangements be made for the continuous detention and control of mental defectives requiring such care.

(6) The Committee has no hesitation, after the inspection of Darenth, in expressing the opinion that the expense of the education and training of mentally defective persons, if properly conducted, is justified.

(7) With regard to the suggestions for the appropriate treatment of juvenile deficiency, the Committee has not been able to draw up any formal recommendation which would adequately cover such an immense field of inquiry and, at the same time, be of practical use. The mere question of relative density of population renders it impossible to formulate any single proposition. There are other factors to be considered, such as the difference in intelligence, natural habit of thought, environment and anticipation of future calling and occupation, which exists between urban and rural children, and the obvious effect of variation in the extent of deficiency in any particular class.

The Committee recognises that, after all, the principal provisions for treatment must depend on the fitness, relative or absolute, of the defective for receiving modified education or training, independently of personal care and control, or the reverse. On such a footing appropriate provision will, with any necessary modifications, probably work out in the shape either of "special classes" or of institutional life, when by reason of their defect or of the unsatisfactory condition of home surroundings the special classes do not fulfil all requirements.

With regard to the special classes, in certain cases the only chance of justice being done to mentally defective children would appear to lie in co-operation between areas which cannot afford to make provision by themselves. In a large town of 160,000 inhabitants, Mannheim, a system is adopted which is set out in Appendix 2.

With regard to the second line of treatment—the institutional—there is room for difference of opinion. But the Committee puts forward (see Appendix 3) a suggestion of a colony, which, it thinks, has much to recommend it in economy, convenience and benefit to the afflicted. It is quite recognised that all such propositions must be made subject to the details of the legislation, which is so imperatively and universally demanded; but it is confidently thought that such legislation will not contain any provisions that will be inimical to the general idea.<sup>1</sup>

Though of course this suggestion is adaptable to the care of the feeble-minded in all classes of area, it gives chief consideration to the requirements of a rural county area. The principles must be the same everywhere; but there are differences between urban and rural areas which require different practical treatment. The comparative density of population is such a difference.

Since in certain cases continuity and permanence in supervision of mentally defectives is now admitted to be essential, the Committee has rather gone beyond the childhood limit in its ideas, believing that economy and efficiency can be secured only by considerable concentration and by avoidance of a break in that supervision.

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<sup>1</sup> Since this Report was drafted it is found that the legislation proposed does not in any way interfere with the institution of colonies.

The Committee is of the opinion, also, that the existing institutions for idiots, such as Earlswood, the Royal Albert Asylum, etc., may be taken as types of institutions that will be required for such mental defectives as cannot be conveniently treated in colonies. Their present geographical distribution permits of the existing institutions becoming nuclei for certain districts, others being required to fill up gaps so that the whole of the Kingdom should be supplied with such accommodation.

H. HAYES NEWINGTON (*Chairman*).  
C. HUBERT BOND (*Secretary*).

#### APPENDIX I.

##### *Schedule of Medical Examination of Children for Mental Defect.*

*Note.*—The object of the following schedule is to facilitate the investigation of suspected cases of mental defect. It is of a suggestive nature only, and is printed in the present form for the convenience of school medical officers making inquiries into the mental condition of feeble-minded children.

I. *Name of child, address, name of school.*

II. *Particulars of home conditions, environment, school attendance, and other factors.*

III. *Family history.*

Insanity, feeble-mindedness, alcoholism, tuberculosis, miscarriage, syphilis, epilepsy, other characteristics.

IV. *Personal history.*

Constitutional defects, injury at birth, malnutrition, rickets, diseases of childhood, commencement of teething.

Walking.

Speech, etc.

Physical state of mother, length of gestation, convulsions, accident.

V. *Physical conditions.*

(a) *General.*

Speech:—defective articulation.

Sight:—blindness, total or partial, errors of refraction.

Hearing:—(deaf-mutism, partial deafness, partial mutism).

Nose and throat:—Enlarged tonsils, adenoids, mouth-breathing.

Control of spinal reflexes and of salivation.

(b) *Stigmata.*

General retardation—Cretinoid development.

Cranium—microcephaly, hydrocephaly, asymmetry, rickets, imperfect closure of fontanelles, simple head measurement.

Hair—double and triple vortices, wiry or supple.

Face—irregularity of features.

Lower jaw—protruding or receding.

Eyes—mongoloid, presence of epicanthic fold.

Ears—size, setting, conformation, lateral sympathy, size of lobes, attachment of lobe to the cheek, supernumerary lobules.

Tongue—enlarged, furrowed, papillæ enlarged.

Teeth—irregular, absent, enlarged incisors.

Palate—arched, narrow.

Fingers—webbed, clubbed, defective in number or shape, supernumerary digits.

Limbs—Excessive length of upper limbs.

VI. *Mental Conditions.*

(a) *Reactions of Motor Mechanism.*

1. Formation of motor ideas. (Execution of simple and new movement from imitation.)

2. Storage of motor ideas. (Execution of simple familiar command by word of mouth.)

3. Power of control, initiative, purpose and concentration. Success of motor output. (Execution of familiar complex movement.)

4. Motor incompetence. Attitude in standing—Position of head, spine, knees. Gait. Position of arms, hands, fingers, in horizontal extension. General balance.
  5. Motor instability. (Habits.) Rocking of body, rubbing hands, spitting, biting nails, or licking lips.
  6. Motor disturbance. Tremors (face, hand, tongue), chorea, epilepsy, aphasia, hemiplegia.
- (b) *Reactions resulting from sensory stimulation.*
1. Attention—Colour, size, shape, smell.
  2. Formation of memory images.
    - (a) Recognition; objects, sounds.
    - (b) Recollection.
  3. Association of ideas.
  4. Judgment (*e.g.*, length, size, distance).
  5. Relationship (similarity, contrast, symbolism).
  6. General concepts (possession, self-protection, purpose, concentration, initiative).
- (c) *Emotional conditions*: interest, excitement, aggression, co-operation, affection, etc. (positive or negative phases).
- (d) *Tests of intelligence*—
1. Description of pictures, models, objects, familiar events.
  2. Letters, words, reading (word-blindness).
  3. Counting, manipulation of simple numbers, simple money values.
  4. Writing.
  5. Manual tests.
- (e) *Tests of will power (under the above headings).*
- VII. *Diagnosis.*—
- |   |   |  |
|---|---|--|
| <ol style="list-style-type: none"> <li>(a) Physically defective—stating defect.</li> <li>(b) Blind or partially blind.</li> <li>(c) Deaf-mute or semi-mute or semi-deaf.</li> <li>(d) Epileptic.</li> <li>(e) Merely dull or backward.</li> <li>(f) Mentally defective (feeble-minded).</li> <li>(g) Imbecile.</li> </ol> | } | <p><i>In this group the symbols "a" to "g" are intended to be correlated when necessary.</i></p> |
|---|---|--|
- VIII. *Treatment recommended.*
- (i) An ordinary public elementary school.
    - (a) Normal.
    - (b) Normal, but backward.
  - (ii) A special class for dull and backward children.
  - (iii) Special school (day or residential).
 

<ol style="list-style-type: none"> <li>(a) Feeble-minded . . .</li> <li>(b) Moral defective . . .</li> <li>(c) Epileptic . . .</li> </ol>	}	<p>With notes as to after-care, custody, and the degree and character of manual training and ordinary school teaching likely to be advisable.</p>
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  - (iv) Unsuitable for special schools.
    - Imbecile, ineducable, invalid.
- NOTE.*—*The above Schedule of Medical Examination was published by Sir George Newman, M.D., F.R.S.E., in his Official Report to the Board of Education for 1909, p. 208. The Committee have made some minor additions with the full approval of Sir George Newman.*

## APPENDIX 2.

*The Mannheim System.*

The following is a short sketch of this system, communicated by one of the Committee, Dr. Auden of Birmingham, who has studied it *in loco*.

The principal elementary schools correspond to what we should term normal schools. There are eight classes or grades, through one of which each child should pass each year between the ages of six and fourteen. Ninety *per cent.* of the children do so. For the brilliant scholars, various forms of secondary education are amply provided. If, however, at the end of a year, a child cannot satisfy the teachers that it is fit for promotion, it is relegated to another and parallel system of classes, the "coaching" or "repeaters" classes. Here during

the next year it practically repeats the work of the class in which it failed to progress. It is important to note that, whereas in the chief classes the maximum teaching of children per class is forty-five, in the repeaters class the maximum is brought down to thirty-five. If the child progresses sufficiently well he goes up a grade in this school each year. If he regains ground he is sent back to the chief classes, but will always be one year behind his class-age. The classes are divided, so as to allow of more individual attention. If, on the other hand, a child does not get on properly, it is sent to a third parallel series of classes, the "auxiliary" classes, which are held in the same buildings as the "coaching" or "repeaters" classes. These, in Dr. Auden's opinion, are in strict conformity with the special classes established in England under the Defective Children's Act of 1899. Here the teaching is more concentrated still, the staff being as one to twenty as a maximum, but as a rule there are only fifteen children in a class, which is divided further into two divisions. At this point medical research comes into play, for each child's case and history are accurately taken, and it is very carefully examined by the school medical officer for any mental or bodily defects before it is sent to these classes; in doubtful cases the child is sent back to the coaching class. There are preparatory classes attached to this division, in which, as also in the lower classes, the teaching is on the kindergarten system. All through this series of classes the training is largely manual, the children attending the ordinary manual centre with the children from the normal classes. The children are retained in this series until fourteen years of age, being carefully looked after as to food, clothing, etc., by a special committee. It is somewhat surprising, and certainly satisfactory, to read that the majority of those who pass through the auxiliary classes become self-supporting. There is yet another receptacle for defectives—the Idiot Asylum—for those who fail to come up to the standard of the last school. This is maintained by the State, and not by the Education Authority. The proportions of children in the schools are about 90 *per cent.* in the chief classes, 10 in the coaching classes and 6 in the auxiliary. It will be noted that this system allows plenty of time for the child itself to demonstrate its capacity for learning, and for the discovery and correcting, if possible, of any physical causes of retardation; it avoids the wasting of slow or damaged brain-power by vain endeavours to teach it with those of higher mental capacity, or, on the other hand, by throwing it on the rubbish heap through neglect; it obviates the waste of teachers' time and energy which depend much on having only one standard of brain to develop at one time; it concentrates teaching where it is most needed; and it is very comprehensive and thorough. The main classes are, as a rule, held in the smaller schools of the six districts into which the town is divided for administrative purposes; the repeaters and auxiliary classes are held for the most part in two large two-department district schools. There is thus no stigma attached to these children, such as is found to attach in England to those who have been transferred to the "silly" or "balmy" school, a stigma which often sticks and prevents the children from obtaining a job afterwards. At the same time the removal of the lower-grade mental defectives (as is contemplated in the 1899 Act in England, but is not strictly carried out) removes the chief objection of parents to send their children to a "special school." The cost is high, but the authority can pride itself on doing its best not only for the sound brain, but for strengthening and preserving that which is weak or damaged. The number of children receiving education in the public elementary schools in Mannheim is about 26,000. The system depends upon a careful decentralisation into complete educational districts. It has been put into practice in many large continental towns, either in part, or entirely, *e.g.*, Bale, Brussels, Copenhagen, Stockholm, Vienna, and in many large German towns.

#### APPENDIX 3.

When, for reasons before stated, it is found that institutional life is required the Committee thinks that the central idea should be that of a colony in one or more selected places in an area. It thinks that there should be rigid adherence to the principle that prospect of improvement by education and training in handicraft should be the essential qualification for admission. It thinks that the machinery of a colony should not be used under any circumstances for the purpose of detention solely.

The children may be divided into the following classes :

- (1) Mentally defective who are not epileptic.
- (2) Mentally defective who are epileptic.
- (3) Epileptic children who are either not at all defective mentally as far as educational purposes are concerned, or who are merely dull or backward.

The form of education will be of three types :

- (1) Physical training.
- (2) Purely manual and industrial training.
- (3) General mental education.

The general arrangements will have to be framed to afford the education or training best suited to each class. Obviously those epileptic children who are only excluded from the normal elementary school on account of their physical disease should not lose their right to general education, which may advantageously be combined with such manual training as will facilitate their becoming useful to a certain extent in after life; on the other hand, the lowest class can only receive strictly manual training.

The fact of epilepsy complicates the whole position, for while many epileptics are much the same as other children except for the convulsions, there is potentiality of their being or becoming defectives of an undesirable nature, while they are often morally defective, and always are a source of harm to other feeble-minded children, who frequently are mimetically impressionable.

A word may be said here about moral imbeciles, who assuredly will have to be provided for somewhere. Assuming that radical improvement in the moral direction is not to be looked for, these still have to be taught, especially in the manual form. For this reason it would appear to be right to include them as scholars in the colony, since it would possess suitable means of giving such training. At the same time as many of them are criminals or quasi-criminals, their inclusion will entail a certain amount of provision for forcible detention, which may be a drawback to the general comfort. In any case they would have to be housed by themselves. By day they could mix under rigid supervision with the other children undergoing manual training.

To provide the manual and industrial instruction there should be a comprehensive set of workshops for such trades, etc., in which the children may be reasonably expected to acquire proficiency. A laundry, and possibly a needle-room, should be attached for training the girls.

As far as possible, the training of the children should commence on the kindergarten idea, and we think that the school should be staffed as far as possible by females, since they are found to be more apt and patient than men in such work.

For the adults such provision as can be seen at Darenth would appear to be suitable and sufficient. Some of the aged defectives might have manual occupation with the children, for which Darenth also supplies a precedent. Thus they would be taken away from the more vigorous life of the adult shops. A competent craft-master should direct the work in the shops.

The adults, after being trained in the schools, may well be housed in cottages on the estate containing from ten to twenty each as may be found desirable. The houses for the men would be conducted by the training staff and their wives, while the nurses and teaching staff would take charge of the women.

The colony should be provided with sufficient land to afford training and occupation for those defectives whose condition, physical and mental, is suited to garden and farm work. Probably a larger number of defectives are capable of being usefully employed in simple outdoor work than in more technical handicrafts.

Dr. HAYES NEWINGTON proposed the reception and adoption of this report, of which further copies were distributed. The Committee had the implied consent of Sir George Newman, chief medical officer of the Board of Education, to the insertion in this report of certain minor additions suggested by it to the schedule appearing in the report of the Board of Education, 1909, drawn up to aid the proper examination by school medical officers of children for the discovery of mental defect. The schedule was before the Committee, who spent a long day over it, being very much helped by the great knowledge on the subject possessed by Dr. Shuttleworth and Dr. Fletcher Beach. After thoroughly thrashing out those points they forwarded the result to Sir George Newman, and he had been good enough to approve of them; but that formal approval could not be obtained



in time to circulate with the Report, as sent five days ago. But that day he, the speaker, had received from the printers the amended Report, which he asked the meeting to accept in place of those circulated. In Appendix 1 of that Report would be found the points which had been attended to. The Committee had been very careful, by means of a footnote, to safeguard themselves against taking credit for the exhaustive schedule. It was due to the Board of Education medical officers, chief of whom was Sir George Newman. Only a few emendations had been suggested by the Committee, and these had been readily accepted by Sir George. The latter had now read the Committee's report, and expressed his cordial approval of it, and said he would like to meet some of the members of the Committee so as to have an opportunity of talking over the matter, and, if possible, of forwarding it. The idea was to get something which was likely to be adopted by all; something which would lead to unified and universal practice. The report was somewhat long, but it was shorter than originally drafted because the Committee was a large one, and contained men with varied lines of thought, some of which were in direct opposition to others. Therefore, by way of compromise, some material had been withdrawn. He thought he might say that, as it stood now, the report represented the general feeling of this large Committee. It was not an unimportant Committee, and the Committee had had the advantage of receiving a large amount of advice from people unconnected with asylum life who were actually dealing with the problems contained in the report. At the same time, those on the asylum side of the question had been able, he hoped, to suggest to those practical gentlemen some lines of thought which might be useful. Appendix 2 represented, in his opinion, a particularly clever idea of making a scheme of education of children applicable to both the healthy and the unhealthy. He took it that a real difficulty in England at present was that there existed no machinery which of itself actually covered the normal and the abnormal children in any given area. There were plenty of experimental schools for the abnormal, but he did not think there was anything like a very specific relation between the normal educational school and the schools for special classes of the abnormal. The design set out in this schedule of the report was as follows: The normal children were all promoted in regular order by age, and those who failed to come up to the age standard were shunted or side-tracked on to a parallel line of schools. And if they could not keep pace with what they ought to do in that second school, they were relegated to yet a third. If they could not get on in the third they were sent to the idiot asylum, and doubtless that was the best thing to do for them. In this procedure was a systematic means of dealing with the whole of the childhood of a neighbourhood together. And, speaking only for himself, he did think that was the great point in reference to this matter, for it embraced the whole lot. And if the teachers of the apparently normal child were not satisfied with his progress, they had ready at hand, without applying to any other authority, a further set of schools to test the child. If the child failed under the test he was put into the proper place for him. With regard to Appendix 3 which concerned a scheme for a colony, he believed the majority of this Committee thought that a colony would be the best form for those children who, being abnormal, could not have the advantage derivable from the first step in the treatment of abnormal children, *i.e.*, by special classes. It was, of course, understood that there were some children so little removed from their normal colleagues that they required but little extra and special teaching. But when one got further away from the normal it became necessary to segregate these children, not only as far as teaching was concerned, but also for custodial care. When that point was reached the Committee thought something in the way of a colony would be very advantageous. There were, in England, many admirable institutions which it was scarcely necessary to name, doing an enormous amount of work, but the Bill dealing with mental deficiency would cover a much larger field than that represented by these institutions. It would more or less bring into view the whole of mental deficiency cases in the village, in the town, and all classes. The Committee thought that a colony, in the sense in which they put it, *i.e.*, an institution with varying opportunities, planted out in a good place, would be of the greatest service. After all, the land was the plane on which man began to work, and it was the plane to which man must return, more or less, when his brain weakened. The Committee thought that if there were plenty of scope and space on land for children and adults to work, a considerable amount of good to

them would naturally follow, and the best return, such as it was, would be extracted from their labour. Members knew what had been done in similar places, and, therefore, with some confidence, the Committee wished to impress on the general body of the Association the value of such colonies.

Dr. SHUTTLEWORTH said he was very glad to second the adoption of this report, inasmuch as it gave him the opportunity of drawing attention to the debt of gratitude the Association was under to the Treasurer, Dr. Hayes Newington, who, not content with his many other activities in the Association, had originated this scheme, and had worked with very great assiduity, industry and tactfulness, in bringing the report to the issue. As Dr. Newington had already said, there were many divergent views represented on the Committee, and, unfortunately, all the members of it could not meet simultaneously. But all the members of the Committee had a *précis* of each committee meeting sent to them, and, if they had not been present, they were requested to add their remarks. It would be readily understood that such a large committee very much complicated the labours of the Chairman, and that gentleman had shown remarkable skill and tact in drawing up this very intelligible and valuable report. With regard to the matters in it, the Chairman had already commented on them, and he did not think it was necessary to add any remarks of his own, except to express the hope that this effort on behalf of the Medico-Psychological Association to show its sympathy with what was going forward in an experimental way throughout the country with regard to the education of abnormal children would bear fruit in the direction of establishing an improved system in the future.

The PRESIDENT pointed out that the gist of the report would be found on page 2, and possibly some of the points mentioned there would invite discussion.

Dr. MACDONALD asked what was meant in Appendix 3, by the words—"When, for reasons before stated, it is found that institutional life is required, the Committee thinks that the central idea should be that of a colony in one or more selected places in an area." He wondered whether it meant that different authorities should combine, or that each county should be one central authority by itself. The question had come up for consideration in his part of the country, and the present idea was that the whole matter should come under, not only the control, but also the supervision of the county council. To take Dorsetshire as a typical case, it had an estate of 400 acres, and surely the natural thing would be for the county to be the authority, as there were no boroughs large enough to become themselves authorities. The idea would be that this central authority, the county council, should, instead of going out to buy land elsewhere, develop on the same estate. He maintained that the dovetailing which would take place within a convenient radius of these defective people and the central institution would often be of the greatest value. At any rate, he wished to express strongly his opinion that the idea of starting another authority, with its different set of officers, etc., was not to be recommended.

Dr. MENZIES suggested that the Association should let sleeping dogs lie; he deprecated saying at present anything about the point raised by Dr. Macdonald.

Dr. HAYES NEWINGTON, answering Dr. Macdonald, said that gentleman's views were his own. The appendix, in its original form, went much further than as it stood now, and in the direction pointed out by Dr. Macdonald. It was the idea originally that the colonies should not be of the asylum, but if it were possible to get them quite near it would be better. But he feared that the idea was not so universally accepted as was hoped, and part of the colony scheme had to be withdrawn. That was one way in which compromise had not, he thought, tended to strengthen the report. He very soon discovered, not only in this Committee, but in his local government world, that there was a tremendous point at issue beneath the surface of this question. Members of the Association, as lunacy authorities, naturally felt that they were the best people to deal with all forms of mental deficiency, right to the end. But that was not the view of the general population, who entertained a suspicion of the lunacy expert, and they went further, and would like to see a greater divorce between administration from the financial point of view, and the local government point of view, a divorce between that and the lunacy department. He thought that would be found to run the whole way through the Bill on mental deficiency, and through everything connected with it. It seemed likely that there would always be a fight between

the lunacy authority and the lay authority. He hoped that sooner or later, and certainly by the help of the efforts of the Association, the lunacy element would be able to hold its own, and that they would be able to show that, after all, the people who saw the more developed phases of lunacy were still broad-minded enough to take proper consideration of the cases of milder degrees of defect. That was the attitude which had got to be faced in connection with the Mental Deficiency Bill, and it led the Association to support the Commissioners in Lunacy being appointed as the controlling Board under that Act, rather than a lay authority, from whom less efficient guidance could be expected.

Dr. DOUGLAS TURNER said that on behalf of the idiot institutions under the Act he strongly supported the plea that they should continue under the Lunacy Commissioners. If the idiot institutions were certified in or under this new Mental Deficiency Bill they would come under the new authority, and there would be dual control, which would cause much friction in the actual work: he spoke on behalf of charitable institutions registered under the Act. They were keen upon keeping under the control of the Lunacy Commissioners, and supported, in every possible way, the idea that the institutions which would come under the new Bill should be also under the Lunacy Commissioners, or some body of which those Commissioners formed a part. No doubt everyone was aware that in the new Bill there was a clause suggesting future amalgamation of that department with the Lunacy Commissioners. Probably that was only for the purpose of keeping people quiet; he did not think there was any real intention that it should be acted on, because he believed he was right in saying that the Lunacy Bill of 1890 suggested a similar amalgamation between the Lunacy Commissioners and the Masters in Lunacy.

The PRESIDENT pointed out that this subject would be more fully discussed on the next day. He therefore put it to the meeting that the report be adopted.

Carried unanimously.

Dr. HAYES NEWINGTON said probably the Secretary would require some information as to what was to be done with the report. A hope had been expressed that it might be sent to various authorities, and he thought the meeting might instruct the Secretary to send it to the Board of Education and the *British Medical Journal*.

Dr. PERCY SMITH thought they should include those who had charge of the Mental Deficiency Bill in the House.

Dr. SHUTTLEWORTH said he would like to suggest that it be sent to county councils and education authorities throughout the country.

Dr. MIDDLEMASS said he would add borough councils.

Dr. MILLER said it should be addressed to the education authorities on those councils, as otherwise it might not reach them.

Dr. SHUTTLEWORTH would get over that difficulty by sending it to both.

Dr. PERCY SMITH thought it should be headed "Adopted by the Association at its annual meeting."

Dr. SHUTTLEWORTH assumed that the school medical officers throughout the country would be included.

The PRESIDENT said he supposed the meeting would empower the Chairman of the Committee to consult with the Secretary and say to whom it should be sent.

Dr. GILL said it should be sent to boards of guardians. He was himself a guardian, and those bodies were taking a keen interest in the matter. It was so in his district, where such children as the Bill aimed at had come under their knowledge. He proposed that it be sent to the clerks to boards of guardians.

Dr. POPE seconded Dr. Gill's proposition.

Dr. BEVERIDGE SPENCE said he did not rise for the purpose of supporting that proposition; he felt that clerks to boards of guardians would be found to be great opponents of the lunacy view of the question which Dr. Hayes Newington expressed. In his own part of the country boards of guardians were themselves establishing colonies. One large union had spent about £25,000 on the acquisition of a site for a colony, not alone for the children referred to in the Bill, but for imbeciles in the workhouse and non-certified patients. On the borders of Birmingham they had already established a home for children, and they reported that it was extremely successful in its results, and had the great advantage over anything which came under the county council, namely, that it was very much

cheaper. That feature would doubtless be expressed strongly, namely, that under boards of guardians they would be able to provide for the cases much more cheaply than the county councils had been able to run their asylums. At all events, the boards of guardians pressed that point emphatically on the public at present, but he did not agree with them. Still, it must be recognised that members of boards of guardians were people with whom the Association would have to deal, and their point of view would have to be taken very fully into consideration. Personally, he would rather that the memorandum should not be sent to boards of guardians, though he would not wish to ignore their influence.

Dr. GILL'S proposition was then put, and lost.

INTERNATIONAL COMMISSION FOR THE STUDY OF THE CAUSES AND THE PREVENTION OF INSANITY.

*British Committee.*

Dr. PERCY SMITH apologised for the omission of notice of this Committee's report from the agenda paper. It was on the agenda of last year's annual meeting. He then read the report, which was signed by Dr. MacDONALD and himself.

During the past year the executive (Central Bureau) of the International Commission has made but little progress in the direction of establishing the work of the national committees on a definite basis, and in consequence the British Committee has been obliged to mark time and await developments. From the outset it has been recognised by all concerned that the foundation of an International Institute for the Study of the Causes and the Prophylaxis of Insanity, however desirable and worthy that may be, must be attended by considerable difficulty. Nevertheless, so little real progress has been achieved by the International Commission during the six years that have elapsed since its constitution, that it has come to be a question, at any rate with the British Committee, as to whether or not the scheme offers a reasonable prospect of ultimate success. Briefly, there have been two serious obstacles to contend with. First, and most important, is the financial difficulty. Appeals made to the Governments of the various countries represented in the Commission for grants-in-aid have proved unsuccessful. No Government has yet contributed towards the funds of the International Commission, with the single exception of the Italian Government, which, at the inception of the scheme, gave a small grant towards defraying initial expenses. During the past year three psychiatric societies have each subscribed 100 fr., viz. the Medico-Psychological Association of Great Britain and Ireland, the Società Freniatrica Italiana, and the Verein für Psychiatrie of Vienna. These sums have merely sufficed to cover the necessary expenditure by the Central Bureau.

The second difficulty the Commission has had to face has been the formulation of a definite programme of subjects which might form the immediate objects of study and inquiry in the separate countries, and at the same time permit of fruitful co-ordination by the Central Bureau. At the meeting of the Commission held in Berlin in October, 1910, it was agreed that Professors Alt and Wagner von Jauregg should be entrusted with the task of drawing up a programme of work to be submitted to the Bureau, and then to the respective national committees for approval. For some unexplained reason the German representatives have not yet fulfilled their task.

On April 15th of this year a meeting of the Central Bureau was held in Rome to consider the position of affairs, and to arrange (a) the date for the next general Conference of the International Commission; (b) subjects for treatment in the Conference and the nomination of reporters. There were present for Italy, Drs. Tamburini (President) and Ferrari (Secretary); for Great Britain and Ireland, Dr. Percy Smith; for France, Dr. Marie, of Villejuif; for Holland, Dr. Van Deventer, of Amsterdam; for Russia, Dr. Bajenoff, of Moscow.

It was agreed to hold a general conference of the Commission coincidentally with the next International Congress for the Care of the Insane, which, it is expected, will take place at Moscow, either in December, 1912, or April, 1913.

The following subjects were proposed for discussion at the Conference:

(a) Unification of the terminology of the mental affections. (Reporters, Tamburini, Van Deventer.)

(b) Alcoholic and syphilitic heredity. (Reporters, Frank, Alt, or Bleuler).

(c) Ethnic psycho-pathology: statistical and general inquiry. (Reporters, Ferrari and Marie.)

PROF. TAMBURINI announced the offer of two prizes, one in the name of the Duc Decazes, and the other in the name of an unknown person by Dr. Morel, of Ghent, for original communications on subjects proposed by the International Commission. The themes chosen for this year are: "The Ætiology and Prophylaxis of General Paralysis," and "The Organisation of the Services opened for the Insane outside of Asylums."

A meeting of the British National Committee was held in London on May 20th last. It was resolved to continue our association with the International Commission, and to await the result of the proposed Conference at Moscow.

Of the £5 voted by the Medico-Psychological Association of Great Britain and Ireland, the sum of £4 was transmitted to the Central Bureau, £1 being retained to defray expenses incurred by the British Committee.

Copies of the Annual Reports of the Commissioners of Lunacy of the three kingdoms were sent from the British Government to the Central Bureau of the International Commission.

The British Committee consists at present of the following members:

Baskin, Joseph Longheed, L.R.C.P.&S.Edin., late Medical Superintendent, Fisherton House, Salisbury.

Bond, C. Hubert, D.Sc., M.D., H.M. Commissioner in Lunacy, London.

Bullen, F. St John, M.R.C.S.Eng., 12, Pembroke Road, Clifton, Bristol.

Dawson, William Richard, B.A., M.D., F.R.C.P., H.M. Inspector of Lunatic Asylums, Dublin.

Easterbrook, Charles C., M.A., M.D., F.R.C.P., Medical Superintendent, Crichton Royal Institution, Dumfries.

Goodall, Edwin, M.D., F.R.C.P., Medical Superintendent, City Asylum, Cardiff.

Hyslop, Theo. B., M.D., late Resident Physician, Bethlem Royal Hospital, London, S.E.

Jones, Robert, M.D., F.R.C.P., F.R.C.S., Medical Superintendent, London County Asylum, Claybury, Essex.

Legge, Richard John, M.D., Medical Superintendent, Derby County Asylum, Mickleover.

Marr, Hamilton Clelland, M.D., F.F.P.S., H.M. Commissioner in Lunacy, Edinburgh.

Mercier, Charles, M.D., F.R.C.P., F.R.C.S., Moorcroft, Parkstone, Dorset.

Mott, Frederick Walker, M.D., F.R.C.P., F.R.S., Director of the Pathological Laboratory, London County Asylum, Claybury, Essex, and Pathologist to the London County Asylums.

Nolan, Michael, L.R.C.P.&S.Ireland, Medical Superintendent, District Asylum, Downpatrick, Ireland.

Rawes, William, M.D., F.R.C.S., Medical Superintendent, St. Luke's Hospital, London, E.C.

Robertson, William Ford, M.D., Pathologist to the Scottish Asylums, 10, Morningside Terrace, Edinburgh.

Robertson, Geo. M., M.B., F.R.C.P., Medical Superintendent, Royal Asylum, Morningside, Edinburgh.

Rows, Richard Gundry, M.D., Pathologist, County Asylum, Lancaster.

(The above were nominated by the Medico-Psychological Association.)

Macpherson, Dr. John, H.M. Commissioner in Lunacy, Edinburgh.

Donkin, Sir Horatio Bryan, London.

(Both these members were co-opted.)

Smith, Dr. R. Percy, 36, Queen Anne Street, London, W.: Chairman.

MacDonald, Dr. J. H., Govan District Asylum, Hawkhead, Paisley: Secretary.

R. PERCY SMITH (*Chairman*).

J. H. MACDONALD (*Secretary*).

He moved that the report be entered on the minutes, also that for this year the Association should, if it could see its way, subscribe 100 francs again. He did not see much prospect of the Commission doing much good, and if nothing more definite should have happened in the next twelve months than had occurred recently, probably the British Committee would not go on with the work. This

had already been more or less intimated. He told Professor Tamburini, at Rome, that the British Committee were becoming uneasy at the small amount of progress.

Dr. MACDONALD seconded.

The report was carried.

Dr. POPE said he did not see why 100 francs should be voted.

Dr. PERCY SMITH replied that he recommended it for this year, as there were expenses, such as printing and postage, covering six years.

Dr. BOWER seconded the recommendation, and it was carried.

The PRESIDENT said there were no other motions involving the expenditure of funds. He added that there seemed to be some doubt as to what had been done by the Association with reference to the rules for the Nursing Examination. His opinion was that they had passed them in adopting the Report, subject to the modifications which had been mentioned, but so that no doubt might remain he proposed that the rules, as printed, subject to the modifications agreed upon, be adopted and become the Rules of the Association.

Dr. HAYES NEWINGTON seconded.

The resolution was put and carried.

#### FIXING DATES OF ANNUAL, QUARTERLY AND DIVISIONAL MEETINGS.

Mr. MACDONALD proposed, and Dr. MCDOWALL seconded, that the dates as printed on the agenda paper be adopted.

Agreed.

#### QUARTERLY MEETINGS.

Tuesday, November 26th, 1912; Thursday, February 20th, 1913; Tuesday, May 27th, 1913.

*South-Eastern Division.*—Tuesday, October 1st, 1912, at Brentwood Asylum; Tuesday, April 29th, 1913.

*South-Western Division.*—Thursday, October 24th, 1912; Friday, April 18th, 1913.

*Northern and Midland Division.*—Thursday, October 24th, 1912, at Bracebridge Asylum, Lincoln; Thursday, April 24th, 1913, at the County Asylum, Lancaster.

*Scottish Division.*—Friday, November 15th, 1912; Friday, March 21st, 1913.

*Irish Division.*—Thursday, November 7th, 1912; Thursday, April 17th, 1913; Thursday, July 3rd, 1913.

#### ELECTION OF ORDINARY MEMBERS.

The PRESIDENT appointed Dr. Rows and Dr. Phillips to act as scrutineers for the election of the following gentlemen as ordinary members:

Hudson, William Davies, M.B., Ch.B.Liverpool, D.P.H.Liverpool, Deputy Medical Officer, H.M. Prison, Brixton, 7, Clovelly Gardens, Upper Tulse Hill, S.W.

Greeson, Clarence Edward, M.B., Ch.B.Aber., Assistant Medical Officer, Barnwood House, Gloucester.

These gentlemen were duly elected.

#### ELECTION OF DR. CONSIDINE AND DR. MAUDSLEY AS HONORARY MEMBERS.

The PRESIDENT proposed Dr. Considine, his colleague on the Irish Lunacy Commission, as an honorary member of the Association. That gentleman's predecessor had been an honorary member, and it was usual for Commissioners in Lunacy to be elected Honorary Members of the Association. He had much pleasure in proposing his name.

Dr. HAYES NEWINGTON proposed the name of Dr. Henry Maudsley as an honorary member, and would like to say a word in support of it, though that was perhaps hardly necessary. One need not describe Dr. Maudsley's qualifications for the receipt of this honour. There was nobody more worthy of it, and no one would be accorded the honour more readily. He thought it would be well that, in order especially to mark the occasion, the nomination should receive the strongest

possible support, namely, that of every living ex-president and every officer of the Association. He was pleased to say that everybody concerned fell in with the idea at once, and the resulting list of names was one of which anybody might well feel proud to have behind his form of proposal. Such strength of nomination was not obtained because it was thought it would be required, but simply in order to enhance the honour which it was sought to confer.

The names of these gentlemen were then separately balloted for, and they were both unanimously elected.

The PRESIDENT said that the Secretary had handed him a letter from Dr. Shaw Bolton which was interesting as it marked a historic mile-stone in the Association. It gave the names of two candidates who had obtained the Diploma in Psychological Medicine of Leeds University, and Dr. Bolton thought that these were the first two diplomates in psychological medicine.

Dr. Rows mentioned that in Manchester there were two who had taken the first part of the special examination in psychiatry. It was a two-year curriculum in Manchester, and two candidates were now going through the course for the second year.

Dr. PERCY SMITH said that, although it was not the same thing, a certain number of people had taken the M.D. London in psychological medicine for some years.

#### AFTERNOON MEETING.

##### PRESENTATION TO DR. HUBERT BOND.

The PRESIDENT said that before singing his "swan song" there was one other duty, and that an extremely pleasant one, which he had to perform, namely, the presentation of a Certificate to the late Honorary General Secretary of the Association, Dr. Hubert Bond. There was no need for him to tell that gathering about the energy, the capacity and the method in work which had been shown by Dr. Bond during his six years of office as Secretary. All members knew that Dr. Bond had been called to a "higher place," and although, in some respects, they were sorry for it, and grudged him very much to the Board of Lunacy Commissioners, they still felt that the Association's loss had been the gain of others, and tended to what all strove for—the greatest good of the greatest number. He would not detain the meeting longer, but would ask the General Secretary to read the Address.

Dr. M. A. COLLINS read the terms of the Address, as follows: "From the President, Council and Members of the Medico-Psychological Association of Great Britain and Ireland, to Dr. Charles Hubert Bond, M.D., D.Sc., M.R.C.P., Commissioner in Lunacy. The Council and Members desire to place on record their recognition of the able and energetic manner in which you have carried out the onerous duties of Honorary General Secretary for a period of six years, from 1906 to 1912, during which time, owing to the rapid increase in membership and the scope of the Association's activities, the work has greatly increased."

The PRESIDENT then asked Dr. Bond's acceptance of the Testimonial, amid a warm acclaim from the meeting.

Dr. BOND, in reply, said: The friendly thought which prompted this address, the kindly terms in which it is couched, and the all too generous words with which you, Sir, have conveyed it, have touched me very deeply, and I would that I could adequately express my thanks. My difficulty arises from the fact that I am conscious that to have given one's best endeavours to fulfil the duties of an official post, even though it be an honorary one—and that is all I can claim to have done—does not by itself entitle one to expect, or perhaps even receive, any such recognition. Hence, when I first had wind of this mark of your favour I was not only taken by surprise, but, for a moment, filled with dismay. However, I took comfort when I reflected that, in the absence of any particular merit in the recipient, feelings of goodwill and friendship towards him might sufficiently account for such a presentation. I would take this opportunity of saying how deeply I always valued the post which, by your yearly suffrage, I held for over five years. Thanks to the energy of my predecessors I found the work admirably organised, and through it and the counsel, always available, from the other officers, notably

our revered Treasurer, I found myself able to extend my experience of business methods. But the advantage I most prized was the fact that my duties brought me in touch with so many of my *confrères*, and enabled me to make many valued friendships. In accepting this very beautiful Address, which I shall always treasure, it is my earnest hope that I shall ever retain those friendships, and that I may count on your co-operation in my new duties, of which I see kindly mention has been made in the Address. At the same time I should like to wish my former colleague, Dr. Collins, as pleasant a term of office as I enjoyed.

#### THANKS TO THE RETIRING PRESIDENT.

Dr. McDOWALL said it was with much pleasure he accepted the honour of proposing a vote of thanks to the out-going President and the other members of Council who had done such valuable service during the past year. The work of the Association had greatly increased, and there were activities within it at the present time which, in former years, its officers never dreamed of. It was now felt that to be an official of the Association meant the making of many sacrifices of a personal nature. And the men who were kind enough to do these things were certainly entitled to the warmest gratitude of the members. In saying good-bye and thanks to the outgoing president, he would like to remark on the very kindly and pleasant way in which he had performed all his duties, and with what great success he had looked after the Association's affairs. He hoped the meeting would accord to the President and the retiring members of Council its warmest acknowledgments for their services.

Dr. PERCY SMITH, in seconding, said he would like to endorse everything which had been said by Dr. McDowall. He felt that the Association had been greatly honoured in having had in succession two Commissioners in Lunacy—one from Scotland and now one from Ireland—as Presidents. The Association would scarcely know itself when it reverted to the original course.

The vote was carried by acclamation.

The PRESIDENT (Dr. DAWSON) said it was with great regret that he rose to make his last speech from that chair. But, in the first place, that regret was greatly mitigated by the very kindly terms in which the vote of thanks had been proposed, seconded and received. He had to return thanks not only for himself, but for the officers of the Association, and there was no need for him to go through them by name, because members knew them all, and how hard they had worked for the Association, what benefits they had conferred, and the obligations which members were under to them. Reference had just been made to the loss which the Association had sustained in the retirement of their late Secretary, Dr. Bond, owing to his elevation, but he would like to say that those who had had experience of Dr. Bond's successor during the short period in which he had held office were absolutely confident that Dr. Bond's mantle had fallen on entirely worthy shoulders. As regarded the Treasurer, Dr. Hayes Newington, even less than any other officer did he require any words spoken of him. In his presence one could not say all that one would like to as to what they thought of him; but as many of those present were aware, it was hoped next year—which would be the fortieth year of Dr. Newington's connection with the Association—to mark their sense of obligation in a worthy and permanent form. (Applause.) He therefore returned thanks to the meeting on behalf of the officers of the Association. Then one came to that very uninteresting subject—himself. He had had an extremely pleasant year of office, in which, he was glad to say, there had been no single incident in the way of friction or want of harmony to mar the entire course of it. And for that he had to thank not only the members of the Association, but more especially the officers, who had supported and helped him in every possible way. He felt, accordingly, that he was under a debt of gratitude to them and to the members generally which would not be easily repaid. The course of that year had been marked by the commencement of a movement which might have very far-reaching possibilities, and he felt proud to have helped, although it might have been only in a small way, at the start of so promising a project as that for the establishment of psychiatric clinics and the improvement of the training and conditions of service of the assistant medical officers in the three kingdoms. He hoped that would go far, and if, in the future, any offices of his could aid it, they were at the disposal of the Asso-



ciation. As it had not come forward previously in the proceedings, he might now mention another incident of the year, namely, that at the bi-centenary celebration of the foundation of the Medical School of Trinity College, Dublin, he had been invited as President to represent the Association, while Sir George Savage was asked to represent the specialty at large. Sir George Savage was also the recipient of the Honorary Fellowship of the Royal Academy of Medicine in Ireland (Applause), and when he told the meeting that among the Honorary Fellows had been such men as Virchow, Pasteur and Lister, they would understand that the honour was not quite an empty one. Now as to his successor, here, again, there was no real need to say anything. All knew Dr. Soutar, and if anything could lessen his regret at relinquishing office, it was being succeeded by such an able man and such a thoroughly good fellow as Dr. Soutar. He had much pleasure in inducting him with the insignia of office, and he asked him to accept, for the Association, the suspender which he had provided with a view to mitigating the severity of design of the badge, which, as they would remember, had been presented by Dr. Ernest White in 1904. He might say that the design of the suspender had been worked out by his friend, Mr. Caulfield Orpen, a well-known Dublin architect. He had great pleasure in welcoming to the Presidential chair Dr. Soutar, and could only wish him as agreeable a year of office as he himself had enjoyed.

Dr. SOUTAR then took the chair.

Dr. SOUTAR (President) remarked that all he need say at present was that he appreciated very highly the honour of the Presidency of the Association, and the words which Dr. Dawson had spoken in inducting him. He recognised that attached to the call was responsibility. With the kindly help and encouragement which members always gave to their President, he would do his best to struggle through. Dr. Dawson said he had added something to the official badge, and it was a beautiful addition. It showed a combination of the emblems of the three countries which members hoped and believed would, in that specialty, be most strongly and strenuously maintained.

#### THE GASKELL PRIZE AND THE BRONZE MEDAL.

The PRESIDENT announced, in regard to these awards, that there had been certain difficulties, which had not yet been adjusted, and, with the sanction of the meeting, the final adjudication would be postponed until the next general meeting. This was approved.

#### PRESIDENTIAL ADDRESS.

The President then delivered his Address.

Sir GEORGE SAVAGE said he had no idea until he caught the eye of the ex-President that he would be expected to say anything on the present occasion. One felt that Dr. Soutar had delivered the sort of address one expected. He was a man of intense practical utility, with a keen interest in the scientific advances which were being made, and possessed of fine literary taste. It was just forty years since he himself became Assistant Medical Officer at Bethlem Hospital, so that he had a long vista to look back upon. The whole of the work was moving along the lines which Dr. Soutar had pointed out. It was fully recognised that the continental workers had more journals devoted to the specialty, and that they wrote more. It seemed to him sometimes that it would be a good thing if the output of medical literature were suspended for a whole year, then there might be a chance of digesting what had been written before. But it should be remembered that mere piling up of facts was not knowledge. One of his favourite epigrams was that knowledge was the result of forgetting, and it was clear that one had to forget a great deal, and it seemed that a good many of the theories which emanated from the continent and elsewhere did not ultimately tend to increase curative power. He had a full appreciation of the work being done, but he thought there was cause for congratulation that men like Soutar were carrying on the treatment of mental cases in the most practical and thorough way. The question of the new diploma was a serious one. He felt that it would be a very good thing if granting a diploma would encourage assistant medical officers to do more clinical and pathological work. He regretted that the College of Physicians of London was not prepared to grant

the special diploma: they seemed impressed with the fact that there were to be special diplomas in ophthalmic surgery, tropical medicine, and so on. There was, however, need for encouraging the younger men in the department. The diploma in psychiatry was not to be essential, but was to be regarded as a means of encouragement. But he was becoming verbose, and must revert to his theme, namely, to propose a hearty vote of thanks to Dr. Soutar. He had heard the majority of the Presidential addresses for forty years, and it would be hard to say that he had heard one which was more satisfactory, at all events from his point of view.

Dr. SIDNEY COUPLAND said he had been asked to second the motion, and he did so with great pleasure, not only because Dr. Soutar had long been a personal friend, but because of the value of the address which he had just delivered. To some of those present—perhaps even to himself included—certainly to the more enthusiastic, the address might have seemed to be somewhat of a cold douche. But one must remember that the action of a cold douche was therapeutical, and therefore the effect of it should be a very invigorating one upon their mental outlook, and especially in regard to the questions with which this Association was concerned. Upon consideration, he thought they would agree with Dr. Soutar in almost everything which he had said, though at first sight it might seem that there would be differences of opinion. To take the first of the two questions which he raised. It was one which had been long in his mind, and during the greater part of his official existence he had asked himself why it was that, in connection with mental disease—mental hygiene if the term were preferred—we could not receive in this country such official encouragement of research as had long ago been accorded to other branches of hygiene? There was, in his opinion, a very good claim for that, because he remembered that in the reports of the medical officers of the Privy Council, which preceded those of the Local Government Board, and in fact long after the adviser to the Local Government Board was constituted, there appeared, year by year, a very elaborate research—which he did not think anybody read—which filled many pages, and dealt with the chemical constitution of the brain and nervous system. It was contributed by his old colleague in the College of Physicians, who received from the State a certain remuneration for giving that information concerning pure chemical research. It was no doubt of great value, but he did not know that much benefit had been reaped from it. Having that precedent in his mind, he thought it was possible to approach the authorities who held the purse-strings, with a reasonable request for similar encouragement to other workers in this department. But there always came back the view which Dr. Soutar had well maintained, that it was necessary to show that what was being done was really for the permanent good, and would have, and was having, tangible results. He did not think Dr. Thudicum's researches were precisely of the class for which State endowment should be demanded. But he hoped that not many years would pass before one saw such recognition of suitable scientific research in our department; for he thought everything should be done to encourage the work now being so well pursued in many parts of the kingdom, particularly in London, Cardiff, and Lancashire, as well as the West Riding of Yorkshire, where there were bands of young men working earnestly at the subject. The other question on which he would say a word was the Diploma. That had been brought under the notice of the Commissioners, and they had endorsed it with their blessing, so far as that might be expected to have any effect. The Commissioners thought it a great thing to encourage the younger men in the profession to aim higher than apparently they did at present. Their lives were somewhat humdrum and monotonous, and unless they could aspire to something better, they would probably soon leave the service, and thus the specialty would be deprived of the benefit of many energetic minds. For that reason, he considered that the establishment of the diploma was a good step. He did not think it was necessary to have many diploma-granting bodies scattered over the country, but it was wisely recognised that opportunity should be given to obtain the distinction. But it must be admitted that that was not all that was requisite; the guinea stamp was not everything, and in dealing with the insane there were many qualities far superior to any which could be acquired with a diploma. Too high a value must not be placed on the diploma *per se*; it should, however, be regarded as an encouragement to men to adhere to, and work in, the specialty.

The resolution of thanks was then put, and cordially carried.

The PRESIDENT thanked the meeting for the way in which his paper had been received. There was probably much in it which could not be fully accepted, but a little difference of opinion on matters under discussion was not unwholesome.

JOHN FREDERICK BRISCOE, M.R.C.S., "Appendicitis in Asylums" (see p. 622). The paper was discussed by the PRESIDENT, Sir GEORGE SAVAGE, Mr. BUCKELL, Dr. PERCY SMITH, Dr. BLAIR, Mr. WALLACE, Mr. HOWELL, and Dr. MENZIES. Dr. BRISCOE replied.

Dr. MCKINLEY REID, M.B., "Bacteriology of Forty Cases of Diarrhœa, with Special Reference to Asylum Dysentery." The paper was discussed by Dr. MENZIES, Dr. POPE, and Dr. GOODALL. Dr. MCKINLEY REID replied.

#### SECOND DAY.

The PRESIDENT, Dr. SOUTAR, was in the Chair.

Dr. THEO B. HYSLOP read a paper on "The Mental Deficiency Bill, 1912" (see p. 548). This led to a very valuable discussion on the legislative proposals for the care and control of the mentally defective, in which the following took part:—The PRESIDENT, Dr. SPENCE, Dr. SHUTTLEWORTH, Dr. LANGDON DOWN, Dr. DOUGLAS TURNER, Mr. C. H. DEAVIN, Dr. BOWER, Dr. AUDEN, Dr. GILL, Dr. WOLSELEY LEWIS, Dr. WILLIAM R. DAWSON, Dr. DRAPES, Dr. NEEDHAM, Dr. HAYES NEWINGTON, Dr. HARRY CORNER, Dr. MIDDLEMASS, and Dr. MCRAE. Dr. HYSLOP replied.

During the course of the discussion the two following resolutions were carried unanimously.

(1) "That we, the Medico-Psychological Association of Great Britain and Ireland, cordially endorse the action of our Irish Division in endeavouring to have the provisions of the Mental Deficiency Bill extended to Ireland, and we would urge upon the Government the necessity of introducing into the Bill the modifications necessary for that purpose."—Proposed by Dr. DAWSON and seconded by Dr. DRAPES.

(2) "That a deputation to be chosen by the President, past President, and President-elect, be appointed to wait on the Home Secretary and any other Government official whom it is thought desirable to interview, to lay before them the views of this Association, so far as they have been expressed, respecting the Mental Deficiency Bill."—Proposed by Dr. MIDDLEMASS and seconded by Dr. MCRAE.

#### THANKS.

Dr. HAYES NEWINGTON said he knew that the meeting would wish to pass a hearty vote of thanks to their hosts for their kindness in permitting the Association to hold its meetings in the Guildhall. Nobody knew the amount of good which was done by the cordial receptions which the Association experienced at the hands of high authorities. Such things made the work easier, and he believed it improved the status and quality of the work. It was also usual to congratulate the President on a successful meeting. He could personally congratulate Dr. Soutar on his address, and he would add to that an appreciation of his kindness in making such preparations for the meeting as he had done.

Dr. DAWSON seconded the vote of thanks with much pleasure and it was carried by acclamation.

#### IRISH DIVISION.

THE Summer meeting of the Irish Division was held at Londonderry District Asylum on July 2nd, 1912, by the kind invitation of Dr. Hetherington.

Dr. W. R. Dawson, President, occupied the Chair, and there were also present Drs. Hetherington, Nolan, Greene, Oakshott, O'Doherty, Plummer, and Leeper, Hon. Sec. Letters of apology for unavoidable absence were read from Drs. Drapes, William Graham, Lawless, Courtenay, Moore (Letterkenny), O'Mara (Ennis), and F. E. Rainsford.

The minutes of the previous meeting and of the special meeting were read and