

Mention is made of three interesting cases of recovery being directly due to the use of thyroid: one for myxœdema, another for goitre, and the remaining one on account of stagnant insanity. In the latter case similar treatment had been equally successful fifteen years before. He quotes recovery during the year of long-standing cases over five, six, seven, and fifteen years' duration as an argument against the proposed legislation for divorce. Dr. Robertson points out how suited lady doctors are for research work on account of their dexterity in delicate manipulation, and their patience and great attention to detail.

In remarking about the care and treatment generally of patients, he says that in very exceptional cases such as arise from surgical necessity or from tendency to self-mutilation he considers the use of mechanical restraint to be justifiable.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

SPECIAL MEETING.

A SPECIAL MEETING of the Association was held at the Rooms of the Medical Society of London on Monday, November 20th, 1911, under the presidency of Dr. W. R. Dawson, for the purpose of considering:

A. The Diplomas in Psychological Medicine and other Special Qualifications in Psychiatry in their relation to existing Medical Officers of Institutions for the Insane.

B. The Status of Assistant Medical Officers.

Present: Drs. Fletcher Beach, G. S. Blandy, C. H. Bond, David Bower, J. T. Briscoe, Robt. B. Campbell, James Chambers, M. A. Collins, Maurice Craig, Thos. Drapes, B. Hart, John Keay, R. Legge, H. C. MacBryan, P. W. Macdonald, H. J. Mackenzie, E. Mapother, Jas. Middlemass, R. C. Monnington, H. Hayes Newington, Bedford Pierce, R. G. Rows, Geo. H. Savage, J. G. Smith, R. Percy Smith, W. H. Stoddart, J. G. Stuart, F. R. P. Taylor, D. G. Thomson, Hill Wilson White.

The PRESIDENT: The meeting to-day has been summoned by me in consequence of a resolution which was passed at the meeting of the Northern and Midland division at Boreatton Park last month. It seemed to me to be a desirable thing to have a special meeting, partly because our ordinary meetings are always so crowded with business, and partly because of the intrinsic importance of this subject, which really involves a review of the whole status of the medical officers of asylums in Great Britain and Ireland. I do not intend myself to go into the subject now, beyond explaining to you why it was that this meeting came to be called. The discussion will have to be more or less informal to-day, because we have met here now mainly to ventilate our ideas in the hope that some measure or measures will crystallise out which will be of service to us and forward the cause which we have in view. Dr. Bedford Pierce, because he moved the resolution at the Northern and Midland divisional meeting, is the most appropriate person to open the discussion, and therefore I call upon him.

Dr. BEDFORD PIERCE: We are, I think, all agreed that the policy of the Association in respect to the Diploma in Psychological Medicine should be most cordially supported and welcomed. The memorandum or circular letter of the Association to all the teaching bodies has met with a very encouraging

response. Four universities have already instituted a diploma, and the College of Physicians has agreed to the endorsement of the certificate of membership. We believe another university, that of Cambridge, is on the point of instituting a diploma, and there is no doubt that the matter has taken good hold of the medical authorities throughout the country. There are, however, certain difficulties which arise, many of them serious, directly we come face to face with the subject. What is to be the position of existing medical officers? How are they to obtain the Diploma? How can the senior ones get leave of absence to enable them to study for it? The Sub-Committee appointed by the Education Committee have given serious attention to these questions, and they felt the subject was so important that a special meeting of the Association should be held to consider the difficulty. I myself think that probably the best plan would be to ask that Sub-Committee to give further consideration to the subject, and to strengthen the Sub-Committee by the addition of a greater number of assistant medical officers. Moreover, it will be well for special attention to be given to the matter at branch meetings throughout the country. It is very difficult for many members, especially assistant medical officers in the north of England, to come to London to attend a special meeting. The difficulty is even greater for assistant medical officers in Scotland and Ireland. Nothing should be done in a hurry; there is no need to press forward at a great pace, and we must consider the claims of everybody. It is necessary, therefore, that what is done should be done wisely and done well. I, for one, would deprecate most strongly any pressure of the Association to lessen the value of this Diploma, by reducing the standard and making it easy to obtain. It is important that the standard of the Diploma should be high, and simply because it is difficult for assistant medical officers to get it under existing conditions we should not lessen its value and importance. I do not see a way out of these difficulties, but we should face them frankly, and endeavour to solve the problems which are arising. I have not spoken of the position or the status of medical officers, which seems to me an independent subject. One realises there are genuine disabilities and grievances. It is obvious that if two people are to ride on a horse at the same time one must ride in front of the other; but that is no reason why one of them should be tied underneath when they journey together. I much hope something can be done to improve the professional status of the assistant medical officer. Perhaps these few remarks will be considered a sufficient introduction to the discussion.

The PRESIDENT: Before we go further I will ask the Secretary to read a number of letters which he has received on the subject.

Dr. BOND read communications from Drs. Soutar (Barnwood House), East (Morpeh), Gane (Sunderland), E. S. Simpson (Beverley), Donelan (Napsbury), and a suggested resolution from Dr. Winifred Muirhead (Morningside).

Dr. BOND: I know Miss Muirhead's point is that at Edinburgh no women can attend University classes for graduation in medicine, but there is nothing to prevent them attending post-graduate classes in the University. She wants us to urge that the Diploma in Psychological Medicine shall be regarded as a post-graduate diploma in order that this difficulty about women attending the necessary classes shall be overcome.

Dr. ROWS read a paper entitled "The Development of Psychiatric Science as a Branch of Public Health" (see p. 25).

The PRESIDENT: Another aspect of the case is dealt with by Dr. Orr, and I think it will be best for us to take this paper now, and then discuss the two together.

Dr. ORR read a paper entitled "Some Points Complementary to the Institution of Post-Graduate Instruction in Psychiatry" (see p. 39).

The PRESIDENT: Gentlemen, these two papers, and the remarks of Dr. Pierce, open up a very wide field for discussion, all of it more or less germane to the subject. One was struck, and most favourably impressed, by the attitude which has been taken throughout these papers, namely, that all the measures which are suggested for reorganising the medical service of the asylums and for giving to assistant medical officers a better position are urged in no trade union spirit. The treatment of the patients is the *ultima ratio*, the final appeal, the reason for all that we do; and it is from the point of view that in these ways can we best secure proper treatment of mental disease that these different measures are being urged

upon us. Dr. Rows has pointed out methods by which asylum medical officers may be most effectively educated and trained for their special duties, and by which the treatment of the patients can thereafter best be carried out; and Dr. Orr has supplemented this by pointing out that unless we make the conditions of service for the younger members of the asylum medical staffs sufficiently favourable to attract the best class of men, we shall in vain make regulations regarding their education. The subject for discussion is before you, gentlemen, and we shall be pleased to hear any remarks which any member may wish to make.

Dr. D. G. THOMSON: The members may know that I have been one of the members of the Sub-Committee, who have taken a great deal of interest in one department of the subject which has been raised to-day, and which has been very well put before you by the three previous speakers. I take it that we have come to-day more to discuss practical details connected with the Diploma than wide schemes for establishing clinics in this country. I understand that one of the difficulties, for example, which Dr. Orr announced, is the plain common-sense question any assistant medical officer would ask himself, "What am I going to get for this expenditure of money, time and brains?" I think it is quite probable that he will get a *quid pro quo* even looking at the matter from this utilitarian standpoint. Whoever obtains this Diploma will surely be a more highly valued member of the staff by his employer than one who is not so trained. And I do not think that any reasonable committee—and the majority of them, after all, from all I have heard, are reasonable—would fail to recognise the superior training and abilities of a qualified medical officer in the same way, and let us hope to a much more substantial extent, than they now recognise the difference between trained and untrained nurses. Also, though I do not know other committees to the same extent as I know my own, I should think that if the committees felt that there was a desire on the part of assistant medical officers to have the necessary leave in order to obtain those diplomas, under certain conditions they would grant it. I am fairly sure mine would. Whether it would be done, as in the Services, on half pay, or whether if on their return from their absence on leave, if they had obtained the Diploma, they would at once proceed to a higher scale of remuneration, I do not know. But I think it is stated on the agenda paper which summoned this meeting—"there is suggested for special consideration the desirability of issuing a memorandum to Asylum Committees and other authorities concerned, urging upon them the importance of providing assistant medical officers with facilities for further study at university centres by granting study-leave, which should be not less than six months." That period has been variously stated. Some say three months in each of two years. I think, to be practical and come to the point, the question for this meeting to consider is whether it should not be referred to this Sub-Committee, with, possibly, more added to their number, as Dr. Bedford Pierce suggested, to draw up for the approval of the Association some such memorandum. The Sub-Committee was authorised to approach the Commissioners in Lunacy to get their advice, and, more than that, their recommendation, and that, from the Commissioners to the Committee, would surely have considerable weight. With regard to the wider question of making the Service a central service, a Government service, there are many pros and cons to be urged on both sides—a local service as against a Government service. But we are promised by this fertile Government that there is to be legislation on the subject of the feeble-minded at no very distant date, and I think it will be well for this Association to have some kind of programme ready, so that we could give evidence before any legislation was embodied in such a Bill. So I look to this legislation on the feeble-minded to attack the larger problems of the establishment of clinics, and other wider questions of that sort, questions which we, individually and locally, cannot deal with. I had great pleasure in hearing Dr. Orr's paper, but I cannot quite follow him about the demand for a more legal status for assistant medical officers. I was an assistant medical officer for the average number of years, and I never felt I was such a cipher or nonentity as he describes the assistant medical officer to be. I felt my responsibility for the section which was allotted to me. I was pleased that I had a chief to fall back upon at the same time, to instruct, support or advise me in difficulties. It may have been that I had the good fortune to have excellent chiefs, but I cannot follow him in that contention. As Dr. Pierce said, if two have to ride a horse, one must ride in front, and if you get a "gentleman"

for an assistant medical officer and a "gentleman" for the chief, a "gentlemanly" feeling will prevail between the two, apart from legislation or statutory recognition of one man compared with another. But with everything else he said I am in thorough sympathy. I think we should address ourselves more to the suggestion in the memorandum to get to business practically, and consider whether some memorandum might not be drawn up, or some powers given to the Sub-Committee, to draw up a memorandum for the approval of the Association, or in the first instance of the Education Committee to send to committees of asylums. Committees are anxious, as far as I know, to be made acquainted with these matters. They do not know them, and any movement of this kind would interest them and concern them. In order to give practical expression to what I have said I shall be prepared to move a resolution to that effect, that the question of framing some memorandum for the approval of the Educational Committee and the Association generally be considered. The Secretary has kindly worded something for me as follows: "That the present Sub-Committee of the Educational Committee dealing with the establishment of diplomas be enlarged by the addition of a further number of members, the majority of whom should be assistant medical officers, and that their reference should be enlarged to include the consideration of the status of assistant medical officers, and the relation of the proposed diplomas in psychiatry to the existing medical officers of institutions for the insane." That seems to me to be capable of condensation and a little alteration. But I accept it after it has been edited a little.

Dr. DRAPES: I second it. The two most valuable papers we have listened to set one furiously to think, and as far as the Association is concerned I think every one of us will probably agree with everything which has been urged in the two papers. But the practical point for us is how to get the suggestions there made carried into effect. Dr. Thomson has properly spoken of the necessity for educating committees, and I think the matter should go further and that the general public will have to be educated on the subject. I know in Ireland committees are very much at the mercy of the men who appoint them—the ratepayers—and unless the general public, in the first instance, are convinced that such measures as have been urged are for the improvement of the asylum service, we may not get far. The public could be informed by means of articles in the press, or in our high-class magazines, in order to bring home to them the truth of the situation. Otherwise what we decide here will not go beyond ourselves.

Dr. PERCY SMITH: I ask for the resolution to be re-written. I think we are rather getting this meeting into a tangle, that is, with the Sub-Committee and with the Educational Committee. The Educational Committee has not yet received the report of its Sub-Committee; it is to receive it to-morrow. It covers some of these matters which have been discussed to-day. Presumably the business way is for the Educational Committee to bring the matter before the Association. It is totally informal to refer to the Report to-day, because it is not before this meeting; but I have it in my hand, and it is there suggested that the Educational Committee should recommend the Council to call a special meeting of the Association. We are already holding a special meeting called by somebody else, and therefore we should be most careful in regard to any resolution which we pass to-day, because any resolution should be referred to the Council or to the Educational Committee; this special meeting should not directly instruct the Educational Committee, but everything should go through the Educational Committee. Apart from that, I am extremely disappointed not to hear any assistant medical officers speaking, though two papers have been read. I hoped that this debate would be largely conducted by assistant medical officers. One may say, as regards the papers of Dr. Rows and Dr. Orr, that as far as this Association is concerned they are forcing an open door. Their papers ought to be read before the County Councils Association that these bodies may begin to understand what they have to face in the way of providing larger staffs for the asylums, better pay, and a better status altogether. I am fully in sympathy with that. One knows that abroad, asylums are staffed by a much larger number of men, and therefore their time is not so entirely taken up by exhausting routine work, and, of course, they have the opportunity of being married and living in or about the institution in houses of their own. From the point of view of the ratepayer—there are very few in this room who are ratepayers, but I am one in the County of London—I am

looking with some apprehension upon an enormous increase of asylums staffs. But we know those things have to be done, and the ratepayer is always willing to put his hand into his pocket when there is really something beneficial to asylum service to be obtained by it. We should hear the views of some assistant medical officers on the question.

The PRESIDENT: May we have the resolution again, Dr. Thomson?

Dr. THOMSON: I was making some general remarks when this resolution was put hurriedly into my hands. I am not sure that Dr. Percy Smith has not pointed out the right course. It is a matter of some doubt whether at this special meeting we should pass resolutions about a sub-committee which was appointed by the Educational Committee, which said Educational Committee meets to-morrow to receive the report of this said sub-committee. One has every desire to be practical, and to get on to proposing something; but I think, on looking at this resolution, which I have not had time to study, and, indeed, I was not prepared with any resolution, Dr. Percy Smith's suggestion is right, and the matter should be referred to the Education Committee.

Dr. BEDFORD PIERCE: Surely it is competent for this meeting to appoint any Committee it likes, without reference to other bodies.

Dr. PERCY SMITH: But what a chaos it would be.

The PRESIDENT: It is not competent for this meeting to refer it to the Sub-Committee of the Educational Committee; but there is no objection to this meeting appointing a Committee with what membership it likes.

Dr. HART: I was going to propose an amendment to Dr. Thomson's resolution, but as I am not sure whether the resolution exists or not—[Dr. Thomson: It does not exist]—I will not do so. There are several things which I should like to say, from the point of view of the assistant medical officer in this country. It seems to me—

The PRESIDENT: Do you move a resolution? There is nothing yet before the meeting.

Dr. HART: I should like to say a few words on the subject, and subsequently to move a resolution. To anyone who compares the state of asylums and psychiatry in this country with that existing in Europe, there are two points which stand out very prominently, and they have been brought out in the papers which you have heard. As regards the administration of asylums, the comfort of our patients, and such like matters, Great Britain stands at any rate in the front rank, even if it is not in advance of any other country. On the other hand, from the point of view of scientific work and the professional status of the medical men who are concerned with this branch of medicine, the position of Great Britain leaves much to be desired. In the great reforms at the beginning of the nineteenth century, in which England took a very prominent part, the main forces which moved those reforms were the progress of science on the one hand, and the progress of humanitarianism on the other, and they worked hand in hand. But now, at the beginning of the twentieth century, these two forces seem to have been divorced. Humanitarianism and the reforms which flow from it are very much in evidence in England; but science seems to have gone elsewhere. ("No.") Not altogether, I admit. But I think it can hardly be doubted that scientific psychiatry in England is not on the same plane as it is in many other European countries. And that, I think, is through no fault, or no immediate fault, of the men who are concerned in it. We have individual men who are working strenuously for the progress of psychiatry, but quite sporadically as it were; there is no organisation of the science at all. The defects in the professional status of the asylum medical officer, the lack of attractiveness in his career, and the uncertainty of his future, have already been described in Dr. Orr's paper. The evidences of the inferior career which is offered to the man who goes in for lunacy are now, I think, becoming painfully apparent in the dearth of candidates for posts in the lunacy service. I think everyone will agree that the number of candidates is steadily becoming less, and the reason is not far to seek. One knows the attitude of the profession as a whole towards our speciality. It is not regarded with the respect which it ought to receive, and the promising student who informs a hospital physician that he proposes to adopt asylum work as a career is too often greeted with an astonished "Why?" The other special careers in medicine have steadily improved, from every point of view, within recent years, and the result is that lunacy, which has hardly improved as a career at all, is being

steadily left behind. Its various defects have already been pointed out: the methods of promotion, the part played by luck and influence, the forbidding of assistant medical officers to marry, and similar things. If you are going to try and get a better status for the medical man, and if you are going to ask from him a better qualification for his post, you must make it a career which will attract the better men from the hospitals. Dr. Percy Smith has said that the papers of Dr. Orr and Dr. Rows are endeavours to force an open door so far as this Association is concerned. I do not agree with that point of view. I think that it is not only a possibility for this Association, but that it is its duty to organise some method of obtaining reforms from those Committees and County Councils. The passing of the Superannuation Bill has shown the power which the Medico-Psychological Association is capable of exercising, and I have very little doubt that all those reforms which have been spoken of this afternoon could be carried through if this Association, as a whole, liked to exert itself. The objection is frequently raised that such reforms are impracticable, but that must disappear in the light of the fact that they are in actual operation in nearly every country in Europe, and in every country which claims to be in the front rank. As regards the organisation of psychiatry, the facilities for education, and the possibilities of future scientific research, we are decidedly inferior to Germany at the present moment, and inferior to most of the other countries of Europe. The whole question seems to me to present many points which can only be attacked more or less simultaneously. I do not think it is of any use trying to attack the question from one side at one time and from another side at another. I think the whole status of psychiatry in England hangs with the status of the medical officer, and that should be attacked simultaneously with the other points which have been raised. A wide-sweeping reform is necessary, and although we obviously cannot establish a wide-sweeping reform in this room, we can take the necessary steps to do what was done two years ago in the case of the Superannuation Bill. That is to say, organise a fight. And if we do that, I think the County Councils and the committees of asylums will soon do what is required of them. The question of clinics is not immediately relevant to the status of the medical officers; but indirectly it is very relevant. I do not see at the present moment how you will get your candidates for diplomas in this subject efficiently educated, because they have nowhere to go. They can all be educated in the side subjects, but the great majority have no opportunity of obtaining the necessary instruction in psychiatry itself. Clinics react upon the whole status of psychiatry in the country. They set a standard for work, they act as educational centres, they are in touch with the Universities and with the progressive scientific thought of the day. And, most important of all, they provide centres for that organised scientific work which is the hall-mark of the twentieth century. The sporadic work which we now have to depend upon is not an efficient way in which a first-class country can hope to get its science carried out. All these reforms are necessary and possible, if we will work for them, and the movement for reform must come from the profession and not from the County Councils. I think the movement should come from this Association, which represents our branch of the profession. I remarked earlier that I would move an amendment to the resolution. What I felt when that resolution was proposed was that a sub-committee of the Educational Committee is not the right committee to deal with a subject which is so very large. It extends far beyond the province which is legitimately assigned to that Committee. I should like to suggest that a special Committee be formed with the object of considering the whole question, obtaining from the various parts of the country the facts which bear upon it, making recommendations as to what can be done, and reporting to the Association with a view to the Association making an organised effort to improve the present state of affairs.

Dr. HAYES NEWINGTON: I have listened with very great interest to all that has been said, and especially to the two papers by Dr. Rows and Dr. Orr, and I cannot help thinking that this is rather an evilly drawn-up programme. It is bringing together two important subjects, one an enormous one, and the other a smaller one. They are inter-dependent to some extent, but you cannot take them both together. I understand that Dr. Bedford Pierce and those with whom he has worked are desirous of producing a diploma which shall be practically obtainable within the next few years—something of a feasible nature; but this second question concern-

ing the status of assistant medical officers, raking up the whole of the treatment of insanity, is a thing which cannot be dealt with for many years. We have had a great Commission on the treatment of the Feeble-minded which made a most excellent report, which everybody knows about, upon which everybody is ready to have legislation passed. But when shall we have that legislation? Any material alteration in the status of assistant medical officers, especially if they are going to be rendered independent medical practitioners inside the asylums, must mean a very large alteration in the Lunacy Laws, and a considerable modification in the proposals made by the Commission on the Feeble-minded. And it is idle to think that anything of that kind will be carried through in the immediate future, however hard we may work. Therefore if we expend our forces of debate this afternoon on the question of what the medical officer should get and should be, we shall lose sight of the principal thing which has brought us together, and that is how to take advantage of the offer of a diploma in psychological medicine. Speaking as a member of an asylum committee, I can say that if the question of giving gentlemen leave for six months were brought before the Committee, and we heard at the same time all this about the status of the assistant medical officer, we should say it is much too big a question for us at present, and we should put it on one side altogether. But if you have concrete proposals which aim at benefiting the condition of the patients who are under the charge of committees, they will be received cordially, and effect will be given to them, if possible. If a committee is to be appointed it should be instructed whether it shall deal with this whole grand question, or whether it shall deal with the question of a further diploma. I should be sorry to see anything like a central government of asylums, such as someone has advocated. Nothing would kill progress in asylum work more effectually than that: one pattern of medical officer, one pattern of pathologist, one pattern of everything. The good which has been done in this country has been accomplished by a number of people working out different ideas and putting them into practice in different ways. I think the result of this origination and attrition of ideas has been excellent, and that the superiority of our asylums depends entirely on the widest application of sound ideas emanating from varying sources.

Dr. STUART (Northampton): I travelled here seventy miles because I thought the subjects we were to consider were the status of assistant medical officers and the diplomas in psychological medicine. I would draw attention to the fact that it is the relation of these diplomas to existing medical officers which is put down on the agenda as the real cause for the calling of this meeting. That is the one marked (A). In listening to the other gentlemen who spoke, one cannot help noticing that medical superintendents seem to feel strongly that it is the duty of the assistant medical officers straightway to take this Diploma. As an assistant medical officer I see difficulties in my way regarding this. The Educational Committee have made recommendations, and certain universities have taken up the subject. That being so, it becomes an essential thing for those of us who are assistant medical officers to take this Diploma. The universities grant it; we are bound to take it if we are looking to our bread and butter. But the question arises, How are we going to take it? There is a suggestion that committees should give assistant medical officers six months' leave of absence, which means that my superintendent must ask his committee to give me six months' leave of absence—I suppose on full pay. Why? So that they may increase my salary when I have got the Diploma? Otherwise I see no reason why I should get it. With regard to the status of the assistant medical officer, I am an assistant medical officer at Northampton. It is an asylum with two assistant medical officers, and I am married. Many assistant medical officers are not allowed to marry, and that fact is to my mind degrading to the Medico-Psychological Association. We see advertisements in the papers for medical superintendents, and it is advisable that an assistant medical officer who puts in for the post shall say this: "I am married," or "I am willing to get married," or "I am about to be married." The plain English of it is that any man who becomes a senior assistant medical officer must consider it his duty to get a girl "in tow"; to keep her "in tow" from one to five or six years, although he may never be able to get married. What is the reason that assistant medical officers cannot be married? It seems to me the only possible objection belongs to the medical

superintendent. I cannot understand how committees can say that the second official in an asylum, looking after a place over which thousands of pounds are spent a year, is a man who must not get married. The patients may recover and go out, and they are free to be married; they can have been married before they come in. But there is one class of people in asylums who cannot be married, and that is the assistant medical officers. Returning to the subject of the diplomas, it seems, to my mind at all events, that some of the recommendations of the Educational Committee were unfortunate. They appear to have recommended to the College of Physicians that they grant a diploma. If the College of Physicians would not give the Diploma in Psychological Medicine to licentiates as well as to members, then it was not the business of this Association to press for a diploma at all. I would like to say in conclusion that it is possible for some people to look at this matter coldly, but as far as my own personal position is concerned, it is a thing which I cannot help looking at with considerable heat.

Dr. MACDONALD: I do not rise to say many words, but I wish to express my thanks to Dr. Rows for this most interesting contribution, which has covered a very wide field, and I regret that such a valuable paper could not have been read at a full meeting of the Association instead of a sparsely attended one like the present. I am in entire agreement with Dr. Rows that there are great difficulties in the way as regards degree-giving bodies being able to provide the necessary teaching material in connection with the proposed Diploma. It is well known that some authorities are much more liberal hearted than others, but I agree with Dr. Hayes Newington that if we are to get better treatment or improved conditions, then we must endeavour to carry the authorities with us and not to appear dictatorial. I would venture to repeat the very old saying that much of the slowness in promotion is due to the continued vicious system of building huge asylums. I agree with Dr. Thomson that there can be but one head unless we are to revert to the universally condemned system once in vogue in and around London. It does not matter to me what diploma a medical officer may possess or how many, for unless the officer possesses the spirit and desire to work, diplomas are valueless. All know what splendid work Dr. Rows and Dr. Orr have produced, and I presume I may say without fear of contradiction that no degree or qualification either of these gentlemen possess would have produced such splendid results without the fundamental spirit of work.

Dr. STODDART: With regard to the question which has been raised as to the College of Physicians, I may say that that body did the best they could for us under the circumstances. It appeared, when the matter was brought up, that the Diploma could not be granted by the College of Physicians without legislation. This, under the present full programme of Parliament, would have taken so long that the College of Physicians felt that they had to do something in the meantime in order to carry out our wishes as far as they could. They have not absolutely closed the door. When there is more time to deal with this important matter, I think that the College of Physicians may be willing to open the door to their ordinary licentiates.

Dr. BLANDY: As another assistant medical officer I should like to express a sense of obligation to those whose energy and initiative have ventilated this subject. My own superintendent (Dr. Rolleston) permits me to say that he is entirely in sympathy in any movement having for its object the improvement of the status of assistant medical officers. The question of the Diploma, as it affects the assistant medical officer, interests me very much personally. I am in the position of the man who wishes to take advantage of what has already been done with regard to it, and am anxious that something further may be done as soon as possible. It is largely a question of convenience in asylum administration. An assistant medical officer will approach his committee, and his superintendent will be asked to advise them in the matter. I would urge that the Association make to visiting committees a strong and detailed recommendation, as I feel that it would very much strengthen the hands of the superintendent if the committees know the considered view of the Association on the point. Will a medical officer find it difficult to take the Diploma if the facilities are granted? I do not know what it will cost him—perhaps £150. (A voice: "Not so much.")

Dr. MAURICE CRAIG: There is one point that we must not lose sight of, and that is, that it is absolutely necessary that we as an Association must face the

problem of how we are going to encourage men to take one of the various diplomas in psychological medicine now offered. The first question which clearly calls for a thorough investigation is the whole status of the assistant medical officer, and from all we have heard this afternoon it is very important that this should be gone into. Our one desire is to attract the very best men to take up this special branch of medicine, therefore we must be able to offer a reasonable chance of success to anyone taking it up. We have heard various assistant medical officers speak this afternoon, but indeed there is no need to hear them, for statistics alone prove that as a service it does not promise more than a small percentage of superintendencies, therefore the majority can never reach the highest positions. This, I know, is impossible for us to remedy, but in my opinion the inability to obtain a large number of applicants and a good class of applicant for the junior posts is not due merely to the poor chances of high promotion. I think that we can put that clearly out, for we know that the great services are underpaid and also offer only poor chances of high promotion, yet when the R.A.M.C. was put on a proper footing, and the status of the men made more satisfactory, good class candidates at once appeared. For our men, one of the greatest objections to the present system—and I think a very reasonable objection—is that there is no hope for an assistant medical officer being able to marry within a reasonable time. Senior assistant medical officers should after a certain number of years' service have a house or married quarters granted to them. This is clearly one of the crucial points which must be decided. Unless superintendents feel that they can influence their committees—and I, for one, believe that most superintendents have no small power with their committees—the position is serious indeed, as I can see no hope for an improved service. In any case it is a matter which should not be brushed aside lightly. We, as an Association, have approached various universities, and we have asked them to grant us diplomas in our branch of medicine. Several of these diplomas have come into existence, and it is now our duty to see that men enter for them, and this can only be done by making the service an attractive one. If we now fail I cannot help feeling that the Association will be placed in a foolish position. One thing is certain—that men will not enter for the diplomas unless it shall be greatly for their benefit to do so.

Dr. HART: I move that a committee be formed to consider the status of the profession of psychiatry in Great Britain and Ireland, and the reforms necessary in the education and conditions of service of the assistant medical officer.

Dr. M. A. COLLINS: I second it.

Dr. HAYES NEWINGTON: What will the relation of that motion be to (A) on the programme? I suppose I may take it that ninety-nine out of one hundred came here to discuss that question. That brought me here—the work of the Committee in giving the Diploma. I think that is the principal thing that is in the mind of the meeting. And here is the other question. Which is the most important thing? I take it that this motion as it stands now will entirely defeat the Committee on diplomas. Does the meeting want that? Or can anybody move a resolution to a parallel effect to (A)?

Dr. HART: Could not the wording be altered so as to exclude the matters now before the Educational Committee? I am anxious not to trespass on the Committee already in existence.

The PRESIDENT: I think it covers the question of the diplomas.

Dr. HAYES NEWINGTON: But will it not have the practical effect which I have mentioned? We came here for the practical purpose of trying to further the work which has been undertaken so well by a committee of very experienced University men, who wish to see a diploma granted. The question of status may be part of the whole, and probably Dr. Craig is right in saying they are indissolubly connected. They may be, but assuredly if you attack the big principle and keep it in abeyance for years, it must follow that the smaller practical work must be put on one side for that time. If you cover the two by one motion you cannot possibly deal with the feasible part without dealing with the more important question.

Dr. HART: I am anxious not to interfere at all with the work of the Sub-Committee of the Educational Committee. I do not know how it stands technically, but I should have thought there was nothing to prevent that Committee proceeding with its work. Diplomas have already been instituted by certain Universities, and the committee I have suggested deals with something which, as Dr. Hayes Newing-

ton says, is in the future. I do not know whether it is true that the passing of a resolution like this would defeat the work of the Educational Committee. If it is true I would alter it in some way, because I am anxious it should not be so. I think we should support the establishment of the diplomas, but unless we regard it as a first step of a more far-reaching reform, the thing will not be of the value which we hope it will be. Is it not possible for the wording of the resolution to be corrected in some way so that it will cover what we want?

The PRESIDENT: The resolution is—"That a committee be formed to consider the status of the profession of psychiatry in Great Britain and Ireland, and the reforms necessary in the education and conditions of service of assistant medical officers."

Dr. BEDFORD PIERCE: Leave out "education" and then it will be all right.

Dr. STUART: On a point of order, sir.

The PRESIDENT: Would it cover your meaning if the word "education" is left out? Would the remainder of the resolution express your views, Dr. Hart?

Dr. HART: It does not altogether, but if it is inevitable, I would rather have that than nothing.

The PRESIDENT: I should like to take the views of some others, whether it will affect the granting of the Diploma.

Dr. STUART: I rise to a point of order. Is not that resolution out of order, inasmuch as this meeting has not been called to consider the position of psychiatry in this country, but the diplomas in their relation to assistant medical officers and their status.

The PRESIDENT: The meeting has been called to consider the status of the assistant medical officer, and the resolution does refer to that subject.

Dr. ORR: Would it be acceptable if the present Sub-Committee of the Educational Committee were to take on this work, and extend it to include the position of the medical officers?

The PRESIDENT: It would not be in order for us to do that at this meeting.

Dr. ORR: It could be done at our meeting to-morrow.

The PRESIDENT: The Educational Committee could do that.

Dr. HAYES NEWINGTON: There are two subjects (A) and (B). With regard to (A), if this meeting were to request the Educational Committee to take such steps as it thought fit to promote the object of (A), well and good; but keep that independent. On the top of that, if you like, move your big resolution (B), and keep that to itself. That expresses what I want to get at.

Dr. CRAIG: May I move an amendment. It is: "That, as a natural corollary to the work now being done by the Educational Committee regarding the establishing of Diplomas in Psychological Medicine, a sub-committee be appointed to go into the matter and make recommendations regarding the improvement possible in the status of assistant medical officers."

The PRESIDENT: A sub-committee to what committee? We can appoint a committee from this meeting.

Dr. CRAIG: It could be a committee from this meeting.

Dr. ROWS: Could not the Sub-Committee of the Educational Committee approach the asylum committees and other authorities? Still this meeting could appoint a fresh committee that could go into the larger question which Dr. Hart proposed.

The PRESIDENT: Certainly, and keep the two matters apart.

Dr. ROWS: I cannot see why there is this entanglement. It has nothing to do with Dr. Hart's proposal. It considers the desirability of issuing a memorandum to asylum committees and other authorities. Why not do that to-morrow at the meeting, and let this meeting appoint a special committee, as Dr. Hart suggests, to consider the larger question which has been brought before the meeting to-day?

The PRESIDENT: I think Dr. Rows is under a misapprehension. That which he refers to is merely a suggestion for this meeting. This is a special general meeting of the Association, and the desirability of issuing a memorandum was only suggested as one of the things which might be decided on here, but there is no committee recommendation on the subject.

Dr. ORR: So this special meeting has not the power to elect a special committee?

The PRESIDENT: Yes, it has.

Dr. THOMSON: We are getting into deeper muddles, and I would like to follow Dr. Percy Smith's suggestion that we defer this matter. We have had the benefit of the special meeting and of hearing valuable papers and valuable views, and I move that the subject be postponed or closed, at all events until the general meeting to-morrow. I move it as an amendment if necessary. It is unfortunate that this meeting was called for the day before the meeting to-morrow, instead of the day after it.

Dr. MIDDLEMASS: I would like to support the suggestion that this meeting be adjourned. We have heard to-day from very few assistant medical officers. My own assistant medical officer was anxious to attend this meeting, and as Dr. Thomson has just said, it was rather inconvenient to have this meeting the day before the Quarterly Meeting. He could not be here to-day and I be present to-morrow, and it is essential that this question, which largely concerns the assistant medical officers, should be discussed, or an opinion expressed upon it by assistant medical officers. We have had several valuable opinions, but it would not be at all to the prejudice of the settling of it if a thorough opportunity were given, say by Divisional meetings, to hear more fully the opinions of assistant medical officers; and that would get over the difficulty which exists of the Educational Committee having a report to present to-morrow which we cannot consider to-day. I think there is no part of the subject which will be prejudiced by a little further delay.

Dr. HAYES NEWINGTON: What is to be adjourned, both (A) and (B), or only (B)?

Dr. THOMSON: I propose to adjourn both (A) and (B) until after to-morrow's meeting.

Dr. STODDART: As you have ruled Dr. Hart's motion in order, I have—

The PRESIDENT: There is an amendment first.

Dr. BEDFORD PIERCE: I hope this matter will not be postponed; I think it is a very serious matter, and it would be serious not to consider fully the legitimate aspirations of many of our colleagues. The feeling up and down the country on the matter is much stronger than many of us are aware of as to the disabilities of assistant medical officers and there can be no harm in appointing a committee, and I shall support Dr. Bernard Hart's resolution and oppose the amendment.

Dr. BOND: I rise to support Dr. Bedford Pierce, because I think the current of feeling on this matter is running strongly, and the question is a burning one. Anything in the nature of a sharp adjournment, after such a meeting has been called, will have an unfortunate effect. If there is some other practical suggestion such as only postponing action for a brief time—for instance, until to-morrow's meeting—I see no objection; but if this is to be a more or less indefinite adjournment, leaving it for the Divisions to thresh it out, I am sure bitter disappointment will be felt by many to whom this question is a burning one. I have not spoken this afternoon before, but I have listened with the greatest interest to all that has been said. I emphatically associate myself with this movement which is on foot to better the conditions of our assistant colleagues, because I feel that, as Dr. Craig has said, the success of our new Diplomas and the general advancement of education in psychiatry are bound up with it. We shall not get men willing to try for these Diplomas unless they feel that they have a reasonably assured career in front of them.

Dr. COLLINS: I seconded the motion. I am particularly anxious that the matter should not be postponed, and I feel that it is the key to the whole subject, and that we shall not get the Diploma gone in for in the existing conditions. I think the key to the whole matter lies in (B), and I hope this meeting will do something practical to-day.

The PRESIDENT: The amendment is, proposed by Dr. Thomson and seconded by Dr. Middlemass, that the subject be postponed.

The amendment was lost.

Dr. CRAIG: I now propose—"That as a natural corollary to the work now being done by the Educational Committee regarding the establishing of Diplomas in Psychological Medicine, a committee be appointed to make recommendations as to what facilities can be obtained for assistant medical officers obtaining such Diploma."

Dr. BEDFORD PIERCE: With regard to that first part, our work falls into two groups. I suggest that the first part be referred to the Educational Committee

to-morrow, and that we spend no further time on that, but deal with the second part.

Dr. STUART: I second Dr. Craig's proposal.

The PRESIDENT: There is an amendment that the first part of that be referred to the Educational Committee.

Dr. COLLINS: I second that.

Dr. HAYES NEWINGTON: The effect of Dr. Craig's words being moved as an amendment would be unfortunate; it deals with what we want as relating to (A). But if it is passed as an amendment the original motion which deals with it will kill what we want with regard to (B). If the Chairman will allow it to be put as an original motion as to (A), we shall get clear of that because naturally (A) would come before (B).

The PRESIDENT: I am in the hands of the meeting.

Dr. HART: I should be pleased to postpone my motion for the time.

The PRESIDENT: Dr. Hart is allowed to withdraw his motion.

Dr. CRAIG: My resolution is—"That as a natural corollary to the work now being done by the Educational Committee regarding the establishing of Diplomas in Psychological Medicine, a committee be appointed to make recommendations as to what facilities can be obtained for assistant medical officers obtaining such Diploma."

The PRESIDENT: That has been proposed by Dr. Craig and duly seconded.

Dr. BEDFORD PIERCE: I do not want to be obstructive, but this is exactly what the Sub-Committee of the Educational Committee has been attending to, and I should have thought it would have been better to refer this question which Dr. Craig suggests to the Educational Committee to-morrow. We have arrived at this position because this special meeting is being held before that of the Educational Committee. I suggest an amendment that question (A), namely, referring to the Diploma in Psychological Medicine, be referred to the Educational Committee.

Dr. COLLINS: I shall be glad to second that.

Dr. HAYES NEWINGTON: You want to refer with the recommendation. This Association is asked to speak in this meeting with a voice, and that voice is expressed by Dr. Craig's motion.

Dr. BEDFORD PIERCE: We want to say, How will this Committee which Dr. Craig suggests stand in relation to the existing committee? I think it should be referred, without any views, to the Educational Committee.

Dr. HAYES NEWINGTON: But we want to take advantage of the discussion this afternoon, and instruct the Committee to take action. That is the object of Dr. Craig's motion.

The PRESIDENT: I put Dr. Bedford Pierce's amendment, which means that part (A) be referred to the Educational Committee.

This was carried.

The PRESIDENT: I now put it as a substantive resolution that the subjects referred to under (A) be referred to the Educational Committee.

Dr. HAYES NEWINGTON: Will he allow words to be put in expressing approval of the issuing of the memorandum?

Dr. BEDFORD PIERCE: Yes.

Agreed to.

The PRESIDENT: Perhaps if Dr. Craig and Dr. Pierce will confer it might get over the difficulty. Dr. Hart's previous resolution is: "That a committee be formed 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."

Dr. COLLINS: I second that.

The resolution was carried unanimously.

Dr. HAYES NEWINGTON: That will necessitate the appointment of a committee. The appointment of a committee to carry out such an important reference should be done with very great care. It would certainly be very unfortunate to try and choose the committee now, and I would point out that on former occasions, where the Selection Committee has not been able to meet and make recommendations to the Council, that the selection has been made by the ex-President, the President, and the President-elect, three gentlemen who are all eminent, who

must be eminent, or they would not have been elected to our chair, and these on this occasion happen to represent the three divisions of the United Kingdom. So there need not be any alarm. I suggest that the naming of the committee be left to the three Presidents.

Dr. J. G. SMITH: I should like to add the General Secretary to the list.

Dr. COLLINS: I second that.

Dr. STODDART: I second Dr. Newington's proposal.

Carried with the addition of Dr. Bond's name.

Dr. HAYES NEWINGTON: Then there is the question of the size of the committee. It is very important to know what the size will be.

The PRESIDENT: We shall be glad to have any guidance you may give us.

Dr. STODDART: Would it be unusual to suggest that the gentleman who proposed the motion should be on the Selection Committee?

The PRESIDENT: Individuals had better not be named.

Dr. MIDDLEMASS: I suppose there will be a certain number of assistant medical officers on it?

The PRESIDENT: Yes.

Dr. COLLINS: I think not less than half the committee should be assistant medical officers.

The PRESIDENT: You may rely upon it that the assistant medical officers shall be properly represented.

The PRESIDENT then read out the terms of Dr. Pierce's amended resolution: "This meeting strongly urges the importance of necessary facilities being provided to assistant medical officers of asylums for obtaining the Diploma in Psychological Medicine or other Special qualification. This question is referred to the Educational Committee in order to give effect to the expressions of opinion at this meeting."

The amended resolution having been accepted, the meeting then terminated.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE QUARTERLY MEETING was held at the Rooms of the Medical Society of London, on Tuesday, November 21st, 1911, under the Presidency of Dr. W. R. Dawson.

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

The President (Dr. W. R. Dawson) and the following sixty-one members were present: T. Stewart Adair, G. F. Barham, Fletcher Beach, C. H. Bond, David Bower, A. Boycot, R. B. Campbell, J. Carswell, James Chambers, W. C. Clapham, M. A. Collins, W. E. Collier, Geoffrey Clarke, Maurice Craig, G. Cribb, A. W. Daniel, J. Dixon, Sir Horatio Donkin, C. Dove, E. L. Dove, Thos. Drapes, J. H. Earls, Sam. Elgee, C. T. Ewart, J. J. Fitzgerald, H. Haynes, David Hunter, J. B. Hyslop, G. Johnston, Robert Jones, John Keay, H. Kerr, R. Langdon-Down, L. Legge, H. Wolseley-Lewis, J. R. Lord, T. W. McDowall, H. J. Mackenzie, C. Mercier, Jas. Middlemass, Alf. Miller, W. F. Nelis, H. Hayes Newington, M. Eden Paul, J. E. Porter-Phillips, J. F. Powell, Wm. Rawes, Geo. M. Robertson, Geo. H. Savage, J. G. Secretan, G. E. Shuttleworth, R. Percy Smith, J. B. Spence, T. E. K. Stansfield, R. H. Steen, R. J. Stilwell, H. H. B. Stoddart, J. Tattersall, J. D. Thomas, D. G. Thomson, Wm. Vincent.

Visitors at the above were: Drs. J. M. Sargeant, C. F. A. Vivian, W. Watson, and J. C. Wootton.

Members of the Royal Society of Medicine, Obstetrical Section, at above: W. H. Bailey, J. Barris, H. Briggs, J. F. Briscoe, Hayden Brown, John Cahill, E. O. Croft, F. G. Crookshank, H. P. Dimmock, T. W. Eden, W. S. A. Griffiths, J. P. Hedley, G. E. Herman, H. Macnaughton Jones, Amand Routh (President), A. W. Russell, Mary Scharlieb, Heywood Smith, J. H. Targett, W. W. H. Tate, May Thorne, Ethel Vaughan-Sawyer, Jane Walker, J. A. Willett, Robt. Wise.

Visitors at above: Drs. Emily MacRedy and C. StA. Vivian.