

McBryan, Marnan, McDonald, Nelis, Phillips, Rains, Rutherford, J. M. Soutar, Scott Williamson, and White, and the Hon. Divisional Secretary (Dr. Blachford).

Dr. McDonald having been appointed to the Chair the minutes of the last meeting were read and signed.

The date of the Spring Meeting was altered from Friday, April 26th, 1912, to Thursday, April 18th, 1912, a Thursday being more convenient as regards train service.

The invitation of Mrs. Fox to hold the Spring Meeting at Brislington House, near Bristol, was unanimously accepted.

Drs. SCOTT WILLIAMSON and PHILLIPS read a paper on "Further Investigation on the Cerebro-Spinal Fluid in Insanities" (see p. 84). This gave rise to an interesting discussion, both on the paper and the cases shown, which was taken part in by Drs. McDONALD, SOUTAR, NELIS, and BLACHFORD. Dr. BLACHFORD suggested during discussion that as all asylums had not opportunities for pathological work, and as the lead had been given by London, Scotch, and some northern asylums, it was time something was done in the south-west, and he proposed—"That a committee of five be appointed to consider the question of a central pathologist: each asylum to contribute towards the cost of the work." This was seconded by Dr. AVELINE, and Drs. McBryan, Soutar, Aveline, Blachford, and Scott Williamson were elected to form the committee and asked to report at the Spring Meeting.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of this Division was held at the kind invitation of Dr. E. H. O. Sankey at Boreatton Park, Baschurch, Salop, on Thursday, October 19th, 1911.

Dr. Dawson, the President of the Association, presided, and the following members were present: Drs. L. F. Cox, C. K. Hitchcock, J. Middlemass, B. Pierce, D. F. Rambaut, E. H. O. Sankey, E. W. White, T. S. Adair; and one visitor: Dr. W. H. Packer.

The minutes of the last meeting were read and confirmed.

Drs. Hitchcock, McDowall and Pierce were unanimously re-elected to form the Divisional Committee for the next twelve months. Proposed by Dr. White, and seconded by Dr. Middlemass.

SOME REMARKS ON THE DIPLOMA IN PSYCHOLOGICAL MEDICINE.

By BEDFORD PIERCE, M.D., F.R.C.P.,
Medical Superintendent, The Retreat, York.

Four Universities have already instituted diplomas in Psychological Medicine, *vis.*, Edinburgh, Durham, Manchester and Leeds. Two others are seriously considering the subject, and the College of Physicians in London has decided that Members of the College can enter for a special examination in psychiatry.

It is clear that the policy of the Association as expressed in the circular letter to the teaching bodies in July, 1910, has been generally approved.

Before considering the effect of the diploma upon those engaged in asylum work, it will be well to state briefly the conditions under which the diploma can be obtained. Although, as a general rule, the suggestions of the Association have been acted upon, there are important differences in the requirements of the various universities.

Edinburgh and Durham both require one academical year's study. The subjects fall into five groups: (1) Anatomy, physiology, and pathology of the nervous system; (2) psychology and experimental psychology; (3) bacteriology in relation to mental diseases; (4) clinical neurology; (5) psychiatry.

Two examinations are held at the end of the winter and summer sessions respectively.

Edinburgh permits candidates who have held responsible asylum posts for not less than two years, exemption from one or more subjects of the curriculum during the next three years dating from October, 1911.

Durham permits candidates qualified as medical practitioners before January 1st, 1911, to enter for the examination without attendance on the courses of instruction.

Although these exemptions are of great value to men already engaged in asylum work, it is evident that special courses of instruction must be taken if the examinations are to be successfully passed unless the candidate has already had special advantages for study. It would seem to me that as a minimum six months' whole time study will be needed to give a chance of success.

In Manchester the courses of study are much the same, and the examination is also divided into two parts.

Attendance at the University for at least two terms is required. Candidates must have been medical officers in a recognised asylum for a year or have received six months' clinical instruction in psychiatry.

In Leeds there are also two examinations. Six months' work at one of the recognised laboratories of the University is required. During the same six months it appears possible to act as clinical clerk and obtain instruction in clinical psychiatry.

The Royal College of Physicians in London decided not to grant a special diploma, but instituted a special examination in psychological medicine for members of the College. The subjects are:

- (1) Psychology and the study of conduct in relation to mental disorder.
- (2) Psychological medicine and the jurisprudence of insanity.

It will be noted that no mention is made of neurology or special study of the brain and nervous system. These subjects are required in the examination for the membership.

Much can be said in favour of this view, and that a man must be a well qualified physician before he begins to specialise. It seems likely that many candidates will in the future take the membership and obtain the certificate of distinction in psychological medicine, which will no doubt be looked upon as equivalent to the diplomas of other universities.

London University, National University of Ireland, and several other universities permit Bachelors of Medicine to take their M.D. degree in psychological medicine, which also will no doubt be considered an efficient qualification.

It is to be expected that after a time, when the importance of the matter is generally recognised, that some central authority, such as the General Medical Council, will state in formal terms what curriculum and examinations will be necessary in order to obtain a special qualification in psychological medicine.

I think we may safely conclude that the new diploma has come to stay, and that before long, it or a similar qualification will be obtained by all who wish for advancement in this branch of medical practice. It is probable that in time this diploma will take a position corresponding to the D.P.H., and that all medical men will be required to take it before appointment to senior posts.

It is true that this is a long way off at present, but it seems to me that the above anticipations are inherently reasonable and consequently we may expect the new diploma will gradually increase in importance until it is recognised by the State. However this may be, it behoves us to consider carefully how this new departure affects those who are now engaged in the care and treatment of the insane. So far as I can form an opinion the diploma will have a distinctly beneficial influence and should be supported in every possible way.

I do not suppose that any of us will expect great things from a few months' special study followed by an examination more or less difficult; we all know that this alone will not qualify for medical work, and we admit that examinations are a poor test of fitness in any department of life. On the other hand, at no time in the history of medicine has it been more important that special technical studies should be followed up after graduation. It is absolutely impossible in the few years given to medical education for anyone to become proficient in the special subjects required in asylum practice. The future is full of hope, if there are within our ranks those able to apply the recent advances in medical knowledge to our special department of medicine. Without post-graduate study this is impossible. The technical knowledge required for vaccine therapy, for examination of the blood or cerebro-spinal fluid, and especially for psycho-analysis (to mention only three modern developments) is considerable.

This kind of work is practically out of the reach of most medical officers, situated as they usually are in remote country districts. No doubt there are men who will surmount every obstacle. Did not Darwin study the movements of climbing plants when suffering acute physical pain? But most of us cannot work without encouragement, and I am convinced that the special courses of study in some university centre will not only widen the outlook of the young practitioner, but will also awaken enthusiasms, which under present conditions are only too frequently smothered as soon as they are born. I think, therefore, we ought to support the diploma as tending to awaken and develop the scientific spirit.

It follows as a matter of course that if this be so, coming generations of asylum officers will be better equipped for their work, greatly to the benefit of those under their care.

The new departure will also tend to improve the status of those engaged in asylum work. This may be considered a side issue, and if we allow it to influence us unduly we may be accused of following trades union methods. This accusation would, indeed, be justified if we looked at the question from a selfish point of view; but our aim is to become better qualified and more efficient, and we only expect an improved professional status when the character of the services rendered to the community justifies it.

If asylum officers are content to be merely administrators and if scientific attainments are not valued, the outlook is gloomy in the extreme. The State cannot be expected to employ highly trained men at adequate salaries if others not so trained will do equally well. We can only justify our position in asylum administration by being able to bring to our work special knowledge and trained intelligence which laymen do not possess. It is because the new diploma will assist in this connection that I look upon it as calculated to improve the status of asylum officers.

Broadly speaking, at the present time the position of assistant medical officers in asylums is highly unsatisfactory.

That so many of them are obliged to live celibate lives is not only contrary to nature but short-sighted in the public interest. There seems to me no adequate reason why in our large asylums houses for married medical officers should not be provided on the edge of the asylum estate as obtains so generally in Germany. The extra cost to the ratepayers would be more than counter-balanced by improved efficiency. Discontented and discouraged servants are rarely good ones.

Assistant medical officers, moreover, have little or no legal status. They have no authority, as this is vested entirely in the medical superintendent. It seems preposterous that an A.M.O. of ten years' service should be unable to sign a continuation order or special certificate for a patient already under care, when a new qualified man fresh from the schools can certify a person not under care as insane. Their legal position appears to me derogatory to them as members of a learned profession.

It is, therefore, not surprising that many energetic and promising men give up asylum work. We must, moreover, admit that in some quarters scientific studies are thought little of, in a few places they are ignored if not actually disowned, whilst now and then appointments are made without any regard to medical attainments.

It is because I consider the D.P.M. will to some extent assist in remedying these evils that I think it should be welcomed heartily by those interested in the welfare of the insane.

Having set forth my views upon the general question, let me make it clear that I do not wish for any sudden change or think the time has come for us to press upon the Government the need for legislation in order to make the diploma necessary to all practising our branch of medicine. It is of the utmost importance to move slowly, and measures pushed on in advance of public opinion have little prospect of success.

On the contrary, I think the diploma should remain for some time an entirely voluntary qualification, but that the Association should, on the one hand, use its influence in encouraging its members to obtain it, and on the other, it should point out its importance to county councils and others engaged in lunacy administration. In doing this, care must be taken not to prejudice the position of existing medical officers of standing, who can hardly be expected to take up a course of

university study even if it were possible for them to leave their work to do so. The subject bristles with difficulties. I would therefore suggest that a special meeting of the Association should be called to consider the whole question.

The time and place of such a meeting should be such as would enable assistant medical officers from all parts of the country to attend, as this question concerns them much more than the senior members of the Association.

At the present juncture I think the Association might wisely be asked to take the following steps:

(1) Issue a memorandum to asylum committees and other authorities urging upon them the importance of providing facilities for further study for assistant medical officers. The necessity for at least six months' study leave at a university centre should be emphasised, so that the new diploma or its equivalent might be obtained.

(2) To appoint a sub-committee to consider the various problems which will arise in connection with the diploma in psychological medicine, with a view to safeguarding the interests of existing medical officers in asylums, in such a manner as not in any way to damage its authority and influence.

An interesting discussion followed in which the PRESIDENT, Dr. SANKEY, Dr. WHITE and others took part. The general feeling was one of agreement with the points brought forward in the paper.

The following resolution was then proposed by Dr. Pierce, seconded by Dr. Middlemass, and unanimously carried for submission to the Council of the Medico-Psychological Association:

"This meeting recommends that a special meeting of the Association be convened to consider:

"First, the diplomas in psychological medicine and other special qualifications in psychiatry in their relation to existing medical officers of institutions for the insane.

"Secondly, the social and professional status of assistant medical officers. Under the first of these heads it is suggested that the following should receive 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. The minimum period of study-leave should be not less than six months."

Dr. SANKEY then read a short paper introducing the subject of the "Treatment of Acute and Early Cases of Insanity, with Special Reference to the Number of Patients in Asylums."

He was forcibly struck with the fact that the recovery-rate was, and is, nearly stationary. He considered that asylums were too big, and that in future buildings should be erected in the form of hospitals or receiving houses for acute or curable cases; that all cases should be first admitted to these, and that the failures and incurable cases only should be transferred thence to the asylum. He thought that the smaller number of patients under care, with a large medical and nursing staff would result in more recoveries.

Dr. WHITE, Dr. COX, Dr. MIDDLEMASS and others spoke on the subject, and reference was made to the fact that some large county asylums had acute hospitals attached to them.

The meeting then came to a close.

IRISH DIVISION.

A MEETING of the Irish Division was held on November 2nd, 1911, at the Royal College of Physicians, Kildare Street, Dublin, Dr. W. R. Dawson, President, in the Chair.

There were also present Drs. Rainsford, Donelan, O'Mara, O'Neill, Nolan, Greene, Drapes, Fleury, and Leeper, Hon. Secretary.

A letter of apology for non-attendance was read from Dr. Oakshott, of Waterford.

The minutes of the previous meeting and of the Special Meeting of the Division summoned to consider the Asylum Officers' (Employment, Pensions, and