

(b) recoverable hospital cases, (c) pre-hospital work at clinics. The candidate for training should not be too young and should be selected by a committee. Personality and character are of the highest importance, and the work demands consecration and genuine human love. The training is both theoretical and technical. The student is taught a little of general hospital administration, hospital etiquette, and the relation of her work to the organisation as a whole. She starts with the lower grades, and is taught something of the interdependence of the mental and physical, of the nature of habit reactions and methods of overcoming bad and forming good habits, including the habit of attention. Habit training is especially important in the reception service and with the unemployed deteriorating class. The deteriorated patients of many years' standing are the most difficult of all, but the writer looks forward to a lightening of this burden in the future when improved methods of prophylaxis and treatment have been used from the beginning. However, these patients are entitled to a chance, and even now results are encouraging. The next grade is the kindergarten. Here the student learns methods of re-education along lines of sensory stimulation and training: colour, music, simple exercises, games and story-telling are employed along with occupations. In the grades above this patients are given manual occupations chosen to meet individual needs. They are of increasing complexity, increasing interest, and require increasing concentration. Still higher is the occupation centre or "curative workshop," where really beautiful work is sometimes done. Patients may be sent here for special observation, or before parole, or before passing to the "pre-industrial" or vocational training departments. The student should here make a general survey of the patient from the point of view of his personal needs, interests, inhibitions, emotions and relation to environment and the construction of a balanced programme of work, rest and play.

The student during training participates in the physical work with patients, *e.g.*, gymnasium and games. The play spirit is often warped, especially in town-dwellers; therefore games, folk dancing, gymnastics, playground activities, competitive games, etc., are included in the *régime*. Students are further taught to buy equipment and to utilise available material. Careful observation, accurate note-taking and written records are insisted on from the beginning, and the interpretive side is emphasised, for the writer finds that, while most aides understand crafts, many do not realise the application to mental patients. The results of the work have been encouraging; patients are helped to parole and discharge, or, if they must remain, to be happy and active in the hospital community. Success depends largely on the persistence, versatility and patience of the occupational therapist.

MARJORIE E. FRANKLIN.

*The Philosophy of Occupational Therapy.* (*Arch. of Occupat. Ther.*, February, 1922.) Meyer, Adolf.

For thirty years—first at State Hospitals for the Insane, and later as Medical Director of Phipps Psychiatric Clinic—Dr. Meyer has

assisted at the progress of occupational treatment for mental illness. He has seen it develop from a purely industrial type of employment with mainly utilitarian aims to the educational methods of occupation and recreation under the direction of specially trained organisers, in establishing which Mrs. Meyer was one of the pioneers.

The aim should be to combine work with pleasure, and to supplement the centralisation involved in institutional life by individualism. Psychopathic disorders present problems of adaptation and of living and of habit deterioration. Occupational therapy helps to bring the patient into contact with reality, to strengthen the "fonction du réel," to give a sense of achievement and completion especially valuable to sufferers from feelings of inferiority, to increase muscular control and to improve habits, and, perhaps most important of all, it develops in the patient a sense of the value of time and of performance. The writer discusses in this connection the modern interest in "energetics" in physics and chemistry and "behaviourism" in psychology.

*Time, rhythm, activity* are beacon lights of the philosophy of the occupation worker. The capacity of *imagination* and the use of *time* with foresight, based on appreciation of the past and the present, are culminating features of man's evolution, in the higher stages of which he integrates the simpler phases into new entities. *Rhythm* operates throughout nature. The healthy human organism pulsates rhythmically between rest and activity, using and living and acting its time in harmony with its own nature and the nature about it, and feeling itself to be a self-guiding energy-transformer in the real world of living things. Nursing and immediate therapy are concerned with the arrangement of the patient's time—the twenty-four hours of his day—the engagement of his *interests*, and the orderly *rhythmic* distribution of work and play and rest and sleep in a happy and natural atmosphere. There is a natural rhythm between vision and performance. Thought, reason and fancy are steps to *action*, and performance is the best test and expression of personality.

Dr. Meyer warns against undue interference and meddling. Help should be confined to giving opportunities to individuals to develop along the lines of their personal interests, cravings and capacities with only such guidance, encouragement and stimulation as may be necessary. There are many ways of approach, and sometimes the patients' delusions suggest lines of help. Examples are cited, *e.g.*, picking hair of mattresses. This is suitable for excited cases, as it does not tax the attention unduly nor stimulate the larger physical movements. Among the handicrafts taught are raffia and basket-work, weaving, bookbinding, metal and leather work. Patients with inferiority feelings are benefited by constructive work of some emotional value, and which can be finished in one or two sittings. Praise is helpful, but an adequate standard should be maintained. The treatment may well begin with a *régime* of "pleasurable ease," the creation of an orderly rhythm in the atmosphere, with perhaps some music, dance and play, leading up to varied activities and work.

In considering the wider applications of the subject, the writer points out that commercialism and the over-valuation of quantity

with neglect of workmanship in industrial life leads people to seek satisfaction for their interests in unproductive activities outside their work. Experience gained in dealing with difficult special needs may help to solve problems in the philosophy of ordinary life.

MARJORIE E. FRANKLIN.

### Part IV.—Notes and News.

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

THE EIGHTY-FIRST ANNUAL MEETING of the Association was held on Wednesday, Thursday, and Friday, July 19 to 21, 1922, in the Royal College of Physicians and in the University of Edinburgh, under the presidency, in the early proceedings, of Dr. C. Hubert Bond, *C.B.E.*, *F.R.C.P.*, and later that of Prof. G. M. Robertson, *M.D.*, *F.R.C.P. Edin.*

#### MORNING SESSION.—WEDNESDAY, JULY 19.

Dr. C. HUBERT BOND, President, in the chair.

The Council, Educational, and Parliamentary Committees had met during the previous two days, July 17-18, at the offices of the General Board of Control for Scotland, 25, Palmerston Place, Edinburgh.

#### MINUTES.

The minutes of the eightieth annual meeting, held in London, having appeared in the *Journal*, were held as read, and were approved.

#### ELECTION OF OFFICERS OF THE ASSOCIATION.

The PRESIDENT proposed that the officers of the Association for the year 1922-23 be:

*President.*—George M. Robertson, *M.D.*, *F.R.C.P. Edin.*

*President-elect.*—Edwin Goodall, *C.B.E.*, *M.D.*, *F.R.C.P.*

*Ex-President.*—C. Hubert Bond, *C.B.E.*, *D.Sc.*, *M.D.*, *F.R.C.P.*

*Treasurer.*—James Chambers, *M.A.*, *M.D.*

*Editors of Journal.*—J. R. Lord, *C.B.E.*, *M.B.*, H. Devine, *O.B.E.*, *M.D.*, *F.R.C.P.*, G. Douglas McRae, *M.D.*, *F.R.C.P. Edin.*

*General Secretary.*—R. Worth, *O.B.E.*, *M.B.*

*Registrar.*—Alfred A. Miller, *M.B.*

This was agreed to.

He next proposed that the nominated Members of Council be:

Sir F. W. Mott, Drs. W. F. Menzies, C. C. Easterbrook, M. J. Nolan, Bedford Pierce, G. W. Smith, E. Barton White.

This was agreed to.

#### ELECTION OF HONORARY AND ASSOCIATED MEMBERS.

On a ballot being taken, the following were unanimously elected Honorary Members of the Association:

Mr. Wm. C. Clifford Smith, *O.B.E.*, *F.R.I.B.A.*, *M.I.C.E.*, Mental Hospitals Engineer to the London County Council.

Dr. François Florentine Pactet, ancien chef de Clinique de la Faculté de Médecine de Paris; Médecin en chef de l'Asile de Villejuif.

Dr. Jacques Jean l'Hermitte, ancien chef de Laboratoire de la Faculté de Médecine de Paris; Médecin de l'Hospice Paul Brousse.

A further ballot was taken, and the following were unanimously elected Corresponding Members of the Association:

Prof. Schuzo Kure, of Tokyo University.

Dr. Morowoka, of Kyushu University.

Dr. Sano, of Gheel.

All these gentlemen had been proposed by Dr. C. Hubert Bond, Dr. J. Chambers, Prof. G. M. Robertson, Lt.-Col. J. R. Lord, Sir F. W. Mott, and Major R. Worth.