stated that patients must be discharged 28 days after return of volition, was too short. Those people would not remain on as voluntary patients, and they returned too soon to their former intemperate ways. That, he thought, was a point which might well be borne in mind when any change in the Act was contemplated.

ANNUAL MEETING, 1934.

The following paper and discussion were held over from the October, 1934, number.

MODERN PSYCHIATRY AND MENTAL HOSPITALS.

By HENRY YELLOWLEES, *O.B.E.*, M.D.Glas., F.R.C.P.E., M.R.C.P.,

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This paper is a review of a situation. The situation I purpose to review is one with which this Association is vitally concerned. I need not remind you that to our Association belongs a vast share of the credit for organizing and carrying out the teaching and training of generations of mental nurses, for marvellously enhancing the prestige of psychiatry among the profession and the laity, for earning for our mental hospitals a reputation unsurpassed throughout the world, and for that almost incredible amount of selfless and tireless effort for the welfare of the insane which is our honourable tradition and which is its own reward.

Up till the war, the great majority of practical improvements, discoveries, researches and reforms in connection with psychiatry emanated from mental hospitals. There was, of course, plenty to reform, and it was very fitting that reform should originate from within, but I am referring to something far wider than the improvement of asylums. I am referring to psychiatry as a whole and in every aspect, and I repeat that it is hard to think of any real advance which did not owe its inception to someone who was intimately associated with mental hospitals. I need not remind members of this Association of the list of so-called " asylum men " who have brought honour to themselves and the specialty by their ability and devotion either in reform, administration or research. Beginning from the days of Tuke at the York Retreat, one thinks of Connolly at Hanwell, of Gardiner-Hill at Lincoln, of Laycock, of Hack Tuke, of Skae, of his great pupil Clouston, and the wonderful group of Scottish psychiatrists of his time, of Maudsley, of Savage, of Mercier, of Bedford Pierce, of G. M. Robertson, and many others—to say nothing of their eminent successors who are still with us, or of the multitude of less known men who are advancing the specialty little by little far away from public note or notoriety as they have ability and opportunity.

The post-war epoch is a convenient and accurate enough landmark to date the change which has come about. This change is associated with two developments of great importance. The first is the enormously increased amount of attention devoted to research, which, of course, means a greatly increased number of research workers. You all know, though I question if the public or the profession in general does, how the mental hospitals have reacted to the situation. In the great majority of mental hospitals of any size and repute whatever, there are clinical and pathological laboratories whose staff and equipment compare most favourably with those of any general hospital in the country.

In saying that the mental hospitals met the situation by providing laboratories, I am, in fact, doing them less than justice. In many instances the laboratories and the staff and the interest were there long before the profession as a whole had begun to " sit up and take notice ", and much patient, skilled and pioneer work was being turned out from these laboratories even in the days when popular opinion still believed mental hospital staffs to be entirely composed of persons

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who had neither the brains nor the industry for any other branch of the profession, but who were fond of an easy life and a little rough shooting. None knows the truth of this better than I, because my introduction to scientific psychiatry took place in the laboratory of my first and best chief, Dr. Lewis Bruce of Murthly.

The immediate point, however, is simply that abundant facilities for research exist in mental hospitals to-day, and the record of work turned out annually from their laboratories is evidence of the advantage which is taken of this fact.

But a very important point arises just here. It is simply that unfortunately research in psychiatry bears, on the whole, far less relation to clinical work with and for patients than in any other branch of medicine. The general physician owes the most brilliant advances in his treatment to the physiologist and the biochemist; the surgeon receives invaluable help from the radiologist and the pathologist, and actually tries out many of his most difficult and delicate operations on the cadaver. But the psychiatrist deals first and foremost with personalities, and finds but little to assist him in the deepest researches of the pathological laboratory. So intensely personal and individual must his approach be indeed—if he is to be anything of a clinical psychiatrist at all—that even genuine researches of others on the conduct of living patients, and the generalizations inferred therefrom, are almost as useless to him in his clinical work as is the turgid stream of information as to the results which A has collected, of B's investigation into the chemical properties of certain organs and tissues removed by C from 200 corpses of persons who in D's opinion once suffered from schizophrenia.

That, I believe, is called team-work, and it may even be research. It certainly has no message for clinical psychiatry.

I would not over-elaborate the point, and please acquit me of belittling the value of scientific research. I am very far indeed from doing any such thing. I merely say that the research aspect and the clinical aspect of present-day psychiatry are so far apart from each other that any amount of so-called research can be and *is* carried out far away from any mental hospital. Further, a very large number of the more junior research workers in our specialty, even though working in a mental hospital, have not, in spite of their undoubted talents, the slightest practical acquaintance with what most of us understand by clinical psychiatry. One illustration will suffice. A few months ago I had to examine a candidate for a Diploma in Psychological Medicine. When invited to name the three chief varieties of dementia præcox (which, I had to explain, was an old-fashioned term for schizophrenia) he replied: "Paranoia . . . and there's katatonia, isn't there? . . . and . . . I knew the third one quite recently, but it's gone again!"

If that is illustrative, as it is, of the state of matters even in mental hospitals what must be the condition of things outside them? It is infinitely worse, and the reasons for it can be summarized in a sentence. It is becoming widely accepted—and is being assiduously preached—that mental hospital experience is not merely needless to the training of a psychiatrist, but is a sheer waste of time, if not, indeed, definitely harmful. It is surely time that this situation were fairly set forth and frankly faced. In some of its aspects it is familiar enough. I do not suppose it is news to anyone present that a large proportion—I will not say how large—of the private consulting work in mental disease in London is still being done by persons who do not include among their qualifications one single week of residence in a mental hospital. This, by the way, is a matter which, as my friend Dr. Mapother recently pointed out, even Turkey has found time to set right by law. A few years ago a letter appeared in a leading medical journal upon the question of mental hospitals, certification and wrongful detention, about all of which several pungent, authoritative and inaccurate remarks were made. It was signed by six "mental experts." I took the trouble to go at some length into their records of training, and found that their total collective mental hospital experience was precisely six months. In my innocence I wrote to the editor of the journal, pointing out this fact, but was merely told in return that an *argumentum ad hominem* was to be deprecated. This kind of thing has always been with us, and I am not now concerned to discuss it, or to consider who suffers most from it. My point is simply

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that it is becoming easier rather than more difficult to " get away with ", and that there is definitely spreading to the able, sincere, enthusiastic junior workers in the specialty the idea that the less they have to do with mental hospitals the better. You see, it is an easy matter, if you have any degree of pathological training, to cut sections, for example, from the brains of patients who somebody else says have suffered in life from schizophrenia, and to say something interesting about them. It is research, and that casts a kind of veneer over the otherwise doubtful training. An even better, and still more fashionable, method of obtaining kudos is, of course, to spend six months in the United States of America. Although I cannot forget that people have been known to return from that experience with the impression that the broadcast questionnaire to 250 college students upon the intimate details of their personal life is the high-water mark of scientific research, yet please let me state emphatically that, to the right man, six months' experience of American psychiatry is something which may be of incalculable benefit all his life. To my great regret I have not yet had the opportunity of enjoying that experience, but year by year I am eagerly awaiting it. I merely say that six months so spent are in no sense a *substitute* for years spent in that intimate daily contact with psychotic patients which is the essential foundation for a broad view or a wise practice of psychiatry.

The second great change of the post-war epoch is, of course, the astounding development of medical psychology, the evolution of the modern theories of the neuroses, and the consequent amazing increase in the recognition and effective practice of psychotherapy. I think that for our present purpose, at least, it is not too dogmatic to say quite definitely, without going into speculations, that psychotherapy is a mode of treatment quite unfitted for institutional work, that in general it is a broken reed as far as the psychoses are concerned. It seems also not unfair to say that mental hospitals, for the most part, have realized these facts and have wisely not attempted to compete. In fact there is, I think, a certain amount of truth in the statement that, far from attempting to compete, the majority of mental hospital workers have been culpably slow in accepting the modern conceptions of neurosis or in even taking the pains to study them. The facilities for training in this branch of psychological medicine are painfully limited for many reasons, which we need not discuss, and it is admittedly one of the hardest things in the world to teach—impossible indeed in some of its essential aspects. At the same time it is a fact and a tragedy that the modern psychotherapist, however he has been trained, or has trained himself, does not in one case in fifty think it worth his while to obtain any first-hand knowledge of the psychoses in the only place where such knowledge can be obtained. And so it comes about that the unfortunate psychiatrist, by which I mean a man who is, or has been, connected with mental hospitals, or has had the wisdom to make experience therein a substantial part of his training, falls between two stools. On the one hand he has the neurologist —or the neuro-pathologist—who points to his research laboratory " free from the taint of lunacy ", and honestly believes himself to be the man who put into psychiatry whatever science it may contain. His latest triumph is, of course, his discovery of general paralysis. He had little to say to it until a psychiatrist made it respectable by discovering a curative treatment which he could understand and apply, but now he is, so to speak, "all over it". He is, in fact—or rather in fancy —the man who took the " I " out of G.P.I. On the other hand there is the psychologically minded psychotherapist whose trouble is simply that his complete lack of clinical training in psychiatry forces him to avoid the formality of diagnosis in every second or third case he treats. His treatment is usually admirable in itself, but unless he has the wisdom to let somebody else diagnose his cases for him he tends, in my humble opinion, to become something approaching a public danger. He is most readily recognized by his use of that sadly over-worked word " type ". Each case that comes along, as a few of us have observed, has a way of differing from the one that went before. When one has a lack of clinical background there is one quick and easy way, and one only, of dealing with this difficulty, namely to place each successive case in a category by itself and call it a different type.

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The number of types about which I am told by students, examination candidates and others is multiplying to such an extent that it is beyond my powers to keep pace with each succeeding brood. The other day a patient was sent to my department in hospital from a colleague who had committed himself in writing to the view that it was a " typical type ". I do not understand what a typical type may be, but there is always the wild hope that some morning I shall run across a *typical* " typical type ", and then I shall know.

Long ago a famous Scottish surgeon at the University of Edinburgh used to devote one lecture in each course to diseases of the ear. His invariable opening was as follows: " Gentlemen, diseases of the ear are of two classes, curable and incurable. The curable are treated on general medical and surgical principles; the incurable are the special province of the aurist." We are not so very far away from that now, only we have three categories instead of two. Anything he can see, handle, put in a bottle, or stuff into a rag-bag, which he often quaintly calls " manic stupor " or some such term, belongs to the neurologist. Most other things, including a waste-paper basket of enormous dimensions which he calls schizophrenia, belong to the psychologist. Profound secondary dementia is the special province of the properly trained psychiatrist—the " asylum man ".

Are not these things indications, though perhaps put in a somewhat light-hearted way, of a situation which is well enough known in its essentials to all of us? To my mind it is a serious situation, and I think it is high time that someone had the courage to ventilate it, and that this Association had something to say about it. The position is simply that we have an ever-increasing number of able, highly trained, enthusiastic, scientific men and women whose training has included little or no experience in a mental hospital, and who, far from regretting this fact, glory in it. Apparently they do not, or will not, believe that such an omission keeps them ignorant of the real essentials of psychiatry, and that research in psychiatry divorced from a clinical background is unworthy of the name. Certain it is that whatever their motive, they lose no opportunity not only of ignoring, but of definitely pooh-poohing or belittling the work and administration of our mental hospitals, the treatment given, and the experience to be gained therein. When I think of the marvellous efficiency, usefulness and philanthropy of our mental hospitals, of the experience, wisdom and humanity of their staffs, of their lavish equipment, their abundant facilities, and above all of the devotion, the science and the skill of those who work in them, and when I compare this on the other hand with the flood of misrepresentation, innuendo, inaccuracy, untruth and ignorant abuse which pours forth from sections of the press, from various organizations, and from very many individuals who ought to know, and do know, much better, I find it very hard to speak with moderation.

What is wrong with mental hospitals? What is it all about, and above all, why are psychiatrists so content to accept the situation and so reluctant to speak a word in their own defence? I am aware that silence is usually the wisest and most dignified policy when one is attacked in such ways as I have indicated, but, whether as a result of prolonged silence or not I cannot say, it seems to me that mental hospitals have ceased to make any attempt whatever to compensate their own inferiority sense. Periodically one class or another of mental hospital is publicly attacked on some ground or another with such frenzy that public investigation follows, but although the hospitals may leave the court without a stain on their character, they have always seemed to me to do it with the air of people to whom it has been said " Not guilty, but be very careful not to do it again ".

Nowadays the hospitals are dealing with something much more deadly and subtle than diatribes from the yellow press or insults from associations of cranks. They are dealing with very polite, very well mannered, very good-humoured depreciation and belittling by those who ought to be their colleagues and friends; their foes indeed are those of their own household. What are the factors in this situation which might conceivably be dealt with?

First and foremost, of course, is public ignorance and fear. What more the hospitals can do than they have done and are doing to combat this it is hard to say,

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but they certainly deserve and should claim more help in the task than they receive from the profession at large. I sometimes wonder if the head of a mental hospital fully realizes the state of public and professional opinion upon the subject. Certainly I have become much more fully aware of it since leaving mental hospital work five years ago. All the same old catch-words and misrepresentations which we have all heard so often till we are too heart-sick and weary to reply to them further, are to my astonishment still constantly used in serious medical consultation to-day. Bolts and bars, and being " shut up ", and " put away ", and " asylum environment ", and " the taint of lunacy ", and being put in a ward full of " raving lunatics ", and, in fact, the whole of what I used to call the wicked uncle view of psychiatry is still very much to the fore, in spite of investigations and Royal Commissions and wise propaganda, and societies for enlightening public opinion and all the rest of it. I have no more to say on this point beyond adding that if those of our professional colleagues who talk thus do indeed know better, then theirs is a singularly heavy and unpleasant responsibility.

Next, of course, comes the real villain of the piece, or perhaps I should say, the scapegoat, namely the Board of Control. As a matter of fact little need be said about the Board of Control in this connection, because I should think the vast majority of experienced psychiatrists will agree that, on the whole, the Board of Control is the best friend that either the patient or the medical superintendent could have. It is there to administer the law, and once that fact and the limitations imposed by it are recognized, it seems to me that no reasonable superintendent can have anything but grateful and friendly feelings to the Board for the way in which it carries out its singularly invidious task. The majority of the public, I am sorry to say, fear and distrust the Board of Control, very wrongly and mistakenly, just as I am afraid they tend to fear and distrust medical superintendents. They make no distinction between the two, whom they regard as rowing in the same boat, though possibly with different sculls. I would venture to say that the Board's one weakness is the very human and pathetic one that it cannot understand this fact, and mourns to itself in the words of Captain Hook's famous soliloquy, " No little children love me ".

The third point is, of course, the state of the law, which the Board of Control has to administer, and the entire country has to obey. A detailed discussion of this would be superfluous in the present company, and, of course, would provide material for any number of papers. We are all agreed that change is urgently required, and none is more aware of this than is the Board of Control. It is an open secret that the Mental Treatment Act would have been a far more enlightened, satisfactory and workable measure had the views of the Board been given effect. But it is idle to suggest that change in the law is all that is required, or that nothing can be done until such change comes about, and my concern is what can be done to improve the situation under the existing rules and limitations, hampering and crippling though they are. Nine-tenths of the modern criticism of the existing state of things in mental hospitals and of the schemes and pleas and suggestions for reform have the fatal weakness that they completely ignore this matter of the law.

All who have had anything to do with the Lunacy Law, and none more than the Board of Control, who have to administer it, are agreed that change is necessary if real progress is to be made, and it is, I suppose, inevitable that such change should be slow, for the reason, among many others, that everyone has his own ideas and prejudices as to the lines along which reform should take place, and the shape that any new legislation should take. This is undoubtedly work for the wisest and most thoughtful and most expert of all shades of opinion in the country. It is no excuse, however, for failing to accept the present situation and to make the best of it, nor yet does it excuse the putting forward of schemes which are grotesquely impracticable under the law as it stands. Such schemes are legion, and it makes them more instead of less misleading when they are decked out with gross misrepresentation of the present state of things, and with denial of the progress that has already been made, and with scoffing at the work that has already been done.

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I should like in a very humble way to be constructive, though my main object is to put the situation as I see it before this meeting.

I was rash enough to say, several years ago, that there seemed to me to be only one way which had not been sufficiently tried of lifting something of the stigma that still rests on mental hospitals, without falling foul of the law or starting needless controversy. It was simply to begin as it were at the wrong end, and instead of keeping mild cases or recoverable cases or well-behaved cases out of mental hospitals, to remove from them into special institutions the confirmed and chronic insane. We all know that the real difficulty, apart from public ignorance and the clamour of interested persons, is the practical impossibiilty of finding any criterion which can be expressed in black and white, and applied as a general standard and rule of thumb throughout the country. Recency, recoverability, certifiability, co-operativeness, and, yes, " volition ", have all been tried and have all failed pitiably. The only conceivable criterion is conduct, and that is so individual and personal a matter, and so mixed up with other considerations, that it is equally useless as the basis of any law or rule. On the other hand there is no such difficulty at the other end. It is not hard to recognize a chronic, degraded, incurable patient, or a quiet secondary dement who is supremely indifferent to the behaviour of others and to his surroundings. Why not consider the possibility of removing such to special detached institutions of their own ? It is interesting to consider how the public would react to this. Of course it would not come anywhere near solving the problem, but the public might think it would, and in any case it would be an experiment worth trying. By removing the supply of cheap unskilled labour it would alter the whole industrial and social aspect of the mental hospital, and would necessitate sweeping changes therein, but it would certainly emphasize the strictly medical aspect of it, and it ought, one would imagine, to do something to satisfy those whose constant cry or bleat is for a curative clinic, as well as to kill the familiar newspaper bogey of " being locked up among raving lunatics ". But that cry dies hard, and I suppose it is natural enough. Once when I was working under the late Prof. Robertson, a letter was received from the parent of a patient who was in a small eight-bedded ward, complaining bitterly that her daughter (who, by the way, was in an acute confusional state, and entirely out of touch with her surroundings) had been placed among seven others whose noisy and bad behaviour was the obvious reason why the patient had not recovered at once. When I showed the letter to Prof. Robertson, he at once proceeded in that delightfully characteristic way of his to produce, as if he had been keeping them for this very occasion, letters from the relatives of every one of the other seven, making the same complaint about the patient in question !

I do not think anything for another half century will stop the public (or any physician who makes his reputation by pandering to public ignorance) from talking about lunatics and restraint, and terrorism, and " doomed for life on the whim of a doctor ", and all that old familiar rubbish. The very words " lock and key " send these people into a frenzy of emotional upset, and it is amusing to reflect that locks and keys would in all probability be much less necessary in the chronic institution I have pictured than in the purged and reformed acute one. The chronic place would also, of course, be compared unflatteringly with Dante's Inferno, though I think that it might in practice be fully as cheerful a place to work in as the other. It is all a matter of taste, of course, and I don't suppose there are so very many modern psychiatrists who think that there is anything in the re-education of a chronic patient, or anything to be learned from a study of his case or from the effort to alter or arrest its course. So we must just leave it at that.

The only other suggestion which I propose to offer is the old, often talked of, and sadly neglected one of educating public and professional opinion. May I repeat what most of us know: that there is no class of the sick for whom there exists anything comparable in its efficiency of organization, in its science and humanity, in its standard of medical skill and of nursing care, to our mental hospitals, and there is no branch of the profession which, in spite of this, has received such misunderstanding, misrepresentation and injustice as psychiatry;

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and by psychiatry I mean our mental hospitals and those who work therein. Surely something could be done to spread the knowledge of plain facts if nothing more? Surely some leader in psychiatry, or some committee of this Association, could issue a book or a pamphlet, or even a special number of the Journal, taking forty or fifty of the most usual, most harmful and most disingenuous misrepresentations of mental hospitals, dealing with them fully, and finally nailing them to the wall? In my opinion the time for such a gesture is over-ripe.

The present position is simply that our unequalled mental hospitals, in spite of being in the forefront of the marvellous new developments in psychiatry, are, whether we like it or not, being ignored, shelved and pushed aside as non-essentials. Is this Association, of all bodies, prepared to acquiesce placidly in that? I said this was to be a review, and I purposely refrained from sketching out any suggested remedies, beyond the two small points I have dealt with. If a reasonable proportion of members feel that my description of the situation is in any way accurate, my present purpose will have been served.

Discussion.

Dr. Hamilton Marr wished to say how delightful it had been to him to hear Dr. Yellowlees; it recalled memories which went back to 1889, when he, the speaker, was a member of Dr. Yellowlees' father's class. It seemed to him that the earnestness, the eloquence, the high character and the other qualities of the father had descended upon the son, and he, Dr. Marr, could not sufficiently convey to the meeting how he had enjoyed the racy speech he had given to-day.

Only on one point did he differ from what Dr. Yellowlees said, namely, that in which he suggested relegating the chronic and incurable cases from the splendidly equipped mental hospitals to special institutions. Instead of doing so, the speaker's own suggestion would be to take the medical officers and staffs of the mental hospitals and extend their spheres in a wider direction, making them—for, after all, they were the only authorities to deal with mental disease—the people to deal with mental trouble in its earlier stages, long before it was certifiable. In other words, he would let them have charge of the whole problem of mental disease and mental defect.

Another point he would like to emphasize was the following. In the finest clinic he had visited, that of St. Anne, in Paris, all the medical men were specially selected. France was well known to be an economical nation, as well as a very practical one, and in the mental hospital he was referring to no post was given in psychological work except to a doctor who had spent at least four years in mental institutions, and had passed two special examinations. In his opinion the men working in the mental hospitals were the only basis on which treatment of early cases could be founded. Those men must come out of their hospitals and extend their activities to include dealing with cases of mental derangement in its early stages.

Dr. Isabel Wilson said she felt that if the gulf between modern psychological work of the analytical kind and that of the older school became wider, she was one of the people who would regard such a result as a real tragedy and the loss of a great opportunity. Not long ago she heard a medical officer say that since he had attended the out-patient clinic of his hospital he had seen those mechanisms of the mind and those mental conditions of which he had read in the books on analysis, but in which he had not believed until he had actually seen them in cases at the out-patient department. The work being done by medical officers in out-patient clinics would bring them more into touch with the people who now tended to pass by on the other side. It was not for her to talk of measures to combat "bees in the bonnet", but she thought that members might get into touch with superintendents who understood and sympathized with modern analytical work, to see whether it would be possible, in those hospitals, to create assistantships for six or twelve months for men or women who had started in analytical work. At present it was largely a matter of chance whether a man keen on psychological work found himself in a hospital which could benefit him, or in one which laid emphasis on merely making the patients comfortable. If there were some means of getting such men into touch with hospitals interested in analytical work, it might go a long way towards bridging the gulf between these two branches of their specialty.

Dr. T. A. Greene said he would like to congratulate Dr. Yellowlees on the way he had handled his subject. The reader had stated that the Board of Control did their best in this country to help superintendents, but the former were hampered by the law. He would remind Dr. Yellowlees that in 1898 an Act was passed which did not apply to England,

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but did apply to Ireland; it gave power to county councils to establish such institutions as Dr. Yellowlees contemplated. The archives of the Association showed that the Association had condemned the principle very strongly. The old tag was used that if such institutions were started, there might be written over the entrance, " Abandon hope all ye who enter here ". He would not say whether the experiment tried in Ireland was a success or not. The grant to these institutions was reduced by half, and they had no resident medical officers attached to them. This was a method of treatment which he was sure would not meet with the approval of Dr. Yellowlees or of any other member of the Association.

Prof. D. K. HENDERSON said that he was very much interested in what Dr. Yellowlees said, and had enjoyed the way in which he had spoken, but with much of what was in the paper he did not agree.

He felt that the title " Modern Psychiatry and Mental Hospitals " was somewhat misleading. Dr. Yellowlees had not given a definition of what he meant by " modern psychiatry ". He had divided his remarks into two groups: the first concerned what he called post-war psychiatry, meaning thereby mainly research; the second dealt with psycho-pathology.

With regard to research, Dr. Yellowlees had minimized the importance of the work which was being done in mental hospitals at the present day in relation to clinical psychiatry, and was rather misleading in his statement to the effect that the average junior medical officer assistant coming into mental hospital work was not specially feeling the necessity of such experience. That had not been his own experience. The men whom he had coming into mental hospital work were not only anxious to do work, but they also embraced the opportunity of seeing service in every part of the mental hospital; they recognized that if they were going to become psychiatrists they must go through every department of psychiatric work.

He would also like to mention another point. Dr. Yellowlees' remark about " men who took a short course in an American hospital " was one to which exception could be taken. The speaker's own view was that the man who visited America so as to see how the mental clinics were developing there showed ambition and initiative, and was the one who was likely to continue with psychiatric work in this country. It was not merely a question of going there for six months, or even for six years; it was a matter of gaining a wider and better experience. Men and women should be encouraged to go abroad and get new experience.

Dr. Yellowlees had seemed to take exception to the use of the term " type ", and had remarked that there were too many types. It was well known how difficult it was, in psychiatric work, to dogmatize about one's patients. He would rather a candidate, at an examination, told him he did not know categorical types, if only he could say how his patient behaved under certain circumstances. He, the speaker, did not insist on technical terms. He would much prefer that a student knew what he was talking about and express it in common-sense terms, than have him dissect his cases into categories. Many had learned that people could not be grouped into these categories. Each patient was an individual, and reacted in an individual way. It was good to have groups for certain purposes, but to group cases in the way desired by Dr. Yellowlees was impossible.

Another matter which the speaker felt should be criticized was the proposal which the reader regarded as constructive, but which the speaker would much rather designate " destructive ", namely, his idea to shift chronic patients from mental hospitals and place them in special institutions apart. It was impossible to tell when patients became chronic; many so-called chronic cases recovered after many years of treatment in mental hospitals. These patients needed treatment and care of the same standard as other patients required.

Dr. YELLOWLEES, in reply, said there was little he needed to answer, because, as he explained at the beginning of his paper, he had no thesis; he was merely reviewing a situation.

He felt grateful to Dr. Hamilton Marr for his kindly references to the year the speaker was born, and he had noted his remarks with very great interest.

The impression he entertained was the same as he began with—that it would have been better if this had been a symposium rather than a paper, as it would have been instructive to him, and doubtless to others, to hear the different views.

It had been a pleasure to him to listen to the characteristic sanity and good sense of Dr. Isabel Wilson, and her suggestion about getting men into touch with enlightened superintendents; it was an idea that went to the speaker's heart. He supposed that Prof. Henderson would call that a constructive idea.

He had no further suggestion to make. It was in accordance with the best medical tradition, that, when faced with a certain situation, one should put out a set of possibilities, and deal with them in due course, and in the right way, one by one, excluding them seriatim. Almost Prof. Henderson had persuaded him to make out a case for the chronic institution he, the speaker, had suggested. He had not thought there was much to be said for it until he had found himself

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mentally rebutting what had been said against it. He had used the word " constructive " in error, merely to avoid the other accusation of making complaints and being over-positive. He must leave it to the meeting as to whether or not Prof. Henderson completely misunderstood him in his reference to residences for a short time in America. He had only one thing to say on the point, and a story to tell. Meyers' reaction-types was not in his mind; he had not been thinking, when speaking, of that well-known classification of insanity. The story he had to tell was in illustration of what he frequently said to his patients who defended what had not been attacked. He said, " You have just come up from my waiting-room, which happens to be also my dining room; what would you think I should say if your first remark in my presence was, ' I assure you, Dr. Yellowlees, as a gentleman, I have not stolen one of your silver spoons ' ? I should say, ' Such a thing would not enter my head, and I wonder why it entered yours' ".

He had been much interested in what Dr. Greene said about the measure of 1898. But that was a long time ago, and pre-war conditions did not apply to what he was talking about now. However, it would be of interest to look up the point. But he would be a rash man who would, on the result of an experiment in Ireland, say what a parallel scheme in this country would produce.

What Prof. Henderson had said was true, but not all the junior workers the speaker met had had the opportunity of working at Morningside or under Prof. Henderson. Had that been so, the speaker would not have had so many misgivings as to the trend of modern thought and work.

He must, in conclusion, thank the meeting for the delightfully friendly reception accorded to his paper.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the Division was held, by the courtesy of the Committee of Management and of Dr. Fitzroy Jarrett, at Leybourne Grange Colony, West Malling, Kent. During the morning small parties of members and guests were personally conducted over the various departments of the establishment.

At 1.30 they were entertained to luncheon. The health of the hosts, coupled with the name of Mr. F. Walter Payne, Chairman of the Kent County Council, and Dr. Fitzroy Jarrett, Superintendent of the Colony, was proposed by Dr. Haynes, Chairman of the Division.

Mr. F. Walter Payne and Dr. Fitzroy Jarrett responded.

The meeting was held at 2.30 p.m. Dr. Haynes took the chair.

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

On the recommendation of the Divisional Committee of Management it was agreed to accept the kind invitation of Dr. Haynes to hold the Spring Meeting at Littleton Hall, Brentwood. It was agreed to leave the date to be fixed later by Dr. Haynes and the Divisional Secretary.

On the recommendation of the Divisional Committee of Management it was agreed to nominate Drs. Haynes, Bower and Sergeant to form a small committee to tender to Dr. Worth the offer of assistance from the South-Eastern Division on the occasion of the forthcoming Annual Meeting.

Mr. KIRKLAND then gave an extremely interesting and stimulating address on the various architectural problems presented by the insane and the mentally deficient.

Among those who took part in the ensuing discussion were: Prof. DAWSON, Drs. HAYNES, MASEFIELD, SMITH, LINDSAY, SERGEANT, FITZROY JARRETT, and Mr. F. WALTER PAYNE, Chairman of the Kent County Council.

Mr. KIRKLAND replied.

Members and guests were then entertained to tea.

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