as the earlier recommendation, that residential school treatment under psychiatric direction should be made available for maladjusted children. She suggested that here they had a great opportunity of establishing, throughout the country, homes for unmanageable children. Such homes had been established by the Ministry of Health in a good many areas, as they were all aware, and had proved so satisfactory that the proposition they they should be perpetuated was being considered. Would not this fulfil the requirements set out in Recommendation No. 27 ? She wished to suggest that their recommendations should contain some reference to the network of services which had been put up in the country. There were great differences in the problem as presented by big towns, small towns, and rural areas, and it would not be possible to combine Recommendations Nos. 27 and 33. There was now a willingness on the part of local authorities to make these provisions. She also suggested that Recommendation No. 28 should definitely be brought under the section headed "Child Psychiatry."

Dr. T. P. REES asked whether the attention of Col. Rodger, who had just spoken, had been brought to Recommendation No. 34. It was the intention of the Committee to recommend that every child should be subjected about three times during his school life to psychological tests, and that about 10 per cent. of the results should be referred to psychiatrists. If this were a routine measure there would be far fewer cases of mental deficiency than there are.

Lt.-Col. A. A. W. PETRIE pointed out that the Committee had considered some of these matters and had dealt with them in Recommendations 22 and 23 (*d*), which dealt with a large group of high-grade psychopathic personalities which caused a great deal of trouble to the nation generally.

Dr. NOEL BURKE, on being invited to reply, said that he had nothing to add except that he thought that the discussion had been mutually destructive.

Dr. NORWOOD EAST, also in reply, said that he had been repeatedly struck by the fact that in early consultations those who were concerned with the mental condition of an accused person were in complete agreement, but when they came to give their evidence in the witness-box they finished up with a great divergence of opinion. The reason for this was quite simple. The prison medical officer was constantly giving evidence in criminal courts, and he became accustomed in the course of time to the mannerisms and wiles of the defending counsel. The psychiatrist, on the other hand, who was occasionally called to the witness-box, fixed his attention on the question he was asked without looking forward to the next question, or the question beyond that, and it was astonishing how such a witness could be led away to say things which he had not quite intended to say. That had happened to himself in more than one criminal trial. He was in the witness-box for a very long time in one famous trial, and unfortunately a book was afterwards published giving a verbatim report of the trial, and he was not at all happy when he came to read the evidence he himself had given.

Another difficulty, of course, was that the psychiatrist, being human, did try to argue far too much ; in other words, he did not find it perfectly clear in his own mind to make the distinction between criminal responsibility and medical culpability. That was a subject on which he hoped to speak before another society at some future date. But he believed that a good deal of the disagreement between experts in court on which comment was made derived from what he had just stated and might with great care be avoided.

With regard to first offenders, he mentioned that somewhere between 70,000 and 80,000 first offenders who had committed serious crimes had been followed up for five years and, in the vast majority of cases, they committed no further offence. Of course there would always be a residuum of psychopathic personalities who came again and again into penal institutions.

PAPER.—**"The Teaching of Psychiatry,"** by Air-Commodore R. D. GILLESPIE.

What I have to say is very much current opinion at the present time. I have had the benefit of reading some recent memoranda written by other people, including Dr. Blacker. It seems to me the problems of teaching are the problems of producing opportunities, because it is opportunity in this field which the student, both under-graduate and post-graduate, has so far lacked in this country as compared with others. All this talk of organization is very important in connection with teaching as well, and it seems to me that in the future which we can immediately visualize we can look forward to a considerable increase of these opportunities. It is the English tradition in teaching—over the border it is a little different—that it is far better to try to bring the students into direct contact with the patient as soon as possible, but that is not, I am afraid, what we have managed to do in psychological medicine as much as in ordinary clinical medicine in our teaching schools in the past. In the school to which I have the honour to belong, the only subject on which lectures of a systematic kind are given is psychological medicine. In order to bring the student into contact with mental hospital material he has to travel quite a distance. I am not forgetting the vast majority of our material lies to our hands in general hospitals, but we have been handicapped by the fact that it was only the

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interested students who came, because there was no compulsion about the clinical part of the teaching.

A Committee of the Royal College of Physicians has even gone the length of suggesting that there should be a complete examination in psychiatry as part of the final examination on an equal footing with the examinations in medicine and surgery. That would be to remedy the situation rather drastically, but although this has happened already in Edinburgh, it seems rather doubtful whether we can hope for as much in England.

As far as organization is concerned we may in the near future rely on regionalization with mental hospitals linked up with general hospitals, and I hope to see a definite association between mental hospitals and university departments. The university departments I have in mind are principally psychology, physiology, social medicine, public health, and possibly social anthropology as well. But if there is one thing that this war has emphasized it is the need for a closer link between psychiatry and psychology, and especially with what is often called academic, or more properly industrial, psychology.

The third point of organization which one hopes very much will obtain is an increased intercourse between mental hospital staffs and staffs of general teaching hospitals, so that the staffs of the former may almost always as a matter of course come and take their part in the teaching of students, and in the out-patient work at least of the general hospitals. This is linked up with the establishment of psychiatric units in general teaching hospitals. It is, of course, sometimes objected that it is much more difficult to bring the student into contact with the psychologically ill patient at an early stage than to bring him into contact with the physically ill. But that is not the case in my own experience. We have put undergraduate clinical clerks quite early in a position to interview patients, and we have never found any difficulty in establishing some sort of contact. It is useful, and it gives the student a feeling that he is learning something which he would never otherwise get, just by talking with these people. It is a pity that we cannot arrange for medical students to be clinical clerks at mental hospitals as a part of their undergraduate curriculum.

The actual organization of student facilities in particular detail seems to me to revolve around a few points. Clinical clerkships are the best thing which can be given to the undergraduate students. These can be given in connection with out-patients, and in connection with those beds which we hope are going to be set up in teaching hospitals. The question is whether anything similar can be arranged in sufficient proportion in mental hospitals as well. There is a precedent for having senior students resident in mental hospitals. This used to obtain in Scotland, where evenings and week-ends were spent at mental hospitals and proved very economical from the point of view of the struggling student, though such an arrangement could relate only to a few men during a term. Perhaps it might be arranged for some students to live for three months or so in their senior year in a mental hospital. I can think of nothing more valuable so far as teaching major mental disorders is concerned. In all this we ought to ask for the co-operation of the academic psychologist.

So far as post-graduate teaching goes, there is one thing I should like to mention in the hope that it will be discussed, and that is the possibility of giving more tutorial opportunities to young medical officers. In the course of about eight or nine years' examining for the D.P.M. I have often been struck by the fact that these young graduates do know their bookwork moderately well, sometimes very well, but hardly any of them have given one the impression of being instructed by someone, and therefore they have not got the subject into its proper perspective. I wonder whether more time could be spared to educate them. That holds both for their academic work and their work in clinical psychiatry. Much can be done by staff meetings, but I had in mind something more than that, such as discussion groups and deliberate topics chosen for discussion with these young men, in order that they might be enabled to direct their studies in the most practical way.

It is needful to remember that it is psychological medicine we are dealing with, not biochemistry or bacteriology, or things of that kind. If we have any right to prescribe for our patient it is because we are clinicians who should know how to recognize the clinical picture, and understand the psychological and neurophysiological mechanisms whereby these things are brought about. One of the most marked

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things in the general tradition of medicine in this country has been on the whole a tendency to lag behind in applying the lessons of psychopathology in the handling of our patients. That, I think, has largely come about because such education as has been possible has been mainly on institutionalized material, and there has been a lack of opportunity for seeing what is roughly called extra-mural material, although the latter in the past has been up to ten times as numerous in practice in general as the institutionalized.

Discussion.

Dr. Fitzgerald (Shenley) said that he had tried the experiment of using medical students for a short time as mental nurses, and it had been most successful. The students said that they very much appreciated the experience. But the present regulations regarding the employment of male nurses had unfortunately put a stop to a little scheme which had a very good beginning.

Dr. T. P. Rees (Warlingham Park) said that he had always been of opinion that the best way to learn psychiatry was to become resident in a mental hospital, and he would like to have it made compulsory for a student to have to put in three months in such an institution. He himself at his own institution had had some Guy's, University College Hospital, and King's College Hospital students for the holidays. They all came in after they had got their second M.B. Incidentally, it has enabled him to allow more of his staff to have their own holidays during the most popular months of the year.

Dr. J. H. Macdonald (Glasgow) said that until psychiatry became a part of the subjects for examination, the teaching must always be insufficient. In Scotland only 20 lectures had been required, which made it practically impossible for him to do all the teaching he would like. There should be a Chair of Psychological Medicine at every university with its medical school, and if no generous donor was willing to establish such a chair it was up to the Government to do so. The public was greatly impressed with the importance of this subject. One of the great difficulties he had was the fact that both in the university and in the mental hospital he was not able to show the cases of neuroses or psycho-neuroses because he was not dealing with them there. And in the general hospital where there was a clinic it was not easy to bring a band of students. It was a difficult thing to attempt to teach a number of students, interfering as it did with the normal course of the hospital work. Clinical clerkships could be very helpful. Every municipal hospital in Glasgow had clinical clerks, and he had had eight in one year ; they were generally appointed for six months. That practice could very well be multiplied. He felt that with these clinical clerkships he was performing a public duty in encouraging the students to go into the mental hospitals for six months. There were a number of consulting physicians who realized the importance of the relation of psychiatry to symptomatic diseases, and were beginning to feel that this was a field to be cultivated. One consulting physician almost objected to the psychiatrist examining the patient, saying, " Your job is the psychic part." But every psychiatrist was, to begin with, a physician. The wise psychiatrist would know when he wanted help from the consulting physician. Until there was a more complete course of education and the establishment of University Chairs throughout the country there would always be something lacking.

Dr. Thorpe (Wadsley) said that Dr. Gillespie had mentioned Edinburgh University as having a special examination in psychiatry. He wished to mention that Sheffield also had had a special examination for many years. It had been found not too much to ask of the medical student.

Dr. W. D. Nicol (Horton) supported Dr. Gillespie's remarks on the question of interchange of hospital staffs—general hospital and mental. This would be of great value to the mental hospital staff itself. Before the war he himself was in the fortunate position of having his own cases from which to teach ; since the war he had had to be dependent on his colleagues to have cases produced for him for teaching, and this made a considerable difference. If only the principle of mental hospital staff teaching was approved, he was quite convinced that teaching on one's own cases was far easier and better. As for the point of view of the student, for a few years before the war students from the Royal Free Hospital used to come down to his hospital for a short period, perhaps only a fortnight, but this was well worth while, and they quite enjoyed the work. The effect of medical students going round with other members of the hospital staff was a good thing for the mental hospital staff as well.

Dr. T. J. Hennelly (Cardiff) thought that the importance of extra-institutional teaching should be realized. Too much stress had been laid on the teaching of psychosis in institutions. The important thing for the student to-day was a knowledge of the neuroses, and he got very little opportunity for seeing neuroses in practice. It was difficult in out-patient clinics to bring students in to see what one was doing. In Cardiff students were brought in in certain cases, but it was necessary to say that in particular cases the student must not attend because the patient did not like it. It could be done, however, if the patients were selected.

In para. 9 he noticed that it was laid down that at least one question on psychological medicine should be asked in the general medicine examination. He thought that one question should be three or four—a paper. They could not hope to raise the standard of psychological medicine if they only asked one question at the bottom of the medical paper. In Cardiff they

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always adopted the principle of having clinical assistants. They were allowed to be three months at their lectures and classes, and the rest of the time they spent at work in the hospital. General physicians and surgeons were much more eager now to call in psychiatric help if they got together and realized the problems of the psychiatrists, and they all did associate better. He thought the medical officer of mental health should have charge of beds, and be in active clinical practice as well as an administrator.

Dr. K. K. DRURY (Leicester) hoped that the teaching of the nursing staff would not be forgotten by the Planning Committee. It was a most difficult problem, and the further they went in correlating the various types of work the more trained nurses would be required. A well-trained nurse could be of very great help, and a badly trained nurse could undo the work done by the physician in a very short time. The whole problem of recruitment was a most difficult and involved subject, and he hoped it was not one which would be overlooked. Perhaps it would be possible to find a way of working in with the General Nursing Council for the interchange of general hospital experience with experience of other types. He had found that some of the most brilliant medical officers were not the best lecturers, and that the nurses could not gain the best information from them because they were talking over their heads.

Col. H. YELLOWLEES asked whether it was suggested, if all the reforms were to come into force to-morrow, that the number of competent psychiatrists would be increased. Unless one succeeded in getting the interest of the person who was being taught, the machinery for teaching him would be wellnigh valueless, and if that interest were secured, it did not matter how inadequate the teaching material was, he would get through. That was no argument for not improving the teaching; he was in the heartiest agreement with all that had been said. He understood that the most important psychological principle of all was the assessment of personality, and it seemed strange to hear report after report from sub-committee after sub-committee on a subject like this without a single reference to the personality of either teacher or taught. Until something could be done with the actual method of the individual teacher and the individual people whom he was teaching, he thought they would be lacking in really constructive progressive thought. It was the reference of the last speaker (Dr. Drury) to nurses which made him rise.

Dr. WILLIAM SARGANT said that the advantage of general hospital units was that the staffs of the hospitals did have to go into general clinical work. Students were sometimes given dogmatic statements and had not had the requisite experience to evaluate them. If there was any argument for these clinics in general hospitals, it was that the people who were teaching the students would also see the cases.

Dr. NOEL BURKE said that from 1919 onwards the Ministry of Pensions trained a number of people to look after their shell-shocked cases, and the way in which they did that would have won the approval of Dr. Gillespie, because each student was allocated to one of the permanent staff and worked with him on his patients for something like a month. Thus actual practical experience was given to the students in the handling of patients under sufficient supervision. That stimulated a certain amount of enthusiasm and promoted a standard of knowledge on the subject, favoured also by group discussions both among themselves and with outsiders. At present, since the war, the opportunities were more restricted, though a good deal more was given than was the case in his own student days 40 years ago. Each teaching hospital should be closely associated with a mental hospital, and a mental deficiency institution, and teaching should be provided on their own patients.

Air-Commodore GILLESPIE said that he did not know about the special examination in psychiatry in Sheffield. Outside the British Isles he believed that in 1927 such an examination was instituted at the University of Witwatersrand.

The PRESIDENT, in closing the meeting, said that it had been one of the best attended in the history of the Association. He expressed thanks to the President and Secretary of the Royal Society of Medicine for the use of the Barnes Hall and the amenities provided for the meeting.

ELECTION OF MEDICAL PLANNING COMMITTEE.

The discussion had been interrupted early in the afternoon, when there was the maximum attendance, to permit of the setting up of the new Medical Planning Committee.

The PRESIDENT said that the Council considered that the various sections of the Association's work provided for in the representation of the Committee should be as follows, with the number of representatives of each:

Mental hospitals (4).
Mental deficiency institutions (2 or possibly 3).
Registered hospitals (1).
Licensed houses (1).
Child psychiatry (2).
The Services (3) (including consultants).
Lecturers in psychiatry (1).
Prison service (1).
Neuroses and psychoneuroses (2).
Junior psychiatrists or assistant medical officers (1).
Royal Hospitals of Scotland (1).
With the President and Hon. General Secretary *ex officio*.

The meeting approved the general allocation.

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It was also agreed that the term " junior psychiatrist " should be used instead of " assistant medical officer." This would include people not necessarily in institutions. It was agreed further that three places instead of one should be given to junior psychiatrists.

The Council put forward certain nominations; these were varied by the meeting and the composition of the Committee as finally agreed was as follows:

Mental hospitals: Lt.-Col. A. A. W. Petrie.
Dr. T. P. Rees.
Dr. J. S. I. Skottowe.
Dr. R. Ström-Olsen.
Mental deficiency: Dr. Blake Marsh.
Dr. Noel Burke.
Registered hospitals: Lt.-Col. Tennent.
Licensed houses: Dr. Bower.
Child psychiatry: Dr. Emanuel Miller.
Dr. Methven.
The Services: Surg.-Capt. D. Curran.
Brig.-Gen. J. R. Rees.
Air-Commodore R. D. Gillespie.
Lecturers in psychiatry: Prof. Henderson.
Prison service: Dr. H. T. P. Young.
Neuroses and psychoneuroses: Dr. Aubrey Lewis.
Dr. William Sargant.
Junior psychiatrists: Major Pilkington.
Dr. Sessions Hodge.
Major Nightingale.
Royal Hospitals of Scotland: Lt.-Col. P. K. McCowan.
Ex-officio: The President (Dr. Graves) and the Hon. General Secretary (Dr. W. Gordon Masefield).

The PRESIDENT said that the new Committee would take up the work of the old, and after its discussions, would report back to the Council and the Association, and the Association would be asked to give final approval, at a special meeting called for the purpose, to any recommendations. In reply to a question, he said that the Committee would have the same terms of reference as the old—to keep the Association informed of the reconstruction and progress of medicine in particular reference to psychiatric medicine.

Dr. STEWART suggested that the Committee be appointed for the term of one year, and the PRESIDENT said that cognizance would be taken of that point.

The PRESIDENT also asked whether, in the event of some of those chosen not being willing to serve, the Association would leave it to the Committee to fill vacancies.

This was agreed to, and four names were suggested as a reservoir from which vacancies might be filled: Dr. Brookes, Dr. Kenneth Bailey, Major Johnston, and Dr. Fraser Roberts.

The PRESIDENT said that it had been further suggested that the Committee should invite other specialists to give evidence. In this connection he read a letter from Dr. Allen Daley.

It was agreed that Dr. Daley should be asked to attend the Committee for a discussion on appropriate matters.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of the South-Western Division was held, by kind invitation of Prof. F. L. Golla, at the Burden Neurological Institute, Stoke Lane, Stapleton, Bristol, on Thursday, November 11, 1943, at 2 p.m.

Apologies for absence were received from the President (Dr. T. C. Graves), Lieut.-Col. R. W. Armstrong and others.

Dr. G. W. T. H. Fleming was in the Chair.

The Report of the Divisional Committee was received.

The following were elected as Ordinary Members:

EDWARD A. WALDRON, L.R.C.P., S.I., Temporary Assistant Medical Officer, Bristol Mental Hospital, Fishponds, Bristol.
Proposed by Drs. R. E. Hemphill, P. G. Grant and S. Edgar Martin.

ARTHUR M. STEWART-WALLACE, M.D.Lond., M.R.C.P., Assistant Medical Officer, Barnwood House, Gloucester.
Proposed by Drs. G. W. T. H. Fleming, J. K. C. Liddell and S. Edgar Martin.

The HON. SECRETARY reported that Lieut.-Col. R. W. Armstrong had kindly offered to hold the Spring, 1944, Meeting at the Littlemore Hospital, Oxford, on Thursday, April 27, 1944, and his kind invitation was unanimously accepted.

The following papers were read:

1. Demonstration—Dr. HEMPHILL: **"Effects of Leucotomy on Gonadal Development in Cases of Hypogonadism."**
2. Paper—Dr. E. HUTTON: **"The Autonomic System in Schizophrenics."**
3. Paper—Prof. M. REISS: **"Applications of Hormone Analyses to Psychiatry."**

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