described. The patient was obliged to keep his eyes open and fixed on objects which attracted his attention.

Prof. HALL replied that fixing the gaze on an object is maintained by a reflex which normally is ended by higher inhibition. In some encephalitis cases the higher inhibition fails.

Dr. POOL asked why some patients prefer to lie down when oculo-gyric attacks occur.

Prof. HALL replied that the movement of the eyes occurs when the patient is lying down just as when he is erect, but that the patient feels unsafe owing to labyrinth disturbances and may therefore prefer to lie down.

The meeting closed at 4.45 p.m. and members were kindly entertained at tea.

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## SCOTTISH DIVISION.

A MEETING of the Scottish Division was held at Larbert District Mental Hospital on Friday, December 11, at 11.30 a.m.

Present: Drs. Ross, McAlister, L. C. Bruce, MacNiven, C. D. Bruce, Mary Barclay, C. Hunter, McWilliam, Jenkins, McInnes, Raitt, Spence, Clarkson, Bailey, Hagedorn, Chambers, Shaw, McRae, Campbell, Hotchkis, Kerr, Blair, Stewart, Henderson, Chislett, Robertson, Boyd, Valentine, Strickin, Orr, Dewar, Kate Fraser, Thomson, MacDonald, T. MacKenzie, Mary R. Knight, and Chapman.

Dr. Donald Ross, Divisional Chairman, presided.

The minutes of the previous meeting were read and adopted.

Reference was made by the Chairman to the loss sustained by Dr. Dods Brown in the accidental death of his son, and the Secretary was instructed to convey to him the sympathy of the Division.

A letter was read from the Parliamentary Committee of the Association asking for the Division's views on the Report of the Scottish Departmental Committee on the Training of Nurses. After some discussion it was decided that a preliminary survey of the Report should be made by Drs. McRae, Campbell and Henderson and the Divisional Secretary, and that their views on the terms of the Report should be submitted for approval to a subsequent meeting of the Division.

The SECRETARY intimated that the Research and Clinical Committee of the Association had requested the Division to suggest a subject for discussion at the Annual Meeting next year. It was decided to submit the following four topics, namely:

(1) Involutional melancholia.
(2) The treatment of schizophrenia.
(3) The place of psycho-analysis in psychiatric practice and theory.

And—

(4) The effect of modern educational methods on the mental health of the community.

It was also decided to postpone suggesting the names of speakers until the Research and Clinical Committee had made a definite selection of a subject.

A letter was submitted from the Secretary of the Scottish Administration Committee inviting the Division to give evidence regarding the functioning of the Mental Health Services in Scotland and the operations of the General Board of Control. The meeting decided to ask for more definite indications as to the nature of the evidence required, and thereafter, if need be, to hold a special meeting of the Division to determine the lines of this Division's evidence and appoint witnesses to appear.

Attention was drawn to the fact that the Committee of Management of the Division, as at present constituted, did not include the name of an assistant medical officer. It was unanimously agreed to repair the omission by adding the name of Dr. Valentine.

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The Secretary of the Division was appointed as a representative to the Scottish Mental Welfare Association in succession to the late Dr. Buchanan.

Thereafter the Division considered the Report of the Committee on Scottish Health Services. It was explained that the Committee of Management had had this matter under consideration, but had found itself unable to make a unanimous recommendation. The Committee had, therefore, decided to refer the whole matter to the Division. As a guide to the discussion the Divisional Secretary had been instructed to draw up a statement of the proposals contained in the Report. That statement in the following terms was read to the meeting :

> In the forefront must be placed the Report's repeated emphasis on the necessity for a unified health policy, comprehensive in scope and covering the whole field of morbidity. The existing services, it is contended, are not fully adapted to modern conditions, and it is inherent in their more or less haphazard and sectional growth that they do not constitute a real national health policy at all. It is of primary importance that these sectional activities should be closely co-ordinated so as to promote the fundamental object of improving the condition of the people. The Report points to the necessity for bringing mental health within the general scope of any new policy that may be formulated.
>
> That general proposition may not be seriously opposed, but the means of securing such an end are likely to prove a contentious matter. As for the present position, the Report directs attention to the anomalous state of affairs that exists in relation to mental hygiene in general. The Board of Control does not enjoy undivided authority. On the contrary, by the Board of Health Act of 1919 that body is enjoined to take steps *inter alia* to promote measures for the cure of disease, the initiation and direction of research and the treatment of physical and mental defects. On the other hand, the sphere of the Board of Control is confined to the certified lunatic and the certified defective, with, in addition, some supervision over the voluntary patient. Here, at the very centre, is dual control in a field which ought to be regarded as one and indivisible.
>
> As a way out of this harmful dualism, the Report mentions two possible solutions :
>
> (*a*) That the functions of the General Board of Control should be extended so as to cover the whole range of mental disorder ;
>
> (*b*) That the Board should be abolished and its functions transferred partly to the Department of Health and partly to the Sheriff.
>
> Of these the Report prefers the latter alternative. The argument runs as follows :
>
> If (*a*) is adopted there will inevitably be overlapping. It will, in fact, be impossible to delimit the respective spheres of the two bodies. Mind and body are inextricably interwoven, and measures for the improvement of physical and mental health have to be devised as part of one problem. In such circumstances to expand the functions of the General Board of Control and maintain its independence can only result in costly duplication, and must militate against a co-ordinated attack on early nervous and mental disorders.
>
> If alternative (*b*) is selected, on the other hand, most, if not all, of these difficulties can be surmounted. There is no reason, for example, to suppose that a unified central department such as is contemplated would be less zealous in safeguarding the rights of insane persons than an *ad hoc* body like the General Board of Control. In any case the protection of the insane person's rights is a matter rather for the courts than for a government department. If this is conceded, the main argument for the continuance of the General Board of Control with extended powers is negatived.
>
> What accentuates the difficulty of the situation is that the conception of mental hygiene as a practical force tends to develop in so many new

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directions. These developments require new machinery, and must impinge at many points on the work of other departments. To prevent overlapping, friction and waste co-ordination under one department becomes of vital importance. There is overwhelming evidence on the need for linking-up measures for the diagnosis and treatment of mental and nervous conditions with the corresponding measures for physical conditions. Similarly, stress is laid on the view that mental illness, whether major or minor, constitutes an undivided whole, and should not be separated for administrative purposes into certified and uncertified groups. New developments must, as they arise, be placed under the supervision of one central department aiming at some measure of uniformity and, especially, stimulating the laggard to keep in step.

Which is it to be ? A separate department for mental health in all its aspects, and therefore necessarily covering in part the same ground as the Department of Health ? Or one department of public health charged with the task of covering the whole field and assessing the importance of each part in accordance with its social value ?

The answer of the Report is unequivocal. It recommends the transfer to the Sheriff of matters pertaining to the liberty of the subject and other functions to the Department of Health.

In the same connection, attention is directed to local as distinguished from central administration. Here, for good or ill, the 1929 Local Government Act is of critical importance. Local control of mental affairs is now in the hands of the same body as is responsible for public health in general. This renders unity of central control all the more essential. The Report does not recommend any stereotyped pattern of local administration, but it does suggest that the whole machinery of local government may require to be overhauled in the near future. An integral part of that overhaul would necessarily be a reconsideration of the administration of the local health services.

The remaining proposals are less contentious, and need only be mentioned. They are :

(1) Revision and consideration of the Lunacy Laws.

(2) Dissociation of lunacy from pauperism.

(3) Removal of unnecessary restrictions on the admission of voluntary patients.

(4) Urgent need for a co-ordinated movement to cope with early nervous and mental disorders, largely owing to the increase in prevalence and importance of the former.

(5) Additional facilities for diagnosis and treatment of mental illness. The provision of psychiatric clinics should be made at general hospitals ; and whether or not ward accommodation is provided in *ad hoc* mental hospitals or as departments of general hospitals, there should be the closest possible co-operation among all branches of medicine for the active treatment of mental and nervous disorders.

(6) Development of child-guidance clinics staffed by expert personnel ; education authorities should be empowered to provide or combine with other authorities in providing these clinics or to assist voluntary bodies to do so.

(7) Amendment of the law relating to mental deficiency to give a more satisfactory definition of mental defect, to enable children under five to be placed in institutions without recourse to certification, to extend the powers in relation to the training of children and young persons, and to make more satisfactory provision for after-care.

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(8) Provision of additional accommodation for mental defectives where it is required.

(9) The special school system has proved highly successful, and the provision should be increased. Colonies and hostels for mental defectives should also be encouraged.

The terms of the Report were fully discussed for several hours. There was practical unanimity with regard to all the proposals except that concerning the Board of Control.

Eventually the following resolution, proposed by Prof. HENDERSON and seconded by Dr. FORD ROBERTSON, was adopted :

" The Scottish Division of the R.M.P.A. approves of the Report of the Scottish Health Services' Committee, and pledges itself to do all it can to see that it is given statutory effect."

An amendment, moved by Dr. MACDONALD and seconded by Dr. KERR, expressing general approval of their Report, but viewing with alarm the proposal to abolish the Board of Control as a separate department, was negatived after a division. A further amendment, moved by Dr. BAILEY and seconded by Dr. STRECKER, deploring the proposal that matters affecting the liberty of the subject should be transferred to the Sheriff, was likewise negatived.

The Division was entertained to lunch by the Committee of the Stirling District Mental Hospital, and in the absence of the Chairman of the Committee, Dr. Jenkins, the Medical Superintendent, welcomed the Division to the Hospital. On behalf of the members Dr. Ross thanked the Committee for their generous hospitality. At the luncheon congratulations were extended to Dr. McRae on his becoming President-Elect of the Association.

After the meeting many members accepted the kind invitation of Dr. and Mrs. Jenkins to tea.

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A MEETING of the Scottish Division was held in the Hall of the Royal College of Physicians, 9, Queen Street, Edinburgh, on Thursday, January 28, 1937.

Dr. Ross, Divisional Chairman, presided.

The minutes of the previous meeting were read and adopted.

On the suggestion of Dr. CAMPBELL it was decided to print and circulate to the members of the Division the statement read at the last meeting setting forth the proposals regarding mental health contained in the Report of the Scottish National Health Services Committee.

Prof. HENDERSON mentioned that he proposed to attend the celebration of Prof. Adolf Meyer's seventieth birthday in Baltimore, U.S.A., in April, and suggested that he should be authorized to convey the Division's greetings to Prof. Meyer on that occasion. The Division agreed that a letter of congratulation, signed by the Chairman, should be tendered to Prof. Meyer by Prof. Henderson on their behalf.

The SECRETARY read a draft of the memorandum of evidence to be submitted to the Scottish Administrative Committee on the administration of the mental health services in Scotland. The terms of the memorandum were generally approved, and it was agreed that the memorandum should be submitted to the Administrative Committee after certain verbal alterations had been made by the special sub-committee of the Division which had been dealing with this matter.

The following members were appointed to appear before the Adminstrative Committee in support of the Memorandum : Dr. Campbell, Prof. Henderson and the Divisional Secretary.

The Meeting then considered the Report of the Scottish Departmental Committee on the Training of Nurses.

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The proposal contained in the Report that the General Nursing Council and the Royal Medico-Psychological Association should resume negotiations and endeavour to remedy the anomalous position of their examinations was fully discussed.

Eventually Dr. McDONALD, seconded by Dr. HOTCHKIS, moved—

> "That the Division should approach the Royal Medico-Psychological Association with a view to obtaining authority to resume negotiations with the General Nursing Council of Scotland on the lines suggested by the Departmental Committee's Report."

Prof. HENDERSON, seconded by Dr. CHAMBERS, moved the following amendment:

> "That the Division recommend the Royal Medico-Psychological Association to abolish its examination in view of the advantages pertaining to a unified system of examination and certification under the ægis of the State."

On a vote being taken the amendment was adopted.

Approval was expressed of the remaining proposals affecting the training of mental nurses contained in the Departmental Committee's Report, viz., (1) that a general nurse should be required to undergo a further period of two years, special training before being allowed to qualify as a mental nurse; and (2) that mental nursing should be one of the six-month courses of special training required from the general nurse as part of her general training. In the case of the latter proposal the Division, while approving of it in principle, considered there might be serious practical difficulties in giving effect to it.

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## IRISH DIVISION.

THE AUTUMN QUARTERLY MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Saturday, November 7, 1936.

The following members were present: Dr. J. C. Martin in the Chair; Drs. Dora E. Allman, P. J. Aird, W. J. Coyne, P. J. Cassin, L. Clifford, Kathleen Dillon, F. J. Deane, J. Dunne, W. N. Eustace, H. J. Eustace, J. Fitzgerald, Dorothy Gardner, P. Grace, B. F. Honan, D. Hegarty, J. V. Kelly, R. R. Leeper, D. B. M. Lothian, C. B. Molony, C. J. McCarthy, M. J. Nolan, E. N. M. O'Sullivan, D. J. O'Sullivan, J. C. Osborne, Eveleen O'Brien, A. Sheridan, H. StG. Smith, and Dr. R. Thompson (Hon. Sec.).

An apology for unavoidable absence was received from Dr. T. A. Greene.

The minutes of the previous meeting were read, approved and signed by the Chairman.

The following nominated members were, after ballot, unanimously elected members of the Association:

DICKSON, ROBERT F. G., L.R.C.P.&S.I., D.P.H., Senior Assistant Medical Officer, Down County Mental Hospital, Downpatrick.

*Proposed by* Drs. D. B. Lothian, F. J. Deane and P. Grace.

ROBSON, MARY M., M.B., B.Ch., B.A.O.Belf., D.P.H., Assistant Medical Officer, Mental Hospital, Antrim.

*Proposed by* Drs. A. R. Boyd, R. R. Leeper and R. Thompson.

Nominations were received for the posts of Divisional Secretary and Representative Members of Council for election at the Spring Meeting, 1937.

Dr. HONAN submitted to the meeting correspondence regarding the setting-up of a Free State Branch of the International League against Epilepsy. After some discussion it was decided to postpone this matter for further consideration.

The meeting then considered the R.M.P.A. Revision of the Classification of Mental Disorders. After some discussion it was decided to ask the Secretary to

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