Should any Local Authority wish to avail itself of this offer of assistance, correspondence should be addressed to the General Secretary, Royal Medico-Psychological Association, Springfield Mental Hospital, Tooting, S.W. 17.

R. WORTH,
*General Secretary.*

*Nurses' Consultative Committee.*

The Educational Committee announced that the Nurses' Consultative Committee had met and that its report had been referred to the Questionnaire Sub-Committee for examination.

*The President-Elect.*

The PRESIDENT declared the name of the President-Elect for 1929–30 to be Dr. Thomas Saxby Good, of Littlemore Hospital, Oxford.

*Causes of Primary and Secondary Amentia.*

On the recommendation of the Research and Clinical Committee a letter was ordered to be sent to the Minister of Health urging that a departmental committee of inquiry into the causes of primary and secondary amentia should be appointed.

*The Mott Memorial Volume.*

Referring to the publication of the Mott Memorial Volume on May 16, the President proposed a vote of thanks and congratulation to its Editor, Dr. J. R. Lord, on the successful conclusion of his heavy labours. The book was an admirable production in every way and most appropriate to and worthy of the occasion.

Dr. Lord said that Lady Mott was more than satisfied.

*Report of the Royal Commission on Lunacy and Mental Disorder.*

On the motion of Prof. G. M. ROBERTSON it was decided to circularize all members requesting them to ask the new members of Parliament to use their influence to have the suggestions of the Commission, together with further developments, passed into law at as early a date as possible.

---

## SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division took place on Wednesday, April 10, by the courtesy of Dr. A. A. W. Petrie and the Committee of Visitors, at the Banstead Mental Hospital, Sutton.

There were present 39 members and several visitors.

The Divisional Committee of Management met at 11 a.m. At noon, members and guests were shown over the hospital in groups by the medical and other officers. There was much of interest to see, especially the way in which a large part of the hospital had been modernized by the reconstruction of the old three-storey blocks and the division of the large wards into smaller units.

### THE LUNCH

At 1 p.m. members and guests were hospitably entertained to lunch.

Dr. J. R. LORD, in proposing the toast of "Banstead Mental Hospital," coupled with the name of Dr. A. A. W. Petrie, said that the history of Banstead was peculiarly bound up with the personality of its medical superintendents and medical officers. Originally Banstead was meant to house the chronic mental patients of the county of Middlesex, and it was taken over by the London County Council in 1888. There were many present who could speak of the history of Banstead in greater detail than he could, but he felt that he himself had no small knowledge of that hospital, as he would try to show. His first acquaintance with Banstead was in the early '90's, when he visited at the invitation of Dr., now Sir Hubert Bond, who was originally appointed there as pathologist. The Medical Superintendent was Dr. T. Claye Shaw, a keen observer of human nature, who showed much originality of thought, and was for years lecturer on Mental Disorders at

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press

Bart.'s. He established and maintained an era of scientific psychiatry at Banstead, and it was a pity his teaching was largely lost to the world in that he never published his lectures. He was the author of several important articles in Tuke's *Dictionary of Psychological Medicine*, and contributed occasionally to other medical publications. He, the speaker, remembered one on "Cell Memory"—a biological study in which Claye Shaw showed himself a thinker much in advance of his time.

On his retirement Banstead passed into the hands of the amiable Dr. Johnston Jones—a man of sterling character, whose health did not permit of his retaining his responsible post for long. He was succeeded by Dr. Percy Spark, and Banstead passed into an era of reconstruction. Dr. Spark coming from the administration of one of London's latest mental institutions, namely, the Ewell Colony for Epileptics, could not fail to see in old Banstead the absolute necessity for its entire reorganization to conform with modern requirements in regard to classification and treatment of mental cases. They had present with them that day Mr. W. C. Clifford Smith, the man to whose architectural and engineering skill the Banstead of to-day owed so much. It was for fine work of this nature that the Association had made him an honorary member, and they were delighted to see him present and looking so well. (Applause.) To his technical skill and Percy Spark's humanity the patients at Banstead would in the future owe a great deal. The new and remodelled buildings which members had visited that morning would be ever associated with the names of these benefactors.

Banstead had now passed into other hands, and one had a vision of a return of the scientific and teaching era. The present Medical Superintendent, Dr. Petrie, their host that day, had already made important scientific contributions to psychiatry, and was eager in the search for truth in the ætiology of mental disorders and of those distressing physical complaints which still beset the patients in mental institutions. He was a keen experimenter in regard to treatment, and his enthusiasm in all these directions was already making itself felt in the daily life at Banstead. For some time he had been a lecturer in psychiatry, so there were good grounds for the vision which he, the speaker, had just mentioned. Other men who had made their influence felt in psychological medicine besides those he had mentioned had been on the medical staff at Banstead. He called to mind Dr. T. E. K. Stansfield, a pioneer of the villa system of accommodation, Dr. H. Wolseley-Lewis, who had done so much to raise the status of mental nurses, Dr. Addison, who afterwards became Minister of Health, Dr. Pasmore, who led the way as regards public asylums by dropping the term "asylum" in favour of "mental hospital." Dr. Whittaker (the Chaplain), who was present, could no doubt add to the list, but these names were sufficient to prove his contention, and there only remained to him to thank their host for his hospitality, and to ask them to drink cordially to the success of Banstead, with which toast he coupled the name of Dr. Petrie. (Loud applause.)

Dr. PETRIE, in reply, thanked Dr. Lord for his kind remarks and members generally for the toast they had just drank. He referred to a number of the more notable men who had worked at Banstead. He spoke of the good work his predecessor had done in conjunction with Mr. Clifford Smith and of the further improvements which were contemplated.

After some words of thanks and appreciation from Mr. W. C. Clifford Smith members dispersed, to gather again at 2.30 p.m. for the transaction of business.

Dr. J. R. LORD was voted to the chair.

### MINUTES.

The minutes of the previous meeting, having appeared in the Journal, were taken as read and were approved and signed by the Chairman.

### ANNOUNCEMENTS.

The CHAIRMAN said no doubt the meeting would wish that a letter of congratulation be sent to Sir Hubert Bond, *K.B.E.*, a member of the Division, on his promotion by His Majesty from Commander to Knight of the Order to which he was admitted for his fine work during the war. This recognition of Sir Hubert's lifelong devotion to the interests of the mentally afflicted, he felt, was thoroughly deserved. (Applause.) [**Agreed.**

The CHAIRMAN said it was his painful duty to announce the death at Hove on

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press

April 1 of Dr. Robert Lauder Mackenzie Wallis, one of the most brilliant biochemists of the day. His passing was a genuine loss to scientific psychiatry, which would be most felt in the Association by the Pathological, Bacteriological and Biochemical Sub-Committee. For that sub-committee he had taken on the direction of an important line of research.

The proposal to send a letter of condolence to Mrs. Mackenzie Wallis was adopted unanimously, and members stood in silence for a brief space of time as an expression of the deep regret they felt at the loss of their colleague.

### Election of New Members.

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

J. A. T. Denyssen, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Banstead Mental Hospital.
*Proposed by* Drs. A. A. W. Petrie, G. A. Lilly and Noel Sergeant.

E. J. Campbell Hewitt, M.B., Ch.B.Edin., D.P.M., Assistant Medical Officer and Pathologist, Napsbury Mental Hospital, St. Albans, Herts.
*Proposed by* Drs. R. M. Macfarlane, A. O'Neill and David Robertson.

J. F. M. Stenhouse, M.B., Ch.B.Glas., D.P.M., Assistant Medical Officer, Banstead Mental Hospital.
*Proposed by* Drs. A. A. W. Petrie, G. A. Lilly and Noel Sergeant.

### Other Elections.

The following elections for the year 1929–30 were unanimously made:

*Divisional Committee of Management.*—Drs. David Bower, Helen Boyle, H. Devine, H. G. L. Haynes and H. J. Norman.

*Divisional Secretary.*—Dr. Noel Sergeant.

*Representative Members of the Council.*—Drs. David Bower, Helen Boyle, H. Devine, H. G. L. Haynes and H. J. Norman.

*Chairman of the Division.*—Dr. David Bower.

The Chairman said that it was now their duty under the revised bye-laws to elect one of the representative members of the Council as Chairman of the Division, who would thereby become a Vice-President of the Association.

The Division was happy in having many members worthy of that honour, but outstanding among them undoubtedly was the name of Dr. David Bower, who had done so much good work for the Association generally, and was held in high respect and great affection by every member of the Division. Dr. Bower had been approached and had expressed his willingness to accept the position, and he (the speaker) felt that the interests of the Division could not be in better hands. (Applause.)

Dr. H. G. L. Haynes proposed and Dr. H. Devine seconded the motion that Dr. David Bower be appointed Chairman of the Division for 1929–30.

[**Agreed.**

### Divisional Clinical Meetings.

The Chairman said the promise he had made at their last meeting that he would organize at least one area for the holding of clinical meetings he had faithfully kept, and one such meeting had already been held on April 4, at Horton Mental Hospital. He had found it necessary, to meet the difficulty of London meetings, to divide the Division somewhat differently, and he had with him a plan showing the new areas, which members could inspect at their leisure. The areas were not a great departure from those already planned, but in the new Scheme each had an apex in London. On this principle areas fell quite naturally into northern, north-eastern, western, southern and south-eastern, the apices being respectively Hanwell, Claybury, Springfield, Epsom, The Maudsley.

With the meeting's permission he would continue the organization of these areas, and report from time to time to the Chairman of the Division the progress he made and obtain his guidance and assistance when necessary. [**Agreed.**

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press

### Autumn Meeting.

The date and place of the Autumn Meeting was left to the Chairman of the Division and the Honorary Secretary to arrange.

### Demonstration.

Dr. Petrie and Dr. G. A. Lilly then gave a demonstration on "Physical Types in Relation to Mental Disorders."

Dr. Petrie in his opening remarks spoke of the work of Kretschmer, an eminent psychiatrist and anthropologist, who laid it down that humanity was divisible into three principal types, namely, asthenic, athletic and pyknic. There were other small groups which presented atypical features, which Kretschmer called dysplastic. The interest lay in the fact that of the two great personality types, namely, cyclothymic and schizoid, the latter was mainly associated with the asthenic and athletic physical type and the former with the pyknic. This was the teaching of Kretschmer, and at Banstead an endeavour had been made by anthropometric examination of groups of patients to see how far Kretschmer's teaching in regard to this relation was borne out.

There seemed no doubt a good deal of truth in these teachings, which on the whole had been confirmed, as the cases to be demonstrated would show.

How far these measurements could be made practicable in every-day practice, and whether the ascertainment of these physical types would help materially towards a diagnosis between manic-depressive insanity and schizophrenia in doubtful cases, were points he hoped members would discuss. He, the speaker, had his doubts.

Many cases, both male and female, illustrative of these physical types and the associated mental state were demonstrated.

Several dysplastic types of great interest were also shown. There was no difficulty in most cases in distinguishing the stocky pyknic, but the other types required more consideration. There were, in addition, some mixed types. What struck most members was the inappropriateness in many cases of the term "athletic." The following tables from Kretschmer's work were distributed, and are now published for the information of those who desire to pursue the subject further.

### Principal Average Measurements.

**Asthenic Type.**

| | *Men.* | *Women.* |
|---|---|---|
| Height (cm.) | 168·4 | 153·8 |
| Weight (kilos.) | 50·5 | 32·8 |
| Width of shoulders | 35·5 | 44·4 |
| Chest | 84·1 | 77·7 |
| Stomach | 74·1 | 67·7 |
| Hips (circum.) | 84·7 | 82·2 |
| Forearm ,, | 23.5 | 20.4 |
| Hand ,, | 19.7 | 18.0 |
| Calf ,, | 30·0 | 27·7 |
| Leg (length) | 89·4 | 79·2 |

**Athletic Type.**

| | *Men.* | *Women.* |
|---|---|---|
| Height (cm.) | 170·0 | 163·1 |
| Weight (kilos.) | 62·9 | 61·7 |
| Width of shoulders | 39·1 | 37·4 |
| Chest | 91·7 | 86·0 |
| Stomach | 79·6 | 95·1 |
| Hips (circum.) | 26·2 | 24·2 |
| Forearm ,, | 91·5 | 95·8 |
| Hand ,, | 21·7 | 20·0 |
| Calf ,, | 33·1 | 31·7 |
| Length of leg | 90·9 | 85·0 |

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press

**Pyknic Type.**

| | *Men.* | *Women.* |
|---|---|---|
| Height (cm.) | 167·8 | 156·5 |
| Weight (kilos.) | 68·0 | 56·3 |
| Width of shoulders | 36·9 | 34·3 |
| Chest | 94·5 | 86·0 |
| Stomach | 88·8 | 78·7 |
| Hips (circum.) | 92·0 | 94·2 |
| Forearm ,, | 25·5 | 22·4 |
| Hand ,, | 20·7 | 18·6 |
| Calf ,, | 33·2 | 31·2 |
| Length of leg | 87·4 | 80·5 |

HEAD MEASUREMENTS.

**Asthenic Schizophrene.**

| | *Men.* | *Women.* |
|---|---|---|
| Round the skull (cm.) | 55·3 | 53·6 |
| Sagittal diameter | 18·0 | 17·0 |
| Maximum frontal diameter | 15·6 | 15·0 |
| Vertical diameter | 19·9 | 19·2 |
| Height of face | 7·8 : 4·5 | 7·1 : 4·1 |
| Breadth of face | 13·9 : 10·5 | 13·0 : 9·7 |
| Length of nose | 5·8 | 5·2 |

**Athletic Schizophrene.**

| | *Men.* | *Women.* |
|---|---|---|
| Round the skull (cm.) | 56·0 | 54·8 |
| Sagittal diameter | 18·7 | 17·6 |
| Maximum frontal diameter | 15·3 | 15·4 |
| Vertical diameter | 20·6 | 19·6 |
| Height of face | 8·3 : 5·2 | 7·6 : 4·6 |
| Breadth of face | 14·2 : 11·0 | 13·7 : 10·5 |
| Length of nose | 5·8 | 5·7 |

**Pyknic Cyclothyme.**

| | *Men.* | *Women.* |
|---|---|---|
| Round the skull (cm.) | 57·3 | 54·5 |
| Sagittal diameter | 18·9 | 17·1 |
| Maximum frontal diameter | 15·8 | 15·0 |
| Vertical diameter | 20·3 | 19·1 |
| Height of face | 7·8 : 4·8 | 7·3 : 4·3 |
| Breadth of face | 15·3 : 11·0 | 13·3 : 10·4 |
| Length of nose | 5·5 | 5·2 |

PHYSICAL TYPE AND TEMPERAMENT.

| *Type.* | *Cycloid.* | *Schizoid.* |
|---|---|---|
| Asthenic | 4 | 81 |
| Athletic | 3 | 31 |
| Pyknic | 58 | 2 |
| Dysplastic | .. | 34 |

At the conclusion the CHAIRMAN thanked Dr. Petrie and Dr. Lilly for a very interesting and instructive demonstration. He went on to say:

He agreed with Dr. Petrie that these measurements were of doubtful importance in clinical psychiatry. As biological facts in relation to mental make-up or temperament, one could not question Kretschmer's conclusions regarding the close relationship between the pyknic type and manic-depressive psychosis and the asthenic type and schizophrenia. The athletic temperamental relationships were not so convincing.

He, the speaker, was one of the disillusioned in regard to the importance of anthropometry in psychiatry, *i.e.*, in the practical sense. In theory it seemed also

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press

doubtful. At the beginning of his psychiatric career he had done many measurements under the guidance of Dr. Edwin Goodall, at Carmarthen, chiefly as regards the palate. He continued this work at Hanwell, and took a cast of the mouth in literally hundreds of patients. He found no relationship between the palate and mental state of any real value in diagnosis. Perhaps he had expected too much, and his time would have been more wisely spent in comparing these measurements with temperaments.

However, the matter was settled for him not long afterwards by the publication of Goring's *English Convict*, which put an end to the theory of the hereditary and constitutional criminal associated with a distinct physical type, and the Lombroso School practically died out.

It did seem ridiculous, this so-called criminal type, when one came to look back on it. Thieves had small and murderers large hands. Other characteristics of the criminal were: heavy lower jaw, abundant dark hair, scanty beard, stooping shoulders and a flat chest. It was to the credit of anthropometrists, that they did try to substitute accurate measurements for such vagaries.

Mankind had been classified in many ways by many people, but Lombroso was the first to attempt scientifically to correlate physical and mental characteristics. Constitutional and temperamental classifications had existed since the beginning of medical science. But classifications of real clinical value were late products, such as introverts and extroverts, vagotonics and sympathicotonics, cyclothymics and schizophrenics, etc. Whether this return to the anthropometric classification was likely to be fruitful in clinical psychiatry required careful consideration. Should they recommend it as a line of research for medical officers? He, the speaker, was not prepared to do this. There were other matters more urgently in need of intensive study. Anthropometric observations were only of value under identical conditions, and perhaps 50,000 observations on one point were none too few if the results were to be of any value.

There were so many cross-currents in the formation of character which confused the issue as regards constitutional and temperamental trends, such as accidents at birth, early toxæmias, upbringing and education, social status, etc.

The speaker went on to describe Clouston's variation of Galton's and Charles Booth's classification, which was (1) average man, (2) marked talent all round, (3) the lesser genius, (4) the genius, (5) the crank and markedly eccentric and the anarchist, (6) the markedly under-averaged—the tramp, vagrant, the submerged tenth, the natural pauper, (7) those liable to curable mental disorders, (8) the adolescent, the dementia præcox, (9) the epileptic, (10) the feeble-minded, (11) the imbecile and idiot. What practical value had such a sociological classification for them?

The best literature on the subject in recent times was Auden's paper "On Endogenous and Exogenous Factors in Character Formation" (*Journal of Mental Science*, January, 1926), and Hutchison's "Physiological Personality" (*Lancet*, March 31, 1928), and these he advised members to read.

Kretschmer's *Physique and Character* would become a classic, it could be obtained from Kegan Paul, Trench, Trübner & Co., Ltd., London (15*s*.). A good digest of Kretschmer's teaching would be found in the Miniature Series of the same publishers, *i.e.*, *Types of Mind and Body*, by Dr. E. Miller (2*s*. 6*d*.).

A final word of thanks to Dr. Petrie for a very instructive and enjoyable day concluded the meeting.

---

## SOUTH-WESTERN DIVISION.

THE SPRING MEETING of the Division was held, by kind invitation of Drs. Bertha and Annie Mules, at Cliffden, Teignmouth, on Friday, April 26, 1929. Fifteen members and nine visitors were present.

Dr. J. G. Soutar was voted to the Chair, and the minutes of the last meeting were confirmed and signed.

Dr. W. Starkey was re-elected Honorary Divisional Secretary, and Drs. J. G. Soutar and J. McGarvey were elected representative members of Council for 1929–30.

Dr. J. G. Soutar was elected Divisional Chairman for 1929–30.

https://doi.org/10.1192/bjp.75.310.551 Published online by Cambridge University Press