have the Division at Barnwood House, and to know that so much good work was being carried out by various Hospitals for the amelioration of mental disease. He compared the results of treatment since he was first connected with Barnwood House with the very satisfactory results obtained recently, and said how greatly impressed he and his Committee had been by the developments in the active treatment of mental disease, and by the changed attitude, which amounted to a passing from the defensive to the offensive, in the campaign for mental health. He assured those present that while such a policy was pursued they could rely upon the enthusiastic support of their lay Committees.

INDIAN DIVISION.

PROCEEDINGS of the Second Triennial Meeting of the Indian Division of the Royal Medico-Psychological Association held at Agra on November 4 and 5, 1941.

In the unavoidable absence of the Chairman, Major M. Taylor moved and Capt. E. A. J. Lalkaka seconded that the Chair be taken by Dr. C. O. Perera.

The motion was carried unanimously.

1. To elect as ordinary members:

Dr. PRAKASH CHANDRA DAS, M.B., B.S., Superintendent, Indian Mental Hospital, Kanke P.O., Ranchi, Bihar.

Proposed by Major M. Taylor, I.M.S., *seconded by* Dr. Banarsi Das and Dr. K. N. H. Rizvi.

Dr. PRAM NATH DOGRA, M.B., B.S., T.D.D.Wales, Superintendent, Punjab Mental Hospital, Lahore.

Proposed by Dr. R. S. Sharma, *seconded by* Drs. Banarsi Das and D. D. Mathur.

Dr. GOVIND ANANT BHAGWAT, M.D., B.Sc., Deputy Superintendent, Yeravda Mental Hospital, Poona.

Proposed by Capt. E. A. J. Lalkaka, *seconded by* Drs. K. N. H. Rizvi and D. D. Mathur.

Dr. MAHOMED IBRAHIM SHAIKH, M.B., B.S., Lecturer, Medical School, Hyderabad (Sind).

Proposed by Major M. Taylor, I.M.S., *seconded by* Drs. K. J. Mankani and D. D. Mathur.

After scrutiny of the votes, all were declared unanimously elected Ordinary Members.

Drs. Perera and M. Singh were the scrutineers.

2. To elect a Divisional Chairman for the next Triennium. Capt. Lalkaka moved and Dr. M. Singh seconded that Dr. Banarsi Das be elected.

Dr. Banarsi Das was unanimously elected Chairman for the next Triennium, and after Dr. Perera had presented the Chairman's badge, Dr. Banarsi Das took the Chair.

3. To elect a Divisional Secretary for the next Triennium.

Dr. Banarsi Das moved and Dr. J. Roy seconded that Major M. Taylor, *O.B.E.*, I.M.S., be elected.

Major TAYLOR informed the meeting that he was not desirous of holding office, provided any other member would accept the post. There were no volunteers, and Major Taylor then agreed to stand.

Major M. Taylor, *O.B.E.*, I.M.S., was then unanimously elected Secretary of the Division for the next Triennium.

4. To elect two representative Members of the Council in England.

On the motion of Dr. Banarsi Das, seconded by Dr. J. Roy, it was unanimously resolved that Lieut.-Col. J. C. Lodge Patch, M.C., I.M.S., (ret.), and Major M. Taylor, *O.B.E.*, I.M.S., be elected Representative Members of the Council in England for the next Triennium.

5. To elect three members of the Standing Committee of Management of the Division.

Capt. Lalkaka moved and Major M. Taylor seconded that Lieut.-Col. J. E. Dhunjibhoy, I.M.S., be elected.

Dr. Banarsi Das moved, Dr. J. Roy seconded that Dr. P. C. Das be elected.

Dr. P. C. Das moved and Dr. M. I. Shaikh seconded that Dr. J. Roy be elected.

All were unanimously elected.

6. The SECRETARY read messages from the following members who were unavoidably prevented from attending the Meeting: Lieut.-Cols. O. B. Hill, I.M.S. (ret.), E. C. A. Smith, I.M.S., J. E. Dhunjibhoy, I.M.S., Major H. D. Zscherpel, I.M.S., Capt. W. W. Laughland, I.M.S., Drs. D. D. Mathur, P. N. Dogra and D. Satyanand.

7. The CHAIRMAN then gave his Address (see below).

(1) Dr. K. N. H. RIZVI then read a paper on "Ammonium Chloride Treatment of Schizophrenia" (see p. 575). In the course of a most interesting discussion in which most of the members took part, Dr. BANARSI DAS brought to the notice of the meeting that the credit of pointing out that the ammonium radicle is the factor in the production of the convulsion goes to Dr. Rizvi.

(2) In the absence of Dr. SENANAYAKE, his paper on a case of "Conversion Hysteria" was read by Dr. PERERA.

(3) Capt. E. A. J. LALKAKA then gave brief notes on the treatment of stuporous patients by the administration of CO_2 and oxygen.

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(4) Correspondence which had passed between the Inspector-General of Prisons, Assam, and the Medical Superintendent of the European Mental Hospital, Ranchi (Appendix A), was then considered by the Meeting.

Dr. J. Roy, Medical Superintendent, Mental Hospital, Nagpur, C.P., opened the discussion. He pointed out that it had been the experience of superintendents of all mental hospitals, in which the population consists of a large proportion of criminals, insane people or insane criminals, to come across cases where the plea of insanity had been taken during trial, and where the superintendent of the jail (or the medical officer in charge) in which the accused had been detained as an under-trial prisoner was required to give an opinion regarding the mental condition of the accused—not only as to his fitness to stand trial, but also in regard to his mental condition at the time the crime was committed. In such cases the superintendent of the jail is taken unawares, because, having been ignorant that such a plea may be taken, he often omitted to examine the mental condition of the under-trial prisoner immediately after his commitment to jail, and consequently he was not in a position to assist the Court with any definite opinion when called upon to do so. Dr. Roy stressed the importance of the observation of the mental state of all under-trial prisoners, including the recording of behaviour immediately or soon after the commission of any serious offence, otherwise there was a grave risk of miscarriage of justice. He said examples could be cited where, for lack of information, sentences of conviction had been passed by the courts on accused persons who, soon after, manifested some form of mental disease, which necessitated certification, and transfer of the prisoners to a mental hospital under Section 30 (1) Prisoners Act. In the vast majority of cases, the accused persons would have probably been acquitted under Section 470 Criminal Procedure Code had the mental condition of the accused person been thoroughly explored when undergoing trial.

To prevent such accidents and miscarriage of justice, Dr. Roy suggested the following resolution :

> " That in all cases where the crimes are of serious nature, e.g. against persons, the mental condition of the under-trial prisoner, while in jail, must be thoroughly explored, no matter whether a plea of insanity has or has not been taken at this stage, and further, that all medical officers in charge of jails should receive a post-graduate training in a mental hospital, so that they may be better equipped to conduct the necessary examinations, and to, at least, evaluate those facts which may decide the question of criminal responsibility of the insane."

The resolution was adopted unanimously.

Resolved further :

> " That the Association was in agreement with the reply of the Medical Superintendent, European Mental Hospital, Ranchi, set forth in his No. 5801, dated August 31, 1941, addressed to the Inspector-General of Prisons, Assam, Shillong." (See Appendix.)

After further discussion it was unanimously resolved :

> " That this Association considers that the time has now come when the Government of India should take steps to appoint a Commissioner in Lunacy to advise the Home Member in supervising and co-ordinating the work and administration of Mental Hospitals and Jails."

The Secretary was directed to forward a copy of the Resolution to the Home Member, New Delhi.

With the assent of the members present the following resolutions were placed before the meeting :

> (1) " That this conference of the Indian Division of the Royal Medico-Psychological Association strongly recommends that clinics for nervous disorders should be established in all teaching and large general hospitals, and that these clinics should consist of an out-patient department, with a few beds for treatment of early nervous and mental cases.
>
> (2) " That this conference of the Indian Division of the Royal Medico-Psychological Association appreciates the introduction of the teaching of normal psychology in the second year for the first M.B., B.S. examination, and that of mental diseases and abnormal psychology in the final year M.B., B.S. examination, but points out that the curriculum fixed is very meagre, viz. : that a minimum of three lectures in normal psychology is insufficient and recommends that psychiatry should be given the same status as ophthalmology in the medical curriculum, and recommends also that at least 10 lectures should be given in normal psychology in the second year, and at least 15 lectures and 15 demonstrations in mental diseases and abnormal psychology be given in the final year of the M.B., B.S. curriculum."

Both resolutions were unanimously adopted.

In the evening the Dinner of the Royal Medico-Psychological Association (Indian Division) took place at Laurie's Hotel, Agra, and all the members attending the conference were present.

The Toast of His Majesty the King-Emperor, was given by the Chairman, Dr. Banarsi Das ; the Royal Medico-Psychological Association by Major Moore Taylor, and Absent Friends, by Capt. E. A. J. Lalkaka.

On the proposal of Dr. C. O. Perera a hearty vote of thanks was accorded to Dr. Banarsi Das, and after a most pleasant evening the majority of the members paid a visit, by moonlight, to the famous Taj Mahal.

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On November 5, 1941, the members paid a visit to the Mental Hospital at Agra, and were indebted to Dr. K. N. H. Rizvi, Deputy Superintendent of the hospital, for his interesting demonstrations.

The first patient was a severe case of stupor which had been relieved by means of intravenous injection of cardiazol.

Dr. Rivzi then demonstrated the technique of ammonium chloride therapy in seven cases, and also showed three cases of schizophrenia which had been cured by this method of treatment. Dr. Rivzi then gave demonstrations in the use of the inductotherm in the treatment of patients by pyreto-therapy.

After visiting the various wards of the mental hospital the members adjourned to the residence of the Medical Superintendent, where Dr. and Mrs. Banarsi Das were " at home " to the party. The members thoroughly enjoyed the hospitality of Dr. and Mrs. Das, and with the dispersal of the party late in the evening, the Conference, which was considered to have been a great success, came to an end.

Chairman's Address.

In welcoming you to the second general meeting of our Division my first words must be of deep gratitude to the members for the great honour conferred on me by their electing me to the office of Chairman. I propose to give only a short address, and to leave plenty of time to exchange ideas and to pool experience on matters of vital interest to all of us.

Ill-health compelled our first Chairman, Lt.-Col. C. Lodge-Patch, I.M.S. to leave India only a few months after his election. The Secretary had to carry on the work without his valuable advice and guidance. At the time of our first general meeting at Lahore in January, 1939, we had 32 members on our rolls. We have lost 2 by resignation, 3 have retired to England, and 3 have gone overseas. The Indian Division has gained one new member by his arrival from England, and 4 have joined to-day. On behalf of this Division I extend a hearty welcome to all new members. At present our total strength is 29.

As the war looms large before us it is interesting to recall the manifesto which was sponsored by Dutch psychiatrists just before the war clouds burst in Europe. It was signed by psychiatrists representing many nations all over the world. I shall be content to quote the prophetic words of René LaForgue in the first chapter of his book on the *Relativity of Reality*, published in French in 1937—"At times of upheaval and revolution entire nations are seen to choose or allow to be imposed upon them as dictators actual madmen provided they are eloquent."

To my mind the outstanding event of the period under review was the publication of the Hindustani *Handbook of Mental Nursing* in both Hindu and Urdu scripts. It was compiled by my colleague Dr. K. N. H. Rizvi. It has been printed and published by the Superintendent of Government Printing and Stationery, Allahabad. It is a model attempt to provide elementary instruction in psychiatric nursing for the attendants employed in mental hospitals. Dr. Rizvi has also prepared a detailed scheme of studies and examinations for mental nurses. This scheme is under consideration by the U.P. State Medical Faculty. He has gone even further, and has sent up a detailed scheme for post-graduate instruction for diplomas in psychological medicine as well as in criminology and penology. If all these schemes come to fruition this province will have blazed a trail for the rest of India to follow.

In U.P. in 1858 small lunatic asylums were established at Benares, Lucknow, Bareilly and Agra. They were placed under the care and supervision of the local civil surgeons. Lunatics were simply caught and kept, fed and clothed in them. They were confined in asylums for the benefit of the community. There was no idea of doing them any good. In 1902 it was decided to abolish small district asylums, and to establish a large central institution in each province under the care of a whole-time superintendent. In this province only the Lucknow Asylum was closed and the Agra Asylum was enlarged. In 1905 all inmates of the Lucknow Asylum were transferred to Agra and a wholetime superintendent was put in charge.

The scheme of having an All-India Asylum for Europeans was under consideration about this time. It was expected to be located at Chhindwara in C.P. The old Lucknow Asylum was offered as an alternative to Chhindwara. Later all criminals were concentrated at Benares and Agra and Bareilly were reserved for non-criminals.

In 1927 the Central Legislature passed an Act which changed the name of lunatic asylums into mental hospitals, but the poor patients are still lunatics under the law.

For many years weeding of old records has been carried out with excessive zeal, and it is impossible to obtain information about the past history of mental hospital administration in the province. But financial stringency has pressed far too heavily on mental hospitals. It will surprise many to hear that there were even no beds at the Agra Mental Hospital till 1935. When the late Dr. Mapother went round this institution he summed up his view in one pithy sentence : " It does not come up to the standard of the Taj."

Within our limited resources substantial improvements have been made in the care, comfort and treatment of patients. But we still wait for more funds to effect essential improvements in buildings, furniture and equipment.

It is a sad feature of psychiatric work in India that there is a great deal of ignorance on this subject in the minds not only of lay people but also of medical men. The remedy lies in our own hands. In every civilized country there is a Mental Hygiene Association which disseminates

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authentic information for the education of the general public. Such an Association was started in India by an enthusiastic military officer about ten years ago. On his leaving the country he handed it over to Lt.-Col. O. A. R. Berkeley-Hill of Ranchi. But the Association failed to receive enough support from the public. It used to publish a quarterly bulletin, which was supplied to members, and the annual subcription was only Rs. 2. When the Association came into my hands a few years ago it was practically moribund. For want of renewal subscriptions from members the bulletin had to cease publication.

It would not be fair to throw all blame for the failure of the Indian Association of Mental Hygiene on the shoulders of the public. After all the public does support so many good journals and associations. I have little doubt the Association of Mental Hygiene and its Journal can be revived and made successful if they are run by a capable person with the necessary knowledge and a journalistic flair. In this gathering of psychiatrists from all over India and Ceylon I wish to make an earnest appeal, and to ask some of you to volunteer to take up this most important work of the education of the public through the medium of the *Journal of the Indian Association of Mental Hygiene*. I would request anyone whose heart responds to this appeal to meet me with a view to taking over charge of the Association from me.

APPENDIX.

No. 5801.

From The Medical Superintendent,
Ranchi European Mental Hospital.

To The Inspector-General of Prisons,
Assam, Shillong.

Dated Kanke (Ranchi) the 31st August, 1941.

Sir,

I have the honour to acknowledge receipt of your No. 5786–88 dated the 19th August, 1941. The following are my views :

(I) (*a*) To grant a certificate that a patient " is not going to relapse and prove a danger to the public " is not possible. The Visitors of the hospital are not competent to do so, and the onus would finally lie on the Medical Superintendent of the Hospital.

(*b*) It would be desirable to appoint two medical men—one the Medical Superintendent of the Mental Hospital, and the second another expert Psychiatrist—to make a complete examination of all the facts of the case. If a difference of opinion existed, a third medical man (preferably the Inspector-General of Civil Hospitals or the Inspector-General of Prisons) should be appointed to act as arbitrator. A medical report should then be submitted, embodying the facts, and, where the difference of medical opinion was so great that no definite conclusion could be come to, that fact should be unequivocally stated, and Government should then decide the case on its merits, apart altogether from the medical opinion.

(*c*) The psychiatrists would be guided in each instance by the nature of the offence, the history of the detained patients, both before and after the offence.

The record of patients with a history of drunkenness, drug addiction, feebleness of mind, epilepsy (major or minor types), paranoia (systematized delusion) and G.P.I. would require the most scrupulous investigation.

(II) (*a*) In a strictly legal sense there should be no insane criminal. If insanity has been conceded, then the offence is not criminal, and I therefore consider that the patient should be freed completely on release from the mental hospital.

(*b*) Nothing will be gained by sending a patient back to jail. In the U.K. all prison Medical Officers are now trained psychiatrists, but this most desirable step in Prison Reform has not yet been approached in India.

(*c*) The class known more correctly as " Lunatic Prisoner "—these who have been held guilty of crime, and who while undergoing imprisonment become insane, should return to jail to complete his or her sentence when the medical authorities consider such return advisable—not necessarily immediately after recovery.

There are many points to be considered, and with your permission I propose to bring your letter to the notice of the Indian Branch of the Royal Medico-Psychological Association at their meeting to be held at Agra Mental Hospital in November. A discussion will no doubt be helpful, and I shall communicate to you, in due course, any points of interest which may arise.

I have, etc.,
(*Sgd.*) M. Taylor, *O.B.E.*, M.D., Major, I.M.S.,
Medical Superintendent.

[*Copy.*]

GOVERNMENT OF ASSAM.

Office of the Inspector-General of Prisons, Assam.

No. 5786–88.

From Lieut.-Colonel H. E. Shortt, *C.I.E.*, M.D., Ch.B.Aberd., D.T.M.&H.Lond., D.Sc. Aberd., I.M.S., Inspector-General of Prisons, Assam.

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To THE SUPERINTENDENT,
RANCHI EUROPEAN MENTAL HOSPITAL.

Dated Shillong the 19th August, 1941.

SIR,

I have the honour to say that the Government of Assam contemplate releasing recovered criminal lunatics from the Mental Hospital without any period of probationary detention in a Jail. The Superintendent and the Visitors of the Mental Hospital would have to record a clear opinion, before a lunatic is allowed to go free among the general public, that he was not going to relapse and prove a danger to the public. This, I consider, would put an immense and unjustifiable responsibility on the Superintendent and the Visitors of the Mental Hospital. I would, therefore, request you to favour me with your opinion in the matter and also let this office know whether a recovered criminal lunatic should be freed completely on release from the Mental Hospital. If so, whether the Superintendent and the visitors must give a definite opinion that the lunatic will not relapse and whether it would be fair for them to give such opinion. Please also let this office know if a period of probation in a Jail is desirable and if so, how long should it be.

Any other points on the subject that you would care to raise will be much appreciated.

I have the honour to be, Sir,
Your most obedient servant,
(*Sgd.*) H. E. SHORTT,
Lieut.-Col. I.M.S., Inspector-General of Prisons,
Assam.

CHILD PSYCHIATRY SUB-COMMITTEE.

The Clinical and Research Committee have formed a Sub-Committee with the object, if sufficient support for this is forthcoming, of forming a Child Psychiatry Committee of the Association.

Dr. W. J. T. Kimber is acting as Secretary of the Sub-Committee, and will be glad if any members who are interested and would be willing to join the Committee will write to him at Hill End, St. Albans, Herts.

NOTICES BY THE HON. LIBRARIAN.

The Library is open to members between the hours of 10 a.m. and 5 p.m.; Saturdays, 10 a.m. and 1 p.m. Books are issued to borrowers between 10 a.m. and 1 p.m., and between 2.30 and 4.30 p.m.; Saturdays, between 10 a.m. and 12 noon.

The Hon. Librarian will endeavour to obtain, as far as possible, any books on psychiatry and allied subjects required by members.

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8. All communications should be addressed to " The Librarian, Royal Medico-Psychological Association, 11, Chandos Street, Cavendish Square, W. 1."

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