

life and could assist the psychoneurotic patient to understand his illness. The limitations upon observation and recording excluded the use of the scientific method in the study of dreams. Their significance could only be seen when the concept of the unconscious was introduced. Emphasis was laid upon the view advocated by Jung—that the unconscious was the natural background of the mind. The dream was not the road to the unconscious, it was the unconscious. The aim of dream analysis and of psychotherapy was to remove the restrictions imposed by unnaturalness and artificiality. The dream, as the natural mind, could provide exactly the material required for adjustment and hence for optimum efficiency.

Many made the mistake of studying the dream as though it were an extension of conscious thinking. But the dream was rather a picturesque paraphrase of something new. Each incident in it could be thought of as causally connected with what went before. A series of dreams might be coherent and could provide not a commentary upon, but an important addition to, conscious life. When this information was assimilated the patient could take over responsibility for his life with understanding. Patients could be trained to work at their dreams in their own time and not only during the analytical session. Thus the duration of treatment could be shortened. The conflict in psychoneurotic illness was between two "goods" (using the word "good" in its philosophical sense). Hence the difficulty many had in reconciling their nature and its possibilities with that which training had commended. Dreams would show clearly how such a situation could be met.

General Discussion

Dr. CRICHTON-MILLER emphasized the point made by Dr. Bennet that analysis of his own dreams was the only means by which the analyst could keep himself sensitive to the significance of his patients' dreams. Referring to persons said to be dreamless, he described the case of a young soldier who claimed never to have dreamed and also never to have wakened with a dry bed in his life. This patient was a hypopituitary type, and after the administration of thyroid his enuresis was almost completely cured and he experienced dreams for the first time. Dr. Crichton-Miller ventured to amplify Dr. Bennet's emphatic assertion of the basic truth that we are primarily creatures. He said that the real trouble began for us when we realized that we were both creatures and creators, and that it was the incompatibility of these two aspects of life that rendered the art of living so difficult.

He went on to review the position of dream interpretation in all mental analysis. He pointed out that while dream interpretation had been described as the royal road to the unconscious, it was not the first road that had been tried, nor could it be described as the only road. Before dream interpretation was attempted, Freud had laid bare the unconscious motive through hypnosis, and to-day the Freudians regarded analysis of the transference as the most important aspect of analysis. Dr. Crichton-Miller went on to say that chemically induced narcosis in some cases served a most useful purpose, and that probably evipan or similar drugs would have a considerable vogue in mental analysis in the future.

Dr. JOHN MACKWOOD said that it was difficult to separate the dream from the sleep of the dreamer. Just as the waking life had need of sleep to restore its physical energy, so had the psychical life the need of dreams to amplify its significance. The individual owed his existence to the species, but the species owed its persistence to the individual; the two were, in fact, inseparable. Various levels of sleep were necessary to restore and maintain the balance of the physical and psychical life. The deepest levels made contact with the phylogenetic origins of the species, before the dawn of consciousness; dreams from this level were mere organic gestures.

The higher levels were those of the ontogenetic unconscious of the individual. Dreams at this level were com-

parable to analogies which had significance for all the levels of the individual psyche, if we could interpret them. Out of the dreams came synthesis. Inasmuch as any symbolization could only be interpreted for a few of the levels, he doubted if one did much more than scratch the surface by any analysis. The experience of the dream was, in itself, a synthesis. Kent defined experience as a "synthesis of the perceptions—a synthesis which is not itself contained in perception . . . in experience our perceptions come together contingently." In the dream with affect, the affective part of perception came together contingently with that part of perception which marked an object for future action. The synthesis which took place inaugurated new forms of movement in behaviour.

Local News

ENGLAND AND WALES

Hospital Contributory Schemes

The annual conference of the British Hospitals Contributory Schemes Association was held at Liverpool on November 24, 25, and 26. The principal speaker on the first day was Lord Horder, who said that contributory schemes gave hope of new life and activity to voluntary hospitals. Payment of the full cost of maintenance of the patient should be the aim of such schemes, but whether any payment should be made to the doctor out of the funds before that aim was reached was a moot point. At present the doctor's claim was being waived, but the generosity of the profession should not be too long abused. The speakers on the second day included Professor Henry Cohen of Liverpool University, who said that the position of the young consultant was much affected by contributory schemes. If he was denied opportunities because people beyond a certain income limit were admitted to these schemes, his earlier years might be a bitter struggle. Mr. S. Clayton Fryers, house-governor of Leeds General Infirmary, speaking of contributory schemes from the hospitals' point of view, considered that payment to medical staffs should be a matter for agreement between the hospital and its staff and should not be the concern of contributory schemes. It should be a direct lump-sum payment and not a percentage of moneys received from any class of contributors. Dr. J. M. Mackintosh said that in hospital development space must be found for the promotion of convalescent treatment. There must be increased provision for research and for greater elaboration of treatment. He urged the need for co-operative arrangement with local authorities in respect of patients who made no contribution. So long as treatment was not free and universal there must, he said, be some system of charge.

Royal Dental Hospital of London

The annual dinner of the staff and past and present students of the Royal Dental Hospital of London was held on November 26 under the chairmanship of Dr. F. C. Porter. In proposing the health of the hospital and the dental school, Dr. Porter spoke of his pleasure at revisiting his old school at the annual clinical "at home" which had been held earlier in the day, and he contrasted with some envy the space and equipment available to staff and students to-day with the limitations within which an earlier generation had to be accommodated. There were two things, he said, which they all desired for the dental profession—that it should receive due appreciation from the community, and that it should be worthy of such appreciation. In his response the Dean (Mr. H. Stobie) referred to the loss which the institution had suffered

during the year in the resignation of Dr. A. W. Oxford from the chairmanship; the hospital owed him a great debt for the outstanding position it now occupied. They also mourned the death of Mr. W. H. Dolamore, to whom it was due that the school became a school of the University of London. A friend of Mr. Dolamore had furnished a sum of money to establish a prize in his memory. Mr. Stobie also mentioned other events of the school year, and added that the number of students was satisfactory and the results of examinations were well up to the average. The toast of "The Visitors" was proposed by Mr. A. T. Pitts, who offered a special welcome to Mr. Hugh Lett, President of the Royal College of Surgeons, with which institution dentistry had a very close association. It was in 1860 that the College established the qualification which was held by the majority of dental surgeons. Great interest had been aroused in the proposal of the Council of the College to grant a higher diploma in dentistry, and it was with disappointment that they learned later that there were technical difficulties in the way. No body was more appropriate than the College for the granting of such a qualification, and it was hoped that the setback would be only temporary. Mr. Hugh Lett made a brief response, expressing his pleasure at being present as representing the College in view of its close connexion with dental qualification. He said that Mr. Pitts had touched upon a very important matter in mentioning the higher diploma. He could only say that the Council of the College was in sympathy with any suggestion made for the progress of dental surgery. He congratulated the hospital on the position it had attained. Mr. T. A. Coysh proposed the health of "The Chairman," and a very pleasant evening concluded.

The hospital and school presented a very busy appearance in the afternoon on the occasion of the clinical "at home." A routine operating session was held by Mr. S. A. Riddett at the adjacent Charing Cross Hospital. Mr. D. G. Walker and Mr. H. L. Hardwick gave brief lectures on the causation and treatment of haemorrhage following extraction and on the treatment of periodontal disease respectively; Miss K. C. Smyth and others showed orthodontic cases of interest; Dr. R. H. Leaver demonstrated some cases recently treated in the electrotherapeutic department, and there were exhibitions of skiagrams, photomicrographs, specimens of anatomical and pathological interest, and models of denture technique.

Joint Tuberculosis Council

The November meeting of the Joint Tuberculosis Council was held in London at the rooms of the Society of Medical Officers of Health. The chairman, Dr. S. Vere Pearson (Mundesley), referred to the great loss sustained through the deaths of Dr. L. S. T. Burrell and Dr. Jane Walker, both of whom had rendered valuable service to the Council almost since its inception. A welcome to the Council was given to Dr. R. A. Young, who was elected by the National Association in place of Professor Lyle Cummins, recently resigned. A request from the secretary of the Tuberculosis Society of Scotland for representation was acceded to. Dr. G. Lissant Cox was able to report on a successful interview with the Ministry of Health regarding the republication of Memorandum 131/T. The Council was informed that an entirely new memorandum would be drawn up at the Ministry, and that it would have a further opportunity of considering the memorandum in its final form. A brief account was given of the interview which Dr. Lissant Cox, Dr. Esther Carling, and the hon. secretary (Dr. J. B. McDougall) had with the Interdepartmental Committee on Nursing Services. Considerable discussion centred round future policy on postgraduate courses. Dr. F. Heaf, who has taken over temporarily during the absence of Dr. Brand the offices of convener of these classes, reported on the success of the two most recent efforts—at Brompton Hospital and at Heatherwood Hospital. There was a general feeling that the Council's past record in postgraduate work must be

maintained, and Dr. Heaf was asked to continue the organization of the classes until such time as Dr. Brand had recovered from his illness. During 1939 some attention will no doubt be given to postgraduate classes on tuberculosis for general practitioners, and it is hoped that a schedule will be available early in the New Year. Dr. C. O. Hawthorne brought to the notice of the Council his concern as to certain provisions in the Milk Bill now before Parliament. In his view medical opinion had been to a large extent disregarded, and after some discussion he proposed that the Milk Committee be authorized to prepare a memorandum in keeping with the past policy of the Council—as previously minuted—and that this memorandum be circulated to Members of Parliament. To this the Council agreed unanimously. A motion was tabled dealing with closer co-operation between organizations interested in tuberculosis, and Dr. R. A. Young expressed himself as being in hearty agreement with it. Professor W. W. Jameson suggested that the following resolution should be put to the Council:

"That the time has come when the relationship of the National Association for the Prevention of Tuberculosis, the Joint Tuberculosis Council, and the Tuberculosis Association to one another should be discussed, and that the Joint Tuberculosis Council will be glad to appoint representatives to meet members of the other two bodies for this purpose."

Support for this was forthcoming from Drs. Ernest Ward and Heaf, and Dr. Jessel, while agreeing with the wording, emphasized the importance of the Council preserving its identity. It was resolved that the motion be agreed to, and that the Chairman, Dr. Ward, Professor Jameson, the hon. treasurer and secretary be representatives of the Joint Tuberculosis Council in such discussions as may take place. A subcommittee had prepared a list of subjects which might be suitable for the Council for investigation. After an interesting discussion it was decided to investigate immediately "The Tuberculosis Service in Time of National Emergency" and "Whether the Use of Books in Public Libraries is a Source of Infection." Dr. James Watt (Godalming) and Professor Tytler (Wales) were appointed conveners of the two committees appointed to report.

Postgraduate Instruction in Obstetrics

The London County Council has approved a scheme for the provision, at its general hospitals, of postgraduate courses in obstetrics designed to enable general practitioners to learn the latest developments in that branch of their profession. The scheme provides for six weekly lectures, each of about one hour's duration, to be given by consultant obstetricians, six attendances at ante-natal clinics at a general hospital served by one of the consultant lecturers, and six ward rounds. The series of six lectures will be given twice a year, once at a centre north of the Thames and once at a centre south. Each practitioner attending the course will be required to pay two guineas registration fee, and it is proposed that the consultant obstetricians concerned should be paid at the rate of two guineas for each lecture.

Welsh Temple of Peace and Health

The Temple of Peace and Health built by Lord Davies at a cost of £62,000 on a site presented by the Cardiff Corporation in Cathays Park, Cardiff, was opened on November 23. The temple, of which the foundation stone was laid by Viscount Halifax last year, is a fine T-shaped building constructed in the Classic style from the designs of Mr. Percy Thomas. It stands in the Civic Centre. One of the wings will house the administrative headquarters of the Welsh National Council of the League of Nations Union, and the other the King Edward VII Welsh National Memorial Association for the prevention and treatment of tuberculosis in Wales. In a short oration Viscount Cecil said they were there to inaugurate a new centre of effort from which he hoped would radiate all over the world a new impulse for the two great causes of peace and health.

Fracture Cases at L.C.C. Hospital

The report of the London County Council's Hospitals Committee, made to the Council on November 29, contains an extract from the article by Mr. John C. Nicholson which appeared in the *British Medical Journal* of August 27, in which he described his experience as a patient in an L.C.C. hospital. Mr. Nicholson sustained a fracture of the neck of the femur, which it was advised should be nailed, and the operation was "most expertly carried out." The report adds that the operation was carried out at one of the Council's general hospitals by a senior resident medical officer.

INDIA

The Tuberculosis Campaign

Frequent allusions have appeared in this column to the increasing spread of tuberculous infections in India and to the steps taken in various parts of the country to combat it. An appeal was issued by the wife of the Viceroy for greater support of the King George Thanksgiving (Anti-Tuberculosis) Fund, and the response was so gratifying that the central committee appointed a technical committee of experts from the whole of India to formulate a general plan of campaign. A note has now been issued to all Provincial and State organizations with a view to formulating a uniform approach to the problem while allowing elasticity as regards local details and requirements. In this note it is stated that the dispensary clinic occupies a front place in the organization for combating tuberculosis in a given area and is the centre for preventive work. In urban areas such dispensaries should be established, each having its own staff under a full-time or part-time medical officer. Except in cities large enough to justify a separate building fully equipped and staffed, the dispensary should be situated within the boundaries of a well-established hospital in order to make use of the facilities for x-ray diagnosis and surgical work obtainable there. In rural areas tuberculosis clinics should be opened in existing dispensaries on fixed days each week. Emergency beds for temporary examination of suspected cases or for minor surgical treatment might be attached to the tuberculosis dispensary clinics. It is agreed in the note that, owing to the paucity of beds available in sanatoria and hospitals, domiciliary treatment must be the rule for many years to come in most cases, and the health visitors and care committees will have very important parts to play. It is possible, however, that open-air centres might be organized where patients could be kept by day, especially those coming from very congested areas. The health visitors or tuberculosis nurses should in general be specially trained women, some uniform rate of pay being arranged in each Provincial or State area. Care and after-care committees should be organized on a voluntary basis in connexion with all tuberculosis dispensaries and comprise non-officials as well as officials. The committee would meet at the dispensary, where the circumstances and difficulties of patients requiring aid would be explained, each case be considered on its merits and given financial help as required, and in some instances helped to find suitable employment. These committees would keep in touch with patients, when possible, after the completion of treatment. Appropriate training of the whole tuberculosis staff is laid down as an important function of the central and provincial organizations. School teachers in village schools could co-operate most usefully in anti-tuberculosis work if given training at Provincial and State centres. Sanatoria for tuberculosis cases might be increased on a district basis, and in cities some of their accommodation might be devoted to cases of the hospital type. In some areas the establishment of open-air schools, playgrounds, and open-air shelters is commended; in

some areas the inauguration of open-air colonies adapted to Indian conditions might also be possible. The importance of ensuring the whole-hearted co-operation of medical practitioners is emphasized, and various local Government departments and voluntary societies, such as the Red Cross Society and maternity and child welfare organizations, could afford useful assistance, representatives of such being offered seats on the council of the tuberculosis association. In allocating funds an endeavour should be made to spend not less than 75 per cent. on institutions and organizations primarily of a preventive character, the chief of which is the tuberculosis clinic. In view of the widespread slum conditions which contribute so largely to the spread of tuberculosis in towns, and of the tendency to create more overcrowded areas, it is urged that tuberculosis associations should take a leading part in stimulating measures directed towards the removal of slum conditions and their prevention in future. These associations should also be responsible for the many kinds of educative work relating to control and prevention.

IRELAND

Northern Ireland Parliamentary Vacancy

Mr. Howard Stevenson, F.R.C.S., has been selected by the Queen's University Voters' Association as the candidate to represent the University in the Northern Ireland Parliament. The vacancy has been caused by the death of Sir Robert J. Johnstone, who had been the University member since 1921. It is not anticipated that there will be any opposition.

General Medical Council

At the last meeting of the Senate of the Queen's University of Belfast it was agreed that Professor C. G. Lowry, F.R.C.S., who holds the chair of midwifery and gynaecology, should be the University representative on the General Medical Council in the place of the late Sir Robert Johnstone.

Ulster Medical Society

At the opening meeting of the session Professor W. W. D. Thomson introduced and installed his successor, Dr. J. McCloy. Dr. McCloy, in accepting the office, referred in appreciative terms to the services rendered by his predecessor in the chair, to Professor Thomson's special contributions, to his hospitality, and also to his generosity in presenting to the society the portraits of Sir Hans Sloane and Sir William Whitla. Dr. McCloy referred in feeling terms to the irreparable loss sustained by the society, and also by the whole profession in Ulster, in the death of Sir Robert Johnstone among other former members who had passed away during the year. He then delivered a most interesting address on "The By-ways of Medicine," dealing with superstitions and examples of quackery, the effects and beliefs in charms not only in Ireland but in ancient history and the less enlightened parts of the world. The address was notable alike for the sustained interest it invited and for the charm of its form and delivery. Dr. A. Gardner Robb proposed a vote of thanks to the president, which was supported by Professor W. J. Wilson and agreed to with enthusiasm.

In anticipation of the completion next spring of the new Westminster Hospital at St. John's Gardens, Horseferry Road, the Governors have approved the immediate expenditure of £10,000 upon x-ray and other electrical equipment. The greater part of the lower ground floor of the new hospital has been allocated to electrical services.

tion. A great deal depends upon the proper supervision of the vaccination staff and the help given by the local notables and headmen of villages. Certainly vaccination in the Punjab is anything but a failure.

Possibly political reasons—which I need not specifically explain but which will be understood by anyone with Indian experience—have led to laxness in vaccination in Bengal. If the work of the vaccinators is not properly inspected one cannot expect to have good results. When I was a civil surgeon I had to inspect the vaccination, and I always found the work was good and failures were extremely few. In my time it was common to see elderly Indians pock-marked; but it was rare to see Indians under 30 marked at all. I can only answer for my own province; but from what I have seen there I can entirely refute Dr. Millard's statement.—I am, etc.,

H. C. KEATES,

London, S.W.16, Nov. 23. Lieutenant-Colonel I.M.S. (ret.).

R.M.B.F. Christmas Gifts

SIR.—We have the following letter to our beneficiaries ready for dispatch, printed with suitable decoration in red and green:

Christmas Greetings from the Royal Medical Benevolent Fund.

Dear ———,

Many supporters of the Royal Medical Benevolent Fund have kindly subscribed to a Special Fund which enables the Committee to send you the enclosed Christmas Gift of thirty shillings.

We all hope that the Gift will contribute to your happiness, and it brings from many friends Christmas Greetings and Good Wishes for the New Year.

With kind regards,
Yours very truly,

Unfortunately, Sir, we have not yet received sufficient response to my appeal to enable us to send the thirty shillings to all our beneficiaries. May I ask your readers who have not responded to my letter which appeared in your paper during the month of October to send a donation as soon as possible so that we may make the distribution in proper time. Contributions, large or small, will be gratefully received by the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, London, W.1.—I am, etc.,

THOS. BARLOW,
President.

Nov. 30, 1938.

The Services

RHEUMATISM RESEARCH: NAVAL TRAINING CENTRES

It is announced by Lord Horder that the Empire Rheumatism Council, in co-operation with the Admiralty, has set up a Research Foundation to investigate the causes and the best means of prevention and treatment of rheumatic disease in the training establishments of the Royal Navy.

The history of rheumatic disease in the Navy in recent years shows that up to the first decade of this century rheumatism was a considerable problem in H.M. ships. It is now rare among trained seamen; the success in overcoming it is probably due to the improvement of medical services and living accommodation. In the training establishments, however, the position cannot yet be considered entirely satisfactory, and the Medical Service of the Admiralty and the Naval Medical Staff, hospitals, and laboratories will assist the Empire Rheumatism Council Research Foundation in its investigation in every way possible. The Empire Rheumatism

Council recognizes the importance of the task, not only as a service to the principal line of defence of the realm, but as a highly promising opportunity of solving one of the chief problems of the causation and treatment of rheumatic disease, since there will be opened up a wide field of research among a great number of youths, all of the same age-group, all under disciplinary control and subject to medical observation over a long period. Accordingly it will enlist to the fullest necessary extent its scientific resources for this Research Foundation.

The Research Advisory Committee has appointed an *ad hoc* subcommittee, consisting of Lord Horder, Sir William Willcox, Professor Geoffrey Hadfield, Dr. Mervyn Gordon, and Dr. W. S. C. Copeman, to supervise the work generally. Dr. C. A. Green comes from the Bacteriology Department of Edinburgh University to take direct charge of the Foundation; the Sir Halley Stewart Trust has granted him a Research Fellowship for three years for this task, and he will be assisted by other permanent workers as and when found necessary. Every factor in the problem—bacteriological, biochemical, and environmental—will be investigated at the chief naval training establishments.

DEATHS IN THE SERVICES

Surgeon Captain KENNETH HURLSTONE JONES, R.N. (ret.), died at Canterbury on November 15, aged 65. He was educated at Owens College, Manchester, and graduated M.B., Ch.B. at the Victoria University in 1897. He entered the navy immediately afterwards, became fleet surgeon on November 29, 1911, and retired with an honorary step in rank as surgeon captain on January 1, 1924. He served throughout the war of 1914–18, receiving the medals. He received the honours of Officer of the Order of the Crown of Belgium and Commander of the Order of St. Stanislaus (with Swords) of Russia, and was surgeon to the Canterbury Corps of the St. John Ambulance Brigade. In 1905 he contributed an article to the *British Medical Journal* on a case of primary sarcoma of the lung, and four years later one on the birds of Wei Hai Wei. He had been a member of the British Medical Association for thirty-nine years.

Universities and Colleges

UNIVERSITY OF OXFORD

On January 1, 1939, Dr. B. G. Maegraith will succeed Dr. K. J. Franklin as Dean of the Medical School.

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed Dr. T. S. Hele (Master of Emmanuel College), Dr. G. S. Graham-Smith, F.R.S., and Mr. W. H. Bowen to be members of the M.D. Committee for the year 1939; and Dr. W. L. H. Duckworth to be an Awarder of the Marmaduke Shield Scholarship.

Applications for a John Lucas Walker Studentship should be sent before December 10 to Professor Dean, at the Department of Pathology, to whom requests for further information regarding this studentship may be addressed. It is tenable for such period, and will be of such annual value not exceeding £200, as the Professor of Pathology with the approval of the Managers may determine.

J. B. Watson has been approved at the examination for the Diploma in Medical Radiology and Electrolgy.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

POSTGRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE.—*With Special Knowledge of Mental Diseases:* H. N. Bradbrooke, J. E. O'N. Gillespie, D. Gilmour, J. B. Phillips. *Part A:* R. W. Crockett, M. S.-M. Rayner.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have satisfied the examiners at the examination indicated:

MASTERY OF MIDWIFERY.—John Desmond Burrows, M.R.C.S., L.R.C.P., Margaret Stewart Lithgow McCash, M.D., Sharda Shrinivasu Naidu, M.B., B.S., D.T.M. and H., Achamza Thomas, L.M.S., L.A.H., D.C.H.