

Scott Potter, L.R.C.S., L.R.C.P.Ireland., Senior Assistant Medical Officer, Fisherton House, Salisbury. Proposed by Drs. Baskin, Aveline, and J. W. Rutherford.

Sidney John Steward, M.B., B.C. Cambridge, M.R.C.S., L.R.C.P., Second Assistant Medical Officer, Devon County Asylum, Exminster. Proposed by Drs. Davis, Richard Eager, and Aveline.

Dr. Aveline was appointed Hon. Divisional Secretary, and Drs. Bullen and P. W. Macdonald elected Representative Members on the Council.

Drs. Macdonald and Pope were elected to fill vacancies on the Committee of Management.

The Autumn Meeting was fixed to be held, by kind invitation of Dr. Blachford, at the Fishponds Asylum, Bristol, on October 22nd, 1909; and the date of the Spring Meeting was fixed for April 20th, 1910.

Dr. NELIS read a short paper on "The Testamentary Capacity of Insane Persons," which was discussed by Drs. Soutar, Morrison, Glendinning, and one of the visitors.

Dr. BASKIN exhibited by means of the cinematograph the "Insane Movements" in the case described by him in a paper at a previous meeting (see page 500).

Subsequently, the HON. SECRETARY exhibited on the cinematograph a series of films, showing the movements characteristic of various diseases of the nervous system.

On account of the lateness of the hour, the discussion of the Report of the Royal Commission on the Care of the Feeble-minded was postponed to the next meeting, and the proceedings closed with a vote of thanks to Dr. Nelis for his hospitality.

A number of the members and visitors dined together in the evening at the King's Head Hotel, Newport.

NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Northern and Midland Division was held, by the kind invitation of Dr. Clapham and Dr. Mould, at the Grange, near Rotherham, on Tuesday, April 20th, 1909.

Dr. G. E. Mould presided.

The following nine members were present: Drs. A. Ewan, J. W. Geddes, E. G. Grove, W. S. Kay, R. Kelly, T. W. McDowall, G. E. Mould, W. J. Vincent, and T. S. Adair.

The minutes of the last meeting were read and confirmed.

Dr. T. S. Adair was re-elected Secretary to the Division for the ensuing twelve months.

A suitable vote of thanks having been passed to the two retiring representative members of Council, Dr. T. W. McDowall and Dr. Ewan, for their services during the past three years, Dr. David Orr was re-elected, and Dr. Gilbert E. Mould was unanimously elected to fill the other vacancy. The number of members of the Division having fallen below 150, only two representatives can be appointed this year. Dr. Grove and Dr. Vincent acted as scrutineers.

A letter was read from Dr. Douglas kindly inviting the members to hold the autumn meeting at the Royal Albert Asylum, Lancaster. On the proposal of Dr. Ewan, seconded by Dr. McDowall, this was accepted. The fixing of the date was left open.

Haydock Lodge was mentioned as a place for the next Spring Meeting, and it was suggested that the Secretary should write to Dr. Street.

Dr. Mould read his paper, entitled "The Private Asylum." After apologising for his temerity in asking the members to meet at a proprietary asylum, he gave an interesting sketch of the regulations affecting such an institution, how the licence had to be renewed each year like some other forms of licence, and the hardships under which private asylums were placed as the law at present stands. Though at one time they bore a bad name, yet many good names have been associated with their foundation, such as those of Tuke, Newington, and Hill, and it is impossible to believe anything but good of such men. He pointed out that the reputation and prosperity of a private asylum depended on two things only—

"its ability to cure the curable and to treat with kindness the incurable"—and he indicated how the life approximated more closely to home life and the advantages to be derived from living in an old country house with historic associations.

Dr. McDOWALL thanked Dr. Mould for his very interesting paper, and a conversational discussion followed.

Dr. W. J. VINCENT read a report on a case of "Conjugal General Paralysis," and showed photographs of the man and his wife. He pointed out that, though cases had probably been frequently met with, the number recorded is comparatively few apparently. The cases are instructive in the fact that there was a history of syphilis in the husband which had been acquired after marriage; that he was the first to be affected mentally; that his disease took the "expansive" form, grandiose delusions, etc.; whilst his wife suffered from the "stuporose" form, depression gradually merging into dementia. The husband had no congestive attacks, while the wife had, but in both the concomitant physical signs were well marked. The husband was a commercial traveller, *æt.* 50, under-sized and somewhat ill-developed. He was happy, contented, and self-satisfied, and showed the usual characteristics of general paralysis. He gradually became demented, and died about two years after admission.

The wife was *æt.* 50, and was admitted three years after the husband. She was depressed and apathetic, and became steadily demented. She had several epileptoid seizures, and died about one and a half years after admission.

In both cases the post-mortem examination showed the characteristic changes.

A discussion followed in which Dr. Mould, Dr. Ewan, and others took part.

Dr. KELLY read Dr. French's paper "The Vagrant or Can't Work," which had been postponed from the last meeting. He pointed out how in his prison experience he had come in contact with this class. The general crimes committed by them were: "sleeping out," "wandering abroad," "begging alms," but never any great criminal offence needing much brain work.

The following was the table usually used for classification: (1) (a) Congenital deficiency with epilepsy; (b) congenital deficiency without epilepsy; (2) imperfectly developed stages of insanity; (3) mental debility after attack of insanity; (4) senility; (5) alcoholic; (6) undefined. But for purposes of generalisation these six categories resolve themselves into two classes: (1) Those who are congenitally feeble-minded; (2) those who are not. He further divided them into true and quasi-vagrant; the former are almost always congenitally defective, the latter have become vagrants from stress of external circumstances, and are much more frequently charged with really criminal offences. He stated that out of 104 cases under his observation, 122, or 63 *per cent.*, were found congenitally defective. He then briefly sketched the history of a typical case of the class referred to, and drew the following conclusions from his experiences:

- (1) Three in every four beggars and vagrants are really feeble-minded.
- (2) Two out of every three, or 65 *per cent.*, of those found defective could be shown to be congenitally feeble-minded.
- (3) The chief causal factor in the condition of this latter class is parental alcoholism.
- (4) That this particular class is not as a class criminal.
- (5) That all vagrants and masterless men found to be defective should be recognised as demented, segregated at special work, farm colony labour for preference, and thus made to defray to the State the cost of their maintenance.

Comments on the paper were made by Dr. Mould and Dr. Vincent, and regrets were expressed that Dr. French was unable to be present.

A hearty vote of thanks to Dr. Mould for his hospitality brought the meeting to a close.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Medico-Psychological Association of Great Britain and Ireland was held, by the courtesy of Professor D. Noel Paton, in the Physiological Laboratory of the University of Glasgow, on Friday, 19th March, 1909.

The following members were present:—Drs. Oswald, Baugh, Bruce, R. B.