(2) That as the temporary cases would almost certainly be cases of acute mental illness requiring expert mental advice for their treatment they would need all the safeguards of certification, and that, except in a few large towns with teaching hospitals, they could best be treated in existing mental hospitals with suitable admission blocks, rather than in special clinics. Until convalescent such cases should not be associated with voluntary boarders.

(3) That voluntary boarders comprised two categories—those who needed mental hospital conditions for treatment or might be certified, though willing to co-operate in this treatment, and those who were quite safe in ordinary surroundings, and needed no special nursing, but for whose treatment no suitable places are provided. The former group could best be treated in special blocks or villas attached to the existing mental hospitals; but special provision should be made near these hospitals or elsewhere for the second group—something of a convalescent home or hydropathic description to which convalescent and really non-psychotic cases could go. Such provision should be quite apart from the mental hospital, but under the same staff and supervision.

(4) That out-patient departments must be staffed by experienced psychiatrists, whether attached to general hospitals or separate clinics, and that where a mental hospital was sufficiently accessible, an out-patient department attached to its admission or convalescent department may be of great value. After-care and social service should be an essential part of any out-patient department.

(5) That local authorities should work in close touch with all the existing voluntary organisations working in the field of public health.

Drs. GILMOUR, DIXON, DOVE-CORMAC, ARCHDALE and MCARTHUR contributed to the discussion, and Dr. BARKAS replied.

There was then an interval of fifteen minutes, during which tea was served.

PAPER.—**"Notes on a Case of Moral Defect,"** by Dr. J. E. MIDDLEMISS, which was discussed by Dr. BRUNTON and others.

The Chairman thanked Dr. Barkas and Dr. Middlemiss for their interesting papers, and the meeting concluded at 5.30 p.m.

SCOTTISH DIVISION.

THE SPRING MEETING of the Scottish Division was held at Hawkhead Mental Hospital, Crookston, Glasgow, on Friday, March 28, 1930.

Present: Drs. J. S. Annandale, R. Mary Barclay, A. A. Bell, Wm. M. Buchanan, R. B. Campbell, Henry Carre, W. D. Chambers, C. G. A. Chislett, A. Craig, Alex. Dick, A. M. Dryden, C. C. Easterbrook, D. K. Henderson, R. D. Hotchkis, J. A. Jenkins, John Keay, Neil T. Kerr, W. McAlister, J. H. Macdonald, J. McDougall, S. H. Maclachlan, Douglas McRae, W. McWilliam, A. S. Paterson, W. J. Richard, J. R. Robb, Donald Ross, C. J. Shaw and T. R. C. Spence.

Dr. R. B. Campbell, Divisional Chairman, presided.

The minutes of last Divisional Meeting were read, approved, and signed by the Chairman.

Apologies for absence were intimated from the President, Sir Arthur Rose, Prof. G. M. Robertson, Drs. J. H. C. Orr, J. H. Skeen, T. C. Mackenzie, R. Dods Brown, A. Ninian Bruce, Patrick Steele and W. Leggett.

Dr. Neil T. Kerr was unanimously elected Chairman of the Division for the year 1930–31.

Dr. Neil T. Kerr and Dr. C. J. Shaw were unanimously elected Representative Members of Council, and Dr. W. M. Buchanan was unanimously re-elected Divisional Secretary.

Dr. MCALISTER (Edinburgh) criticized the method of nomination for Divisional appointments, holding that the printed nominations prejudiced nominations by members voting at the meeting; and Dr. DOUGLAS MCRAE criticized the voting paper, holding that the instructions for recording votes were indefinite. It was explained to the meeting that both the method of nomination and the form of the voting paper were as prescribed by the Bye-Laws of the Association. After some discussion a committee, consisting of Drs. Neil T. Kerr, W. McAlister, Douglas McRae, with the Divisional Chairman and Divisional Secretary, both *ex officio*,

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was appointed to consider the method of nomination for Divisional appointments and to report.

The following candidates, after ballot, were admitted as ordinary members of the Association:

DONALD JOHN FORBES, M.B., Ch.B.St.And., Medical Superintendent, Baldovan Certified Institution, Craigmill House, by Dundee.

Proposed by Drs. Tuach Mackenzie, R. B. Campbell and W. M. Buchanan.

SARAH HODGSON MACLACHLAN, M.B., Ch.B.Glasg., Director, Scottish Western Asylums' Research Institute, 20, Royal Terrace, Glasgow, C.3.

Proposed by Drs. D. K. Henderson, A. S. Paterson and W. M. Buchanan.

The SECRETARY read the following Report of the Deputation appointed to wait upon the General Board of Control in connection with the Local Government (Scotland) Act, 1929:

"On December 23, 1929, a deputation from the Scottish Division of the Royal Medico-Psychological Association, consisting of Dr. R. B. Campbell (Chairman), Dr. John Keay, Dr. C. J. Shaw, Dr. J. H. MacDonald and Dr. Wm. M. Buchanan (Secretary), was received by the General Board of Control in connection with the Local Government (Scotland) Act, 1929, the Board consisting of Sir Arthur Rose, D.S.O. (Chairman), Sheriff Macphail, Dr. H. C. Marr, Dr. J. P. Sturrock, and Mr. A. D. Wood (Secretary).

"Dr. Campbell, in introducing the deputation, said that the Scottish Division of the Royal Medico-Psychological Association at a recent special meeting had discussed the provisions of the new Act in its reference to Lunacy and Mental Deficiency matters, and that owing to the magnitude and importance of the matters involved, and the impending changes in administration, the Division decided that a deputation should endeavour to lay the views of the Division before the General Board of Control. After going fully into the matter it was the considered opinion of the Division that Lunacy and Mental Deficiency Administration should be in the hands of a Special Committee directly responsible to the Local Authority.

"Before giving the reasons which had led the Division to form this opinion, Dr. Campbell stated that the Division welcomed the opportunity provided by the Act of getting rid once and for all of Poor Law Administration, and of conceiving mental disease as a result of illness and not of pauperism. The hope was expressed that under the Act provision of accommodation for Mental Defectives might be further expedited, and that arrangements for the early treatment of mental ailments without certification might be extended.

"*Résumé of Reasons given in Support of the Division's Opinion.*

"1. The special nature of medical work carried on in mental hospitals and institutions for defectives is entirely different from that of other special hospitals at present supervised by Public Health Authorities.

"2. This specialization is recognized by Medical Training Schools which have instituted Diplomas in Psychological Medicine or higher degrees in this specialty, possession of which is now generally regarded as a *sine qud non* for promotion in the mental hospital service.

"3. The specialized nature of nursing in mental hospitals and institutions for defectives is recognized by this association, which for the past forty years has carried on a specialized system of instruction, examination and certification for nurses, and is also recognized by the recently instituted General Nursing Councils, who have a special section of their registers for mental nurses.

"4. The administration of mental hospitals and institutions for defectives is governed by Special Acts of Parliament, which have made it possible for the insane in Scotland to have the special consideration and treatment necessitated by the peculiar nature of their disorder, and it is to-day admitted by all who have knowledge that Scottish Asylum administration is unexcelled. This achievement would have been impossible had it not been for the specialization in the lunacy statutes and in the composition of the Boards for the administration of these.

"5. Public Health Authorities and Medical Officers of Health with few exceptions are not conversant with this special work. This is particularly true in large burghs, where few councillors and members of public health committees have experience of the work of the present District Boards of Control.

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"6. The administration of mental hospitals and institutions for defectives has little in common with the administration of other hospitals.

"7. The statutory books and registers, official forms and system of accounting are peculiar to mental hospitals, and different from those in use in other hospitals, and cannot be brought into line with those of other hospitals.

"8. Mental hospitals and institutions for defectives have a special supervising authority—the General Board of Control—which continues to exercise its functions. The administration of laws and regulations affecting public health are under the supervision of the Department of Health. There might possibly be a conflict of opinion between these two supervising authorities. From the point of view of those directly responsible for the administration of mental hospitals and institutions for defectives the General Board of Control has always been a source of assistance, guidance and inspiration. Neither Public Health Committees of Local Authorities nor the Department of Health has that knowledge of the special requirements acquired by experience by the present General Board of Control and District Boards of Control.

"9. The functions of the General Board of Control extend not only to general management of mental hospitals—patients and staff—but to financial administration, such as rates of board, loans, acquisition of land, pensions, and also to plans of new hospitals, extensions of existing hospitals, etc. The Department of Health and Medical Officers of Health have nothing to do with these matters and are not generally conversant with them.

"10. Many problems still await solution, especially with regard to early treatment of mental disorder. These require special consideration and may involve changes in the lunacy laws. The delegation of such obligations to a committee which has already many responsibilities laid upon it would mean that advancement would be slow because of divided attention and consideration.

"11. Public health matters affect the community at large, while lunacy and mental deficiency are chiefly individual problems.

"12. The possibility of different aspects of mental hospital administration being relegated to different committees causes concern, *e.g.*, the proposal of Aberdeen Corporation to place the farm at Kingseat under the Cleansing Committee.

"13. In areas where the area served by the mental hospital is not co-terminous with that of the Local Authority, in the event of the work being delegated to the Public Health Committee which Medical Officer of Health would advise the Joint Committee?

"14. It is hoped that whatever scheme is adopted, it will apply uniformly to all the Local Authorities in Scotland, and will be one which is approved by the General Board of Control.

"Sir Arthur Rose, Chairman of the Board, thanked the deputation for the views expressed, and stated that the Board was fully alive to the difficulties which might arise in the working of the new Act. He stated that the General Board of Control would still control Lunacy and Mental Deficiency affairs throughout Scotland, and he assured the deputation that there need be no fear of interference by any other department. He said that the General Board of Control were issuing a circular to the various authorities, in which it was recommended that for the purpose of the administration of Lunacy and Mental Deficiency, there should be either a special Lunacy and Mental Deficiency Committee, or a Special Sub-Committee of an appropriate committee. The Board hoped that by the formation of a Special Committee in the case of Town Councils, and a Special Sub-Committee in the case of County Councils, the powers of adding co-opted members, as provided by the Act, would be taken full advantage of. This arrangement would enable members of the existing District Boards, who might be willing to continue their services, to act on these Special Committees or Sub-Committees of the new authorities. After some general conversation on the various points raised, Sir Arthur Rose stated that the views expressed by the deputation would receive the careful consideration and attention of the General Board.

"The deputation then withdrew."

The CHAIRMAN referred to the recent illness of Dr. Lewis C. Bruce, and the Secretary was instructed to write Dr. Bruce expressing the sympathy of the members, and their pleasure at learning of his return to duty.

Dr. MacDonald and his assistants conducted members round the Hospital, including visits to the new Isolation Hospital for enteric carriers, the recently

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completed Solarium and Occupational Therapy Workshops, and the Operating Theatre.

Members were kindly entertained to lunch at the Hospital, after which Mr. Robt. P. Duff, chairman of the Govan Board of Control, welcomed the Division to Hawkhead. Dr. CAMPBELL cordially thanked the Board and Dr. MacDonald and his staff for their kind hospitality, and for the arrangements made in connection with the meeting.

On the meeting re-assembling, Dr. J. H. MACDONALD and Dr. ANDREW ALLAN BELL gave an account of an investigation into an outbreak of enteric fever at Hawkhead during the years 1922–1927, which resulted in the segregation of twelve carriers. The paper was discussed by Drs. R. B. CAMPBELL, HOTCHKIS, EASTERBROOK, MCRAE and BUCHANAN and by Dr. DITTMAR, of the Department of Health in Edinburgh, who was present as a guest, and who had given valuable advice and assistance in stamping out the epidemic.

Dr. ERIC DOW read a paper on "**The Treatment of General Paralysis by Specific and Non-specific Therapy,**" which was discussed by Drs. J. H. MACDONALD, W. MCWILLIAM, D. K. HENDERSON, W. MCALISTER and DOUGLAS MCRAE.

A vote of thanks to the Chairman terminated the business of the meeting.

EXCRETION OF PHENOLS IN MENTAL PATIENTS.

(*vide p.* 277.)

ADDENDUM.

Omitted from text: "I wish to express my thanks to my colleagues at Severalls Mental Hospital for specimens and notes in regard to some of the cases recorded above, and to Messrs. W. F. Gifford and C. H. Taylor for their assistance in the laboratories of Cheddleton and Severalls Hospitals respectively."

EDUCATIONAL NOTES.

The Tavistock Square Clinic for Functional Nervous Disorders, 51, Tavistock Square, W.C. 1.—A Course of Twenty-four Lectures on Psychological Types and Mechanisms will be given at the Clinic on Wednesdays, beginning October 1, 1930, by H. Crichton-Miller, M.A., M.D., and E. Graham Howe, M.B., D.P.M.

These lectures are open to the medical profession only.

Fee for either series, £1 11*s.* 6*d.* Fee for both series, £2 2*s.* Tickets for the course to be obtained in advance from the Hon. Lecture Secretary at the Clinic.

A NEW BARD IN THE WEST.

We have not felt it within our province to review a book of poems, and if we did essay the task, it is doubtful whether any real value would be attached to our opinion. Notwithstanding this we feel it will be a matter of interest to know that one who has long been a member of our Association, and who used to attend regularly and frequently speak at its meetings until grievous physical disabilities, the outcome of wounds sustained on active service during the war, rendered this largely impossible, has found a new interest as a poet, which has done much to console him for the restricted part he has now necessarily to play in the pursuit of his profession as a psychiatrist.

The coming to light of this faculty to rhyme was a remarkable fact. Hitherto a possession quite unsuspected, it made itself felt with a rush so astonishing as to be alarming, and at a time when the future looked black and hopeless, which was toward the end of a long period of intense physical suffering, the outcome of pericardial and spinal injuries, the surgical relief of which had hitherto been deemed too dangerous to be undertaken. The cultivation and exercise of this

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