on the cords of the brachial plexus or other nerves will demonstrate an early but unrecognized neuritis, which is suggestive. Again pressure on the spines of all the spinal vertebræ will sometimes indicate in one or two places an early arthritis, which will clear up with the mental symptoms after necessary treatment, vaccine and anti-toxæmic; occasional creaking of any joints on moving them is also suspicious, while a history of lumbago or sciatica must not be ignored. A history of scarlet fever or jaundice, which is sometimes associated with a streptococcal infection of the gall-bladder, should make us suspicious, as should also a history of repeated colds or influenza.

The nose and throat are frequent foci of infection, diagnosed by the history, inspection and bacteriological investigation. Any necessary operative treatment must be carried out. If nothing abnormal is seen, vaccines and anti-toxæmic treatment with iodine and calcium will often deal with the condition. But the possibility of sinus infection must always be kept in mind. I will not enlarge on the diagnosis and treatment of sinusitis because it has been so exhaustively dealt with, thanks to Dr. Graves, Dr. Pickworth and Dr. Watson-Williams in the special number of the *Journal of Mental Science* on Sinusitis in Mental Disease published in July, 1933. Those who are still sceptical about the importance of this line of investigation and treatment should read Dr. Watson-Williams's book on *Chronic Nasal Sinusitis and its Relation to General Medicine*, already in its second edition. Recurrent headache is an important indication of the possibility of sinusitis.

Intestinal toxæmia is frequently an important factor, and requires careful investigation. Indigestion and constipation must be taken seriously, and the motions inspected, bacteriological examinations often being necessary. Palpation over the abdomen may indicate areas of slight tenderness, even when there is no history of any disturbance. An important little sign is the presence of one or two tiny rose spots, such as are seen in typhoid, over the chest and abdomen. These are indications of toxæmia. In many patients who have been operated on for appendicitis there is still a latent toxæmia, as they have only had surgical treatment without any modification of their unsatisfactory diet. Many patients will be found to have slight colitis, which requires medicinal treatment and a carefully regulated diet. Vaccines are sometimes necessary, and a course of intravenous T.A.B. vaccine is frequently a great help. Other sources of infection, such as the kidney, and the uterus in women, must be kept in mind. It is important to make sure there is no history of typhoid, dysentery, malaria or other tropical disease, from which a latent infection still remains. Slight attacks of such diseases, which have not been taken seriously, are not infrequently responsible for mental or nervous disturbances some years later.

IRISH DIVISION.

THE AUTUMN QUARTERLY MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, November 1, 1934.

The following members were present: Dr. John Mills, in the Chair (in the absence of the Divisional Chairman, Dr. Gavin), Drs. S. Blake, Catherine Carey, P. J. Cassin, Kathleen Dillon, J. O'Conor Donelan, F. J. Deane, W. N. Eustace, H. J. Eustace, Nora May FitzGerald, P. Grace, D. Hegarty, D. L. Kelly, G. H. Keene, J. Kearney, J. C. Martin, C. B. Molony, P. Moran, C. J. McCarthy, M. J. Nolan, and R. Thompson (Hon. Sec.).

Apologies for unavoidable absence were received from Drs. L. Gavin, R. R Leeper, B. Lyons, R. Taylor, B. F. Honan and M. Hamblin Smith.

The minutes of the previous meeting were read, approved and signed by the Chairman.

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Following the reading of the minutes, Dr. MARTIN proposed that the meeting should record its sympathy with the Chairman, Dr. Gavin, on the recent death of his brother, and also with Mrs. Moore, on the death of her husband, Dr. E. E. Moore, who had been for many years a member of the Association. The motion was passed in silence, the members standing.

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

LOUIS SEYMOUR CLIFFORD, L.R.C.P.I.&L.M., L.R.C.S.I.&L.M., Assistant Medical Officer, Criminal Lunatic Asylum, Dundrum, co. Dublin.

Proposed by Drs. J. C. Martin, R. R. Leeper and D. L. Kelly.

THOMAS JOSEPH CONLON, L.R.C.P.I.&L.M., L.R.C.S.I.&L.M., Assistant Medical Officer, District Mental Hospital, Enniscorthy, co. Wexford.

Proposed by Drs. B. Lyons, R. Taylor and S. Blake.

Nominations were received for the posts of Divisional Secretary and Representative Members of Council, for election at Spring Meeting, 1935.

The Secretary then submitted to the meeting an account of the recent conference which took place between a Committee of the General Nursing Council (Irish Free State) and the Advisory Committee of the Irish Division, together with correspondence bearing on this question from the Secretary of the Educational Committee.

The General Nursing Council's proposals for the setting up of an examination in mental nursing under their auspices were considered at length. The members viewed with anxiety the apparent intention of the General Nursing Council to cease to recognize, for registration, the Certificate of the Royal Medico-Psychological Association, and decided that continued recognition of the Association's Certificate must be conditional to the furtherance, by them, of the proposals of the General Nursing Council. The Secretary (assisted by the members of the Advisory Committee) was instructed to draw up a letter embodying these views, and to forward it to the Secretary of the General Nursing Council.

The meeting accepted with pleasure Dr. Grace's invitation to hold the Spring Meeting at Portlaoighise Mental Hospital, at a date to be arranged later.

Dr. O'CONOR DONELAN then read a very interesting communication on his "Impressions of a Tour through the Dutch and British Mental Hospitals, including a visit to Gheel".

Following Dr. Donelan's paper, Dr. CASSIN, Resident Medical Superintendent, District Mental Hospital, Kilkenny, read a paper on a recent tour of some British Mental Hospitals, in which he had taken part.

Both these papers gave very interesting descriptions of modern trends in psychiatry, especially in the direction of occupational therapy, and also included many features of great interest with regard to mental hospital construction and administration. A lengthy discussion followed, in which the majority of the members took part. The Chairman and many of the members thanked the authors for their stimulating papers, and for the trouble they had obviously taken to give the meeting the benefit of their experiences.

MIDLAND MENTAL PATHOLOGICAL SOCIETY.

AT the first meeting, held on October 31, of the Midland Mental Pathological Society 42 members were present, and in addition several others have intimated their intention of joining the Society. The meeting was a most enthusiastic and successful one. An address by the President, Sir Gilbert Barling, Bart., *C.B.*, *C.B.E.*, F.R.C.S., was warmly received. The institution of the Society was then

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