The following nominations were made :

(1) *For the Committee of Management :* Drs. Chislett, Spence, Robb, Crichlow, McAlister.

(2) *For the Nursing Advisory Committee :* Drs. McRae, Hotchkis, T. C. Mackenzie, Chislett, McAlister.

(3) *As Representative Members of Council :* Drs. Campbell and Chislett.

(4) *For the Divisional Chairmanship :* Dr. Chislett.

(5) *As Divisional Secretary :* Dr. McAlister.

Intimation was made of Dr. Dryden's resignation from the post of Examination Secretary, and Dr. Robb was appointed in his stead.

A discussion introduced by Dr. K. FRASER took place on the subject of "**Insanity and Divorce**", in the course of which many divergent views were expressed by members. Eventually the following resolution was moved by Prof. HENDERSON and seconded by Dr. MCRAE :

> " That the Scottish Division of the Royal Medico-Psychological Association is of the opinion that divorce on the ground of insanity would be prejudicial to the interests of those who are mentally ill, and to the stability of society."

An amendment proposed by Dr. EASTERBROOK and seconded by Dr. MACDONALD was in these terms :

> " That this Meeting of the Scottish Division of the Royal Medico-Psychological Association is of opinion that chronic and incurable mental illness should be regarded as sufficient ground for annulment of marriage under sufficient safeguards."

On a vote being taken thirteen were for the motion and nine for the amendment.

A second amendment proposed by Dr. MACDONALD to the effect that no resolution should be formulated was defeated, and the original motion adopted.

The meeting later decided that the terms of the motion should be communicated to the Scottish Members of Parliament and to the Press.

Notice was given by Dr. MACDONALD, Hawkhead Mental Hospital, that at the next meeting of the Division he would draw attention to the inadequacy of the salaries paid to the Medical Commissioners of the General Board of Control.

IRISH DIVISION.

THE AUTUMN QUARTERLY AND CLINICAL MEETING of the Irish Division was held in the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Saturday, November 6, 1937.

The following members were present :

Dr. T. A. Greene (in the Chair), and Drs. P. J. Aird, S. Blake, R. D. Brennan, P. J. Cassin, L. Clifford, T. J. Conlon, P. O. Courtney, W. J. Coyne, F. J. Deane, Kathleen Dillon, J. O'C. Donelan, J. Dunne, Annie J. Dunleavy, H. J. Eustace, J. Fitzgerald, Dorothy Gardiner, J. V. Glass, D. Hegarty, J. V. Kelly, R. R. Leeper, D. J. Lothian, C. J. McCarthy, C. B. Moloney, D. O'Sullivan, A. Sheridan, H. StG. Smith, F. Walsh, Mary Fitzgerald, and Dr. P. Moran (Hon. Sec.).

Apologies for unavoidable absence were received from Drs. P. Grace, P. Honan, J. C. Martin and R. Thompson.

Dr. GREENE proposed and Dr. DEANE seconded " that the sympathy of the Division be extended to Dr. William N. Eustace on the death of his wife ". The motion was passed, all the members standing, and the Secretary was directed to write to Dr. Eustace, conveying the sympathy of the Division in his bereavement.

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

The SECRETARY read correspondence from the Minister for Local Government and the Hospitals Commission in the matter of research into mental diseases.

The Minister's letter stated that the New Research Council had already been constituted ; that the Minister could not nominate more than one member ; and

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that if the Irish Division wished to press further for representation on the Council they should communicate with Dr. Biggar, the Secretary of the Council.

The Minister further stated that, in the circumstances, no useful purpose would be served by receiving the deputation appointed to discuss the matter with him.

The Secretary was instructed to get into communication with Dr. Biggar to explain the position and to ask for representation on the Council.

The SECRETARY read extracts from cuttings from the lay press, which dealt with research into mental disease, and which gave a very erroneous view of the position.

It was decided to draft a statement setting forth the position and the views of the Division and send it to the lay press for publication.

The SECRETARY then read replies received from general hospitals in response to circulars sent out *re* proposed scheme for reciprocal facilities for training between the general and mental hospitals.

It was decided that the amount of support promised would not at present warrant taking any steps to formulate or organize a definite scheme.

The Secretary was directed to so inform the hospitals, but to point out the advisability of each individual hospital providing facilities where possible.

It was also decided to ask the Mental Hospital Committees to make some small financial grant to their nurses who went for general training in order to encourage as many as possible to do so; and to inform the medical superintendents that the Meath Hospital and Stevens Hospital in Dublin and most of the English general hospitals take mental nurses for general training.

The following new members were, after ballot, elected members of the Association:

J. F. O'DEA, M.B., B.Ch., B.A.O., B.Sc., D.P.H., D.P.M., L.M., Assistant Medical Officer, Mental Hospital, Clonmel.

P. L. FOLEY, B.A., M.B., B.Ch., B.A.O., L.M., Assistant Medical Officer, Mental Hospital, Sligo.

Nominations were received for the post of Divisional Secretary and for two representative members of Council.

The question of deciding which was the most suitable day of the week for Divisional Meetings was again discussed.

It was proposed by Dr. S. BLAKE, seconded by Dr. C. B. MOLONEY, and passed unanimously, that the divisional meetings in future be held on the first Thursday of the month except when this day clashes with the Annual Meeting.

Dr. R. R. Leeper invited the Division to hold the Spring Meeting at St. Patrick's Hospital. The Chairman thanked Dr. Leeper for his kind invitation, which was accepted.

Dr. P. O. COURTNEY then read a very interesting paper on "**Somnifaine Narcosis**", giving details of results in 38 cases (see p. 177).

Dr. COURTNEY apologized to the meeting for the absence of Dr. Kearney, with whom he collaborated in writing the paper.

The paper gave rise to a long discussion, in which many of the members present took part. Many members gave details of their experience with somnifaine, and compared results with those obtained with other barbiturates.

Dr. O'C. DONELAN said the barbiturates had a long and useful history in mental hospital practice, and that modern methods were merely going a step further than the older methods. He stressed the importance of research in the bio-chemical field to investigate both causation of the disorder and result of the therapy.

Dr. COURTNEY replied to many points and queries raised by the speakers to the paper.

Dr. MORAN then read the following note on "**Boarding-out in Scotland**", being a result of his observations on this year's Study Tour.

The Study Tours and Post-Graduate Education Sub-Committee this year organized a tour in the Highlands of Scotland to enable members to study the boarding-out system as in operation in Scotland.

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The tour was admirably organized by the Secretary, Dr. Evans, and the members and officers of the Scottish General Board of Control provided every possible facility and assistance. A Medical Commissioner accompanied the visitors throughout the tour, and the Deputy Commissioner in charge of each area visited and demonstrated the cases, giving full particulars of case-histories and all other details concerning the patients visited. The "case-histories" of the guardians in the homes visited were often as interesting as those of the patients.

Boarding-out of certified patients under the control of the General Board of Control has been in operation in Scotland since 1858. The number of patients so cared for increased gradually until 1912, when 2,900 certified patients were being dealt with in private care. Since then the number has gradually declined, and to-day the number is 1,150.

The operation of the Mental Deficiency Act of 1913 seems to have been to a large extent responsible for the decline. There are now 1,500 certified mental defectives boarded out in private care in Scotland. Previous to 1913 a large number of these would probably have been certified under the Lunacy Acts, and have found their way either direct or through the hospitals to private care.

Briefly the boarding-out system operates as follows:

Suitable guardians are recommended by the local Public Assistance Officer or the local parish doctor. The home is inspected and reported on by a Deputy Commissioner of the Board before being passed as suitable. Homes in which more than one patient is to be accommodated must be licensed, and no more than four patients may be boarded out in the one home. The home assistance officer visits patients four times yearly, and whenever called in case of illness or for other reasons. When a patient gets ill the assistance officer calls in the parish medical officer. A Deputy Commissioner (Medical Inspector of the Board) visits once yearly in the case of insane patients and twice in the case of mentally defectives.

In certain areas and in certain villages a traditional system seems to have evolved and families have for generations taken in patients. The members of these families and many of the people in these areas have become amateur mental nurses of a good standard.

The average allowance made by the responsible local authority in respect of each patient is 13*s*. 6*d*. per week. The amount, of course, varies according to the capacity of the patient to work. The men are mainly boarded-out with small farmers (or crofters, as they are called in Scotland). Most of the women are in homes in the smaller villages, but a considerable number are placed on crofts.

We were very favourably impressed with what we saw and heard everywhere we went. Our visits were unannounced, and we saw the patients at their ordinary routine and in their ordinary dress. The men were mainly working on the farms and they seemed to fit in very well, and regard themselves and are regarded as members of the family. The women who were on crofts, and who worked inside and outside as countrywomen do, seemed more alert, interested and happier than those we saw in the villages. The smaller the number of patients in a home the better they seemed to fit in. One or two in a house seems to be the ideal. Where there are three or four in a house the amount of individual attention, care and sympathy available for each is naturally bound to be diminished. The men, on the whole, seemed happier than the women, probably due to the fact that their work on the farms gave them a better and more varied life. Besides, there is the well-known fact that women will care for men better than for members of their own sex. In some of the village homes visited, where four partly demented women were accommodated in the same house, the impression left savoured slightly of the institution.

The cost of maintenance of these patients in private care is much below the average cost in institutions. The life is better, more natural and more in keeping with what the patient has been accustomed to. Many of the amenities of communal life are lacking, but the greater variety of country life is probably more satisfying and there is more of the human and humane touch, which can often be so lacking in institutions.

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One naturally asks oneself whether such a boarding-out system be feasible or desirable in this country. I would say, "Certainly, yes". It would have to be carefully and gradually developed, and I think it would be better to have a closer association with the mental hospitals. In Scotland a patient can be certified and sent direct to private care, and when a patient is sent from a mental hospital, the medical staff of the hospital never see him again except when he has to be taken back.

If such an experiment were to be tried out here, I think it would be well to mix a little of the Belgian (Gheel) methods with the Scottish.

I think all patients should go through the mental hospital in their own area, and that when boarded-out they should be boarded in their own area, and visited at least once yearly by a medical officer from their own mental hospital.

When patients are carefully selected before boarding-out, no great difficulty in handling them is experienced by their guardians. In Scotland they have had no serious accidents and no suicides or homicides.

The recovery-rate cannot, of course, compare favourably with the general recovery-rate because the type of patient selected for boarding out is generally of the chronic type, whose prospects of recovery are not good.

I have not touched on the question of the boarding-out of mental defectives, as it is more or less outside my province; but I gathered from the Commissioner and Deputy Commissioners of the Scottish Board that their experience in these cases was just as favourable as in insane cases when a suitable and careful choice was made before boarding-out.

Dr. MORAN, in replying to points raised by various speakers, said that naturally he was not in a position to dogmatize on the matter as a result of such superficial observation; but he considered that the real criterion by which it should be judged was: Are patients of the type to which the system is applicable happier when they are "boarded-out" than if they were in an institution?

MIDLAND MENTAL PATHOLOGICAL SOCIETY.

THE Seventh General Meeting of the Midland Mental Pathological Society was held at Birmingham University on Thursday, October 28, Sir Gilbert Barling, Bart., *C.B.*, *C.B.E.*, F.R.C.S. (President), in the Chair.

Dr. F. A. PICKWORTH and Dr. P. BACSICH (of the Department of Anatomy, Glasgow University) gave papers illustrated by lantern-slides. Dr. Pickworth's paper was entitled **"A New Outlook on the Physiology and Pathology of Mental and Emotional States"**, and described a theory, derived from the study of capillary irregularities in brains from mental hospital patients, correlating such states with patterns of cerebral capillary mosaic, each individual capillary controlling the function of groups of synapses and thus collectively behaviour. Details of macroscopic vascular pathology and of the histopathology revealed by the author's technique were described and illustrated.

Dr. Bacsich's paper was on **"Rapid and Simple Methods of Demonstrating Nissl Substance, Myelin Sheaths and Nerve-fibres on Consecutive Sections of the Same Material"**. The various steps of the processes were explained, and a history of the evolution of the methods was given, with illustrations of their practical application. Sir GILBERT BARLING, Prof. R. D. LOCKHART, and Drs. T. C. GRAVES, J. H. MALLOY, P. BACSICH and F. A. PICKWORTH contributed to the discussion.

RESEARCH BUREAU IN PSYCHIATRY.

Thanks to the generous assistance of the Rockefeller Foundation, a bureau for the assistance of research workers in psychiatry has been established under the auspices of the Royal Medico-Psychological Association.

The following facilities are offered by the Bureau:

1. Any psychiatrist who wishes for special information as to what is at present

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