(4) Dr. E. P. S. GANE then read a paper entitled "A Plea for the Chronic Insane." Dealing wholly with the public asylum service, Dr. Gane pointed out that in the elaboration of new classifications, methods of diagnosis and systems of treatment, there was a danger that the claims of the chronic insane might be overlooked. He reviewed the present conditions, and considered that the two factors which told against recovery were the deadly monotony and the absence of hope. The willing patient had in most cases to be content with work as its own reward. Too few items of the daily routine gave pleasure at the moment, or a prospect of a happier state in the future. He divided the chronic insane into three groups: (1) The willing and useful worker; (2) the occasional worker, where combination was necessary to result in any economic value; (3) all those who from mental, moral or physical debility were incapable of useful occupation In the first class he recommended separate housing, where there would be less restraint, more varied and abundant food, and a day a week of leave, to be used as they pleased, consistent with their *parole*, and the giving of small sums of pocket-money. He hoped that in this way the first class would benefit and that the two lower classes would move up, resulting in a higher standard of comfort and efficiency.

A full and interesting discussion followed, in which the following members took part: Drs. Hunter, Powell, Pierce, Stewart, Dixon, Vincent, Thomas, Ewan, Eades and Adair. The chief points brought out in the discussion were: First, that in many of the asylums increased leave was being given to suitable patients to go out, with the consent of their relatives, either for the day or for longer periods as arranged; this practice seemed to be fairly general and to lead to greater content. Second, that money rewards had been adopted with success in several asylums. Third, that the diminution of the number of attendants on chronic cases lessened the feeling of restraint and had been of benefit.

Dr. Gane, who was cordially thanked for his paper, replied.

(5) Dr. BEDFORD PIERCE then gave a short account of the meeting of the General Nursing Council and reported informally their resolutions.

This brought to a close a very successful meeting.

## SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Medico-Psychological Association was held in the Royal College of Physicians, Queen Street, Edinburgh, on Friday, November 19th, 1920.

*Present*: Drs. Bruce, Buchanan, Dods Brown, Bryce, Easterbrook, Henderson, Hotchkis, Keay, Kerr, Macphail, McRae, Macdonald, Mackenzie, Tuach Mackenzie, Orr, G. M. Robertson, Shaw, Skeen, Taylor, Yellowlees, and R. B. Campbell (Divisional Secretary).

Dr. Easterbrook occupied the chair.

The minutes of last Divisional Meeting were read and approved, and the Chairman was authorised to sign them.

The SECRETARY reported on various matters arising out of the minutes.

Before taking up the business of the meeting the Chairman referred in sympathetic terms to the serious illness of Dr. Maxwell Ross, and his resignation from the Medical Superintendentship of Murray's Royal Asylum, Perth, to which he had been only recently appointed. It was unanimously resolved to ask the Secretary to convey the sympathies of the members present to Dr. Maxwell Ross.

The SECRETARY intimated apologies for absence from Drs. D. Yellowlees, D. G. Thomson, Bower, Parker, Carre, Fraser, Steele, Ross, Leggat, Chislett and Crichlow.

Dr. R. B. CAMPBELL intimated his resignation from the Secretaryship of the Division. His resignation was accepted with regret, and he was thanked for acting as Divisional Secretary for the past ten years.

Dr. CAMPBELL stated that Dr. W. M. Buchanan was willing to take over the secretarial duties, and he was unanimously elected Divisional Secretary.

The Business Committee was appointed, consisting of the nominated member, the two representative members of Council, along with Dr. Campbell, Dr. D. K. Henderson and the Divisional Secretary.

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Drs. J. H. MacDonald and C. J. Shaw were nominated by the Division for the position of Representative Members of Council, and Dr. W. M. Buchanan was nominated for the position of Divisional Secretary.

The following candidate after ballot was admitted to membership of the Association:

Jessie Brown McLachlan, M.B., Ch.B.Glasg., D.P.H.Camb., Assistant Medical Officer, Stirling District Asylum, Larbert.

The SECRETARY submitted a letter which he had received from the Secretary of the Parliamentary Committee of the Association stating that a small sub-committee had been appointed to consider amendments to the Asylums Officers' Superannuation Act, in view of the likelihood of an amending Bill being brought foward at an early date, and that it was desirable that the Scottish Division should consider the matter and suggest any amendments which were considered desirable.

After very full discussion of the provisions contained in the Act the following amendments were unanimously agreed upon:

(1) *Proposed by* Dr. G. M. ROBERTSON *and seconded by* Dr. DODS BROWN: "That the Royal Asylums of Scotland—which are entitled 'Public Asylums' in the Scottish Lunacy Acts—which perform public services analogous to those of District Asylums, and all of which either now or formerly discharged the functions of District Asylums by caring for parochial patients, should come under the provisions of the Asylums Officers' Superannuation Act."

(2) *Proposed by* Dr. G. M. ROBERTSON *and seconded by* Dr. T. C. MACKENZIE: "When any officer or servant leaves the service of a District Asylum, and enters that of a 'Public Asylum' (Royal Asylum), which is a public service dealing with the care of the insane, any rights toward a pension which he has acquired in the service of the District Asylum should continue to exist, and when he retires from the service of the 'Public Asylum' (Royal Asylum), after attaining the necessary age, and having served the necessary length of time, as required by the Asylums Officers' Superannuation Act, he should on retirement receive as a pension the sum of money he would have been entitled to for the number of years he had actually served in the District Asylum, had his whole length of service been completed in District Asylums."

(3) *Proposed by* Dr. G. M. ROBERTSON *and seconded by* Dr. CAMPBELL: "When an officer or servant leaves a 'Public Asylum' (Royal Asylum), and enters the service of a District Asylum, the number of years he has served in the 'Public Asylum' (Royal Asylum) should count towards the number of years of service entitling him to a pension, in the same manner as attendants in the lunatic wards of poorhouses, on transferring their service to District Asylums, are entitled to count their years of service in the poorhouse toward their pension."

*Note.*—It has been pointed out that hardships and anomalies exist in Scotland by the exclusion of these Asylums from the Superannuation Act. An exhaustive inquiry has been made into the subject by a Committee of the Royal Asylums, and their inclusion under the Superannuation Act is approved of by the General Board of Control.

If No. 1 Amendment be acted on, Nos. 2 and 3 are not necessary.

(4) *Proposed by* Dr. G. M. ROBERTSON *and seconded by* Dr. BRUCE: "When a medical officer leaves the service of a District Asylum (or of a 'Public Asylum' [Royal Asylum], should these Asylums come under the Superannuation Act), to become a Commissioner or Deputy Commissioner of the Board of Control, seeing that he is still engaged in a public service dealing with the care of the insane, any pension rights which he has acquired by his previous service in the District Asylum (or 'Public Asylum') should continue to exist, and the proportionate sum due should be paid towards his pension, when he retires, on attaining the required age, and on having served the number of years necessary for a pension under the Asylums Officers' Superannuation Act."

(5) *Proposed by* Dr. BRUCE *and seconded by* Dr. CAMPBELL: "Section 6 should be amended so that the whole time served in the Asylum Service should count as pensionable service, whether these services have been continuous or not, and whether they have been rendered at one or more Asylums, and such pensionable service should not be restricted as at present to periods of service of two years or more."

(6) *Proposed by* Dr. BRUCE *and seconded by* Dr. CAMPBELL: "Section 16

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should be amended so that the salary or wages and emoluments of an established officer or servant shall for the purpose of computing the amount of a superannuation allowance or gratuity be calculated according to the average amount of his salary or wages and emoluments during the last *five years* of his service, instead of *ten years*, as according to the present Act."

(7) *Proposed by* Dr. BRUCE *and seconded by* Dr. CAMPBELL: "In the event of an established officer or servant having served twenty years or more in the asylum service, and having to resign his appointment in the asylum service for compassionate grounds before reaching his pensionable age, he should be eligible for pension on reaching the required pensionable age, although not at the time in the service of the Asylum."

(8) *Proposed by* Dr. MACDONALD *and seconded by* Dr. T. C. MACKENZIE: "That any period or periods of service spent in any institution for the care and treatment of the insane prior to the passing of the Asylums Officers' Superannuation Act (1909), should be added to any subsequent period counting for pension in any institution coming within the provisions of the Asylums Officers' Superannuation Act."

(9) *Proposed by* Dr. MCRAE *and seconded by* Dr. SKEEN: "In the case of an established officer or servant dying while in the service of an Asylum, an annual allowance or an annuity should be paid to the widow and children or dependants of the officer or servant."

Dr. Easterbrook had to leave the meeting at this point, and Dr. G. M. Robertson took the chair.

Dr. W. H. BRYCE read an interesting and instructive paper on "Some Considerations in Psychotherapy," which was followed by a discussion in which several members took part.

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

A dinner, after the meeting, was held in Messrs. Ferguson and Forrester's, and was well attended.

## IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division was held on November 4th, 1920, at the Royal College of Physicians, Kildare Street, Dublin.

*Members present:* Lieut.-Col. W. R. Dawson (in the Chair), Drs. J. Mills, P. J. Irwin, F. E. Rainsford, H. M. Eustace, H. R. C. Rutherford, W. S. Smyth, and R. R. Leeper (Hon. Divisional Secretary).

Letters of apology for unavoidable absence were read from Dr. M. J. Nolan (Downpatrick), and Dr. J. M. Colles, K.C.

The minutes of the previous meeting were read and confirmed.

The meeting next proceeded to consider the report of the Irish Public Health Council, and discussed in detail the relevant portions of the report.

As the meeting was not large it was decided to reconsider the report at the Spring Meeting, and the following notice of motion was handed in by Drs. RAINSFORD and MILLS and ordered to be sent to all the members of the Division as part of the agenda for the Spring Meeting of the Irish Division:

(1) "That the Members of the Irish Branch of the Medico-Psychological Association, on consideration of the report of the Irish Public Health Council, are strongly of opinion that in the matter of the organisation of the Ministry the alternative proposal (B) would be in every way the more suitable from considerations of efficiency, economy, and administration."

(2) "That they approve generally of the establishment of Health Councils for each county in Ireland."

(3) "That they approve of the establishment of a State Medical Service, centrally appointed and centrally controlled, which service will include Lunacy Administration."

(4) "That, as regards cost of maintenance of asylums, they are of opinion that the State should bear half the cost of maintenance, as is proposed in the case of the other Public Health and Medical Services."

Clause 10 of the recently introduced "Ministry of Health (Miscellaneous Provisions) Bill" was then considered by the meeting, as it is understood that this

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