medical superintendents should answer queries Nos. 3 and 4 in the leaving certificate in all cases of dismissal by stating that reference may be made to the medical superintendent, and that a letter should be sent to the General Board of Lunacy giving the required particulars as to conduct and cause for leaving.

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

The members afterwards dined in the North British Station Hotel.

IRISH DIVISION.

THE AUTUMN MEETING of the Irish Division was held on Thursday, November 7th, 1912, at the Royal College of Physicians, Dublin. Dr. W. R. Dawson was in the chair.

The other members present were: Dr. Maziere Courtenay, Dr. Greene, Dr. Drapes, Dr. Oakshott, Dr. O'Neill, Dr. O'Mara, Dr. Benson, Dr. Plummer, Dr. Leeper (Hon. Sec. of the Division).

Letters of apology for unavoidable absence were read from Dr. Nolan, of Downpatrick, and Dr. O'Doherty, of Omagh.

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

Letters were read which had been received from Dr. Nolan, of Downpatrick, regarding the present position of the Asylums' Officers Pensions and Employments Bill. These were addressed to Dr. Nolan, and were received from Lord Wolmer, Sir Chas. Nicholson, and Dr. Shuttleworth. All expressed regret that owing to the pressure of Parliamentary business this Bill, of so much importance to all asylum workers, had not received the attention it demanded from the Government.

Dr. John W. Garry, Assistant Medical Officer, Ennis District Asylum, having been proposed and seconded and balloted for, was declared elected unanimously a member of the Association.

The Hon. Secretary was directed to arrange the place for the Spring Meeting of the Division.

The meeting next proceeded to discuss the recommendations of the sub-committee on the Mental Deficiency Bill.

The CHAIRMAN made an explanatory statement as regards the possible extension of the Bill to Ireland, and the desirability of asking Mr. Birrell, the Chief Secretary for Ireland, to move in the House of Commons the extension of the Bill to this country.

A letter was read from Dr. Nolan, of Downpatrick, recommending that paragraph 1 (*e*), clause 17 should be omitted.

After a full discussion a resolution was proposed by Dr. DRAPES and seconded by Dr. Maziere Courtenay, and passed unanimously, "That the Irish Division of the Medico-Psychological Association expresses the hope that the Chief Secretary for Ireland will take into consideration the importance of extending the provisions of the Mental Deficiency Bill now before Parliament to Ireland, and will move a resolution to that effect. They are, however, strongly of opinion that paragraph 1 (*e*), clause 17, should be omitted." A copy of the resolution was ordered to be at once forwarded to the Chief Secretary for Ireland.

The CHAIRMAN, the HON. SECRETARY and other members present stated to the meeting their varied experiences as regards their efforts to interest members of Parliament in the extension of the Bill to Ireland, and suggestions were made as to the possibilities of interesting important personages in this matter.

Dr. Dwyer, Assistant Medical Officer, Richmond Asylum, being unavoidably prevented from attending the meeting, Dr. LEEPER, Hon. Secretary, was desired by the Chairman to read Dr. Dwyer's paper, "A Case of Morphino-mania with Suggested Visual Hallucinations" (see page 87).

The CHAIRMAN said Dr. Dwyer's paper was of importance, and suggested many valuable points for discussion.

Dr. DRAPES remarked upon the fact that they saw very few, if any, cases of morphino-mania in the country districts.

Dr. O'NEILL (Limerick) described a similar case to that of Dr. Dwyer, and this

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case was also known to Dr. Maziere Courtenay and Dr. Dawson. Dr. O'Neill's case took 50 gr. of morphine a day, and had also taken unknown doses of cocaine, and had attempted suicide by precipitation, and yet had apparently completely recovered.

In answer to Dr. GREENE, it was stated that a patient could take cocaine to the amount of 100 gr. a day without a fatal effect.

The CHAIRMAN said he recollected the case referred to by Dr. O'Neill, and was much struck by the effect of cocaine, which seemed to deprive its *habitués* of all sense of cold. The patient thought it his duty to take these large doses of cocaine in order to study the effects of the drug. The largest dose of morphia he had ever known to be taken was 40 gr. a day.

Dr. O'MARA said he thought it was very difficult to estimate the amount of the drugs taken, as patients often exaggerated, and a good deal of the injection often got spilled from the syringe before use.

Dr. BENSON explained to the meeting the different effects upon the skin of cocaine and morphine injections, and pointed out that cocaine sets up more local irritation than morphine when subcutaneously injected, and has a somewhat similar action to adrenalin upon the blood-vessels of the skin.

It was proposed and seconded, and passed unanimously, that a vote of thanks be forwarded to the President and Fellows of the Royal College of Physicians for their kindness in allowing the meeting of the Division to be held in the College.

This terminated the proceedings.

REPORTS PRESENTED TO THE COMMITTEE ON THE STATUS OF BRITISH PSYCHIATRY AND OF MEDICAL OFFICERS.

THE ASYLUMS AND CLINICS IN FRANCE.

By HENRY DEVINE, M.D., M.R.C.P.

ASYLUMS in France are under direct Government control, the Minister of the Interior being the chief authority.

By the Act of 1838, it is the duty of the controlling authority (*assistance départmentale*) of each department (*i.e.*, administration area of the country) to provide accommodation for the reception and treatment of the insane. Provision is made as follows:

(1) *Departmental asylums.*—There are special institutions built exclusively for the treatment of the insane. They correspond to the ordinary county asylum in this country. In a few of them private patients are treated in a separate section of the institution. The supervising board is nominated by the Prefect of the Department.

There are fifty-two of these asylums in France.

(2) *Hospital wards.*—In many cases a section of the State hospital is utilised as an asylum, instead of providing a separate institution. There are sixteen of these institutions in France, the Bicêtre and Saltpêtrière in Paris being the best known. The former is utilised for men and the latter for women.

The conditions of admission are identical with those in the departmental asylums—*i.e.*, all the patients in the asylum section are under certificate.

(3) *Private asylums utilised by the State as public asylums.*—These are under private ownership or belong to religious orders, but fulfil the same functions as the other asylums. There are eighteen institutions of this character.

(4) *Family colonies.*—Two villages for the treatment of the insane exist in France, a male colony at Dun-Sur-Auron and a female at Ainey-le-Chateau. They are modelled on the famous Ghéel colony in Belgium. The patients are boarded among the inhabitants of the village, where they live as one of the family. There is a central infirmary for the treatment of sick cases. If acute mental symptoms arise the patients are transferred to a departmental asylum. Only chronic and harmless cases are, of course, suitable for this method of treatment.

As in England there are also private asylums for better-class patients, under the general supervision of the public authority.

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