training of the higher grade type of mental defective, having learnt from experience not only that association with the lower-grade cases is deleterious to the former, but that from the point of view of the welfare of the community, the education, industrial, social and moral, of the higher-grade case is the more insistent requirement.

In this report, Mgr. Newsome gives an interesting historical exposition of the mental deficiency problem from the point of view of Catholic philosophy. Amongst his instances of barbarous treatment of mental defectives we note his restraint in not mentioning Luther, who undoubtedly commended legitimized murder as a method of dealing with the mental defective. Of the four rights which Mgr. Newsome regards as the "Magna Charta" of the mental defective, only the right to freedom and the right to marry are likely to lead to more than passing comment in these days. As regards the former it has been clearly established that a considerable number of high-grade mental defectives, if properly trained and educated, do not require segregation. They are socially well-behaved, requiring little supervision, and may be self-supporting; the best statistical evidence of this is to be found in the recent *Harvard Studies in Education* by Dr. Davis. The right to marry is a more difficult question. It must always be remembered that the prohibition of marriage does not necessarily carry with it the absence of procreation, but, as is pointed out in the recent report of the Board of Control, "the procreation of children by unmarried defectives, deplorable as it is, has not as a rule the same evil consequences to the children as the marriage of defectives." It would appear to be accepted by authority that it is very doubtful whether the total abolition of propagation by defectives would produce any considerable effect on the prevalence of mental deficiency. In this report similar conclusions are arrived at purely from the point of view of Catholic philosophy.

The report is extremely well brought out both in manner and matter, and is beautifully illustrated; it is unfortunate, however, that among the few authors quoted, the name and reference of one of them are wrong.

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The usual Quarterly Meeting of the Association was held on Thursday, February 16, 1928, at the City Mental Hospital, Fishponds, Bristol (by the courtesy of Dr. E. Barton White and the Visiting Committee), under the presidency of Dr. Hamilton Marr, F.R.F.P.S.Glasg.

On the previous day the Parliamentary and Educational Committees met, and a Special Meeting of the Council, called to decide how best to carry out the resolution of the Association dated November 17, 1927 (London), *re* the State Registration of Mental Nurses, was held in the Anatomy Lecture Theatre of the University by kind permission of the Dean of the Medical School, Prof. Edward Fawcett, M.D., F.R.S.

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The General Meeting.

The Minutes.

The minutes of the previous meeting, having already appeared in the Journal, were taken as read and approved and signed by the President.

The Retirement of Sir Frederick Willis, *K.B.E.*, *C.B.*, from the Board of Control.

Dr. J. G. Soutar said: You have asked me, Sir, to give an opportunity to the meeting of expressing to Sir Frederick Willis our good wishes on his retirement from the important post which he has occupied as Chairman of the Board of Control. I do not think we ought to allow this occasion to pass without conveying to him our very high appreciation of the excellent work he has done in that position. We all are aware how very much influence the Chairman of such a Board can exert, and how he imparts to the other members of the Board the tone and spirit which characterize very largely its work. We all know, from our experience of the Board of Control, how valuable and helpful that influence has been to us in our own work. Not only has it been helpful to us in our individual capacities, but it has helped us in the great purpose we all have in view, namely, the amelioration of the lot of the patients to whom we minister. We have had, on many occasions during what has been a very difficult time these last few years, the advantage of Sir Frederick Willis's personal advice given at conferences and at Parliamentary Committee meetings of our Association, when such matters as lunacy legislation have been considered. We have always found him most approachable, and very ready to impart his experience and advice in consulting with us. He has never set himself to dictate to us, but he has willingly brought to bear his large experience and his astute judgment on the consideration of the matters with which we have had to deal. I think this is an occasion when we might very well ask our Secretary to send a letter to Sir Frederick Willis, expressing our very high appreciation of the fine work he has done in the important position he has held, and the hope that he will have many years to enjoy the retirement he has so well earned. I move that such a letter be sent.

Col. J. R. Lord: In seconding this motion, I feel there is very little that can be added to the eloquent remarks which have fallen from the lips of our senior past-president here, Dr. Soutar. If anything might be added, it is that Sir Frederick Willis proved to be the right man in the right place at the right moment. He assumed his position at a time when it was really one of great difficulty, when the Board of Control was, in some respects, being merged into the general administration of the Ministry of Health, and well did he guide the ship during that anxious time. I would remind you, also, that he is an Honorary Member of this Association. Both these are, I think, additional reasons for sending him the expressions of respect and gratitude which Dr. Soutar has proposed.

The motion was carried by acclamation.

Obituary.

The President said it was with regret he had to report the names of four members who had died.

The first was that of Dr. Frederick William Apthorp, of Burgess Hill, Sussex, who joined the Association in 1912, and died in March, 1927. He was Medical Officer to the Uckfield Union. Dr. Apthorp had a splendid war record in South Africa.

The next was Dr. Henry Marcus Eustace, who was Medical Superintendent of Hampstead and Highfield Mental Hospital, Glasnevin, Dublin. He joined the Association in 1894. His death took place unexpectedly on December 21 last. He was a most popular, highly respected and influential member of the Association, and will be much missed, especially by the Irish Division.

The next was Dr. William Brittain Morton, who joined the Association in 1896, and died on January 9. Dr. Morton was Medical Superintendent of Wonford House, Exeter, and was formerly Assistant Medical Officer of the Lancaster County Mental Hospital. He was a most conscientious physician and able administrator.

The last name was that of Dr. Reginald Wickham Prentice, of Ringwood, Hants, who joined the Association in 1908. His death took place on January 17.

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Dr. D. F. RAMBAUT said that Dr. Eustace and he were boys at school together, and students of the same College. The deceased member was a most charming friend. He was head of the third generation of superintendents of that delightful mental hospital, Hampstead and Highfield, Glasnevin, situated just outside Dublin. The speaker recalled the delightful view there was of the mountains of co. Wicklow. Eustace's grandfather was one of the pioneers of the humane treatment of the insane in Ireland. For nearly thirty years Dr. Eustace was head of the institution, and was famous for his tact, his discrimination and his justice. He was a fine administrator, and took a keen interest in the scientific work of the Association, contributing articles to the *Journal of Mental Science*, particularly on paranoia and dementia præcox. His death would be a great loss to psychiatry in Ireland, as well as to many old friends there and elsewhere.

The meeting approved of sending letters of condolences.

Members stood in silent sympathy.

THE REPORT OF THE COUNCIL.

The PRESIDENT said he wished to refer to several matters of importance which had been before the Council.

Report of the Departmental Committee on the Superannuation of Local Government Employees (Asylums Officers).

The general conclusion arrived at in regard to this report was that the best course the Association could follow was to obtain amendment of the Asylums Officers' Superannuation Act, 1909. There was to be a further conference on the subject with the Mental Hospitals Association, the Clerks' and Stewards' Association and the National Asylum Workers' Union.

The Mott Memorial Fund.

With regard to the Mott Memorial Book, it was a pleasure to him to state that up to the present 72 had subscribed.

An Advisory Committee to the Educational Committee.

To advise the Educational Committee on the Training and Examination of Mental and Mental Deficiency Nurses, it had been decided to appoint a Committee composed of a matron, assistant matron, or sister tutor holding the *Royal Medico-Psychological Association's Certificate* elected by each division with the officers of the Committee as *ex-officio* members to meet some time before May, 1929. If successful, the Committee might become a permanent part of the Association's machinery.

The Mental Nursing Advisory Committee.

Much thought had been given to the constitution of the Mental Nursing Advisory Committee to the General Nursing Councils, which it was decided at the Quarterly Meeting held at Macclesfield last February, and confirmed at the Annual Meeting at Edinburgh, should be elected each year at the Annual General Meeting of the Association.

In order to carry this out the Council had approved the following resolution:

(*a*) That the Scottish and Irish Divisions each submit the names of representatives for nomination to the Nominations Committee at the May Quarterly Meetings as follows: Scottish Division, five names; Irish Division, five names in respect of each of the two Irish Nursing Councils.

(*b*) That, in respect of the General Nursing Council for England and Wales, each English Division should submit the name of one representative for nomination, and that the two other representatives nominated should be the Chairman of the Educational Committee and the General Secretary.

(*c*) That a member of each group of representatives should be an *ex-officio* member of one or more of the other groups.

(*d*) That one representative at least of each group should be a member of the Council. (Motion by Lt.-Col. J. R. Lord.)

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The State Registration of Mental Nurses.

At the Special Meeting of the Council held yesterday the resolution on this matter passed at the Quarterly Meeting, November, 1927 (London), together with the answers to the questionnaire, which had since been sent to all recognized training schools, was referred to the Mental Nursing Advisory Committee for consideration and report to the May Quarterly Meeting. In the meantime, the General Secretary had been requested to send a copy of the resolution to the General Nursing Councils.

Election of New Members.

The following were unanimously elected ordinary members of the Association by ballot :

Silverston, Joseph Denzil, M.B., B.S.Durh., Deputy Medical Superintendent, County Mental Hospital, Lancaster.

Proposed by Drs. A. R. Grant, S. R. Tattersall and C. J. Thomas.

Fraser, William, B.Sc., M.B., Ch.B., D.P.H., Deputy Medical Superintendent, North Riding Mental Hospital, York.

Proposed by Drs. J. Ivison Russell, J. Shaw Bolton and M. J. McGrath.

Main, Dorothy Mary, M.B., Ch.B.Glasg., Assistant Medical Officer, City Mental Hospital, Willerley, Hull; previously House Surgeon, Royal Infirmary, Glasgow; Hull City Mental Hospital, Willerley, near Hull.

Proposed by Drs. J. S. Anderson, D. H. Cameron and J. B. Tighe.

Sykes, Kathleen Annie Harvey, M.D., B.S.Lond., M.B., Ch.B.Liverp., Assistant Medical Officer, Rubery Hill Mental Hospital, Northfield, Birmingham.

Proposed by Drs. T. C. Graves, J. M. MacKenzie and C. W. Forsyth.

Stocks, Jane W., M.B., Ch.B.Glasg., Resident Medical Officer, Hollymoor Mental Hospital, Northfield, Birmingham.

Proposed by Drs. T. C. Graves, J. M. MacKenzie and Elizabeth T. Selkirk.

Harris, Noel Gordon, M.B., B.S., M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, Springfield Mental Hospital, near Tooting, London, S.W. 17.

Proposed by Drs. R. Worth, G. Warwick Smith and G. W. Shore.

Cameron, Viola Cameron, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Springfield Mental Hospital, Annexe, Kingston Road, New Malden, Surrey.

Proposed by Drs. R. Worth, G. Warwick Smith and G. W. Shore.

Sinclair, Arthur Crawford, M.D., D.P.M., Assistant Medical Officer, Brentwood Mental Hospital, Brentwood, Essex.

Proposed by Drs. H. J. L. Haynes, W. Gordon Masefield and T. D. Power.

Burke, Noel Hawley Michael, M.R.C.S., L.R.C.P.Lond., D.P.M., D.M.R.&E.Camb., Neurological Specialist, Ministry of Pensions: 183, Elm Park Mansions, S.W. 10.

Proposed by Drs. G. W. B. James, R. Worth and Reginald J. Stilwell.

Paper.

[Lantern demonstration.]

"Some Points in the Histology of the Globus Pallidus," by Dr. E. Barton White (*vide* p. 247.)

Discussion.

Prof. E. Fawcett, in responding to the invitation to speak, said he feared he could not throw any light on this question. But it was one of great interest to him, especially from the point of view of pathological investigation. This deposition of iron in these cases was a new question. The fact that the globus pallidus was affected was, naturally, of interest to the anatomist and the morphologist, because all the later work showed conclusively that the globus pallidus was one of the oldest parts of the encephalon; under that term he was alluding to the inner segments of the corpus striatum. Why this particular part of the globus should have its vessels affected in this way he had no notion; possibly Dr. Hadfield's suggestion that it might be degenerative was a sound one. Other parts of the

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brain in a degenerate condition showed at any rate pigmentation. He did not know whether this pigmentation was related to the iron content.

He wished to ask a question. Dr. Barton White mentioned the vascular supply of the corpus striatum, and the speaker was not sure of the source of that gentleman's information.

Dr. BARTON WHITE (interposing): Prof. Cunningham.

Prof. FAWCETT (continuing) suggested that Dr. Barton White should continue his investigations in the light of recent work done on this vascular supply, particularly by Shellshear, who at present was in Hong Kong. That work on the vascular supply of the corpus striatum might throw new light on this important subject. Shellshear's results so far had been published in the *Journal of Anatomy* about four years ago.

It was a great pleasure to him to see that this kind of work could be, and was being done, in the laboratory of the Bristol Mental Hospital. As a friend of the late Superintendent twenty or more years ago, he had a little experience in the laboratory here, when work was done under very difficult conditions. In those days one had to make the best one could of a bad job. It was a real pleasure to him not only to see such a laboratory as the hospital possessed now, but also to have evidence—as was produced in Dr. White's paper—of good use being made of it.

Col. J. R. LORD said that the basal ganglia, to psychiatrists, would ever be a region of great interest, particularly in view of the fact that they were the possible central seat of the mechanism which had to do with the emotions, especially those strong primitive emotions associated with the mass reflexes so ably described by Rivers, Head and others. It was also interesting because many of the functions of these basal ganglia had been transferred to the newer cerebral structure, the neopallium of the cortex, especially its infra-granular layers. It followed that any change in the basal ganglia was worthy of very close study. It was not known to what extent the cerebral cortex had taken over the function of the older cortex or how much had been still left. The presence of iron in the pallida in such a proportion in both sane and insane people was of itself a very striking thing. Dr. Brander, of Bexley, was working on the presence of iron in cases of general paralysis, and had discovered that iron was present in very great quantities around the blood-vessels of the brain. He believed Dr. White had also carried out similar investigations in cases of general paralysis, but had not found this to be so.

Arising out of the question as to how much the basal ganglia were now associated with the emotions, it might be that the presence of this iron was an indication of loss of function, and that this portion of the striate body, the pallida, was a dying structure, and one which, in course of time, would become a mere vestige of the phylogenic past. The degeneration of organs, which occurred *pari passu* with loss of function, did not follow a steady course. It was found, for instance, that the appendix, a decaying structure, was very much more developed in one person than in another; and in the same way it might be so with the iron pigmentation of the pallida; it might merely indicate that in a number of people the primitive functions of the basal ganglia had been taken over more extensively by the cerebral cortex than in others whose pallida showed no such pigmentation.

He cordially agreed with Prof. Fawcett's remarks on the good work which was being done in this institution.

Dr. G. E. PEACHELL said he would be interested to know if Dr. Barton White had had an opportunity of examining the brain of a patient dying from pernicious anæmia, and if so, whether iron was found in that brain; also whether there was any analogy between this reaction found in the globus pallidus with the iron stain which was found in the pigmentation of the brain after hæmorrhage in certain conditions.

Dr. BARTON WHITE, in reply, said, in answer to Col. Lord's remark concerning general paralysis, that in his series there were four cases of general paralysis, and in two of them there was distinctly no iron present in deposit.

Dr. HADFIELD, in reply, said he and his colleagues had not been able to examine many cases of pernicious anæmia, but he pointed out that in pernicious anæmia the pigment was deposited or taken out of the blood by a phagocyte. In the cases they had examined there was no reason to suppose there was any excess of iron in the circulating blood. Also there was no excess of iron on analysis in one series

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as opposed to the other, *i.e.*, in the pathological series as opposed to the normal ones. Personally he did not think that this deposition of iron in the globus pallidus had anything to do with increased hæmolysis in the blood-forming organs or in the blood. The deposit took place apart from any phagocytic cell action; it was not carried to the blood-vessel by phagocytic cells, which was the universal rule in pernicious anæmia. He thought one could eliminate hæmorrhage as being the cause of pigmentation or of this change in the globus pallidus, as there was no sign of any pathological lesion in most of these cases. This change was not due to any pathological change in the tissue with which one was familiar. It was, he believed, a retrogressive—almost a physiological—change which took place at some time in the later half of life. He did not think it could be correlated with pernicious anæmia on the one hand, or with old hæmorrhage on the other.

PAPER.

"Mental Disorders in Cardiac Disease," by Dr. CAREY COOMBS (*vide* p. 250).

DISCUSSION.

The PRESIDENT said Dr. Carey Coombs had interested all his hearers in the analysis he had given. He, the speaker, thought there would be general agreement that heart disease, *per se*, seldom caused mental disorder, and any mental disorder following heart disease could usually be ascribed not to the heart conditions but to the conditions which brought about the diseased state—in other words, the auto-toxic or microbic poisons in the blood. Instead of functional heart conditions affecting the mind, it was usually the mind which caused the functional condition; that was indisputably so in the cases of shell-shock during the war. The heart condition came on after mental exhaustion as a disorder of the sympathetic nervous system.

Dr. DONALD ROSS wished to take the opportunity of expressing the great pleasure with which he saw Dr. Carey Coombs. It was his, the speaker's, good fortune to be sent out to France to a hospital to which Dr. Carey Coombs was attached, and from that gentleman he met with the most extraordinary kindness. He had derived great pleasure from hearing his paper.

Col. J. R. LORD said he, like all others present, had been extremely interested in the paper which had just been read. He agreed with the President, and all present would agree, that the mind had a great influence on the heart's action. There was not now time, however, to discuss at length that part of the subject. He reminded Dr. Carey Coombs that the heart's action was much affected in the psychoneuroses and in the neuroses. But it might be that the psychoses were so much associated with toxæmias of all kinds that it was difficult in any one case to decide whether a heart condition, if present, was due to the mental state, or to the accompanying toxæmia. Recently Dr. Hamburger had recorded in the *Medical Clinics of North America* five cases of the kind which would have interested the author of this paper. They were all cases of acute mental confusion, with a marked loss or diminution of compensation of a damaged heart. All the patients were over 45 years of age, and had advanced arterio-sclerosis. All were necessarily taking drugs such as digitalis, belladonna, large doses of alcohol, etc.; and it was quite impossible for the psychiatrists or physicians in charge of the cases to say whether the mental confusion was due to the drugs or a toxæmia or to the condition of the heart.

Dr. Carey Coombs had mentioned the Goulstonian Lectures for 1927, and that led the speaker to say that every member could find very much enlightenment on this subject from Sir Henry Head's Goulstonian Lectures, delivered in 1901 (*vide Brain*, August, 1901). Head very carefully recorded the absence or presence of mental symptoms, especially hallucinations, in no fewer than 154 cases of heart and respiratory disease. Those presenting mental symptoms without exception suffered from reflected visceral pains. Head put forward the hypothesis that these reflected pains were due to the activity of the autonomic nervous system—the oldest of the nervous mechanisms, which presided over the visceral organs—and were associated with animal functions and mass reflexes. The newer cortical system had to do with human activities and discrimination. Afferent impulses from the former in normal conditions of health were not allowed to enter consciousness. The reflected pain, however, brought them into consciousness,

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resulting in a depressed feeling tone, with hallucinations of hearing. There was the corresponding mechanism in the head, a branch of the fifth nerve, having segmental characters practically corresponding to the sympathetic system in the thorax and abdomen, which brought about reflected pain in the scalp, and with it there invariably occurred hallucinations.

In the old days this psycho-physical condition was covered by the term "sympathetic insanity"—a term which had now gone out of use. Sympathetic insanity was believed in by Homer, Aristophanes, Hippocrates, Aretius, Galen, and by all the Greek, Latin and Arabian physicians and their successors down to fairly recent times. It was Loiseau, in a paper before the Medico-Psychological Society of Paris in 1856, who gave rise to the teaching that heart disease was associated with delusions of grandeur and hallucinations, and aortic disease with mania and mitral disease with melancholia. That Society discussed the subject for two years, but came to no conclusion.

Col. Lord concluded by saying that Dr. Carey Coombs's paper was a valuable contribution to clinical psychiatry, and he was glad to have had the opportunity of hearing it and repeated that this no doubt was the feeling of the meeting.

Dr. CAREY COOMBS remarked that he had nothing to say in reply, except to thank all present for the patience with which they had listened to his paper, and express his appreciation of Col. Lord's kind remarks.

A resolution of thanks to both readers was carried, on the motion of the President.

THE LUNCHEON.

Before the General Meeting members were most hospitably entertained to luncheon at the Hospital by kind invitation of the Visiting Committee.

The guests at the luncheon were: Prof. Edward Fawcett, M.D., F.R.S., Professor of Anatomy and Dean of the Medical Faculty, Bristol University; Carey Coombs, M.D., F.R.C.P., Dean of Hon. Staff, Bristol General Hospital, Lecturer in Medicine, Bristol University, Consulting Physician, Bristol Mental Hospital; Geoffrey Hadfield, M.D., M.R.C.P., Pathologist, Bristol General Hospital and Bristol Mental Hospital, Lecturer in Pathology, Bristol University; E. G. Francis, M.A., Registrar, Bristol University; J. Lacy Firth, M.D., M.S., F.R.C.S., Surgeon, Bristol General Hospital, Consulting Surgeon, Bristol Mental Hospital; D. C. Rayner, F.R.C.S., Director in Obstetrics, Bristol University, Gynæcologist, Bristol General Hospital, Consulting Gynæcologist, Bristol Mental Hospital; Cyril Walker, M.B., F.R.C.S., Lecturer, Ophthalmic Surgery, Bristol University, Surgeon, Bristol General Hospital, Consulting Ophthalmic Surgeon, Bristol Mental Hospital; L. E. Claremont, M.R.C.S., L.R.C.P., L.D.S., Hon. Dental Surgeon, Bristol General Hospital, Lecturer in Dental Surgery, Bristol University, Dental Surgeon, Bristol Mental Hospital.

The Chair was taken by Mr. JOHN CURLE, J.P., the Lord Mayor of Bristol, and he warmly welcomed the guests on behalf of the Chairman of the Visiting Committee of the Bristol Mental Hospital, who was unavoidably prevented from being present. He said that Bristol Mental Hospital, like other institutions of the kind, was very much overcrowded, but it was now looking forward to developments which would result in some better provision for patients than visitors saw on this occasion.

Dr. HAMILTON MARR (the President), in expressing the thanks of the Association, said that whenever he visited a mental hospital he was reminded of a story of the war. At a court-martial on a certain captain the medical officer was asked if the captain was drunk, and he replied, "No, he was not drunk." Then he was asked whether he was sober, and he replied, "No." Then the Judge-advocate said, "Do you know the King's Regulations? Then you must be aware that a man must be either drunk or sober." The answer of the medical officer was—"Captain So-and-So's condition did not conform to the King's Regulations!" The mental hospitals, added Dr. Marr, did not always conform to the strict letter of the lunacy law; all of them in some way broke through the legal walls within which they were supposed to restrict their activity, which was only another way of saying that every mental hospital, rightly run, was not a rigid, inelastic thing, but a living thing, which was bound, as a living thing, to develop. He knew quite well that the Committee responsible for the Bristol Mental Hospital interpreted its functions in that liberal spirit, that it was alive to the very human needs of the hundreds of patients under its care, and would do all it possibly could to bring the care and

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healing of the mentally ill into the closest approximation to the care and healing of the physically ill. He proposed the toast of the health of the Visiting Committee and staff, coupled with the name of the Medical Superintendent, Dr. Barton White.

Dr. BARTON WHITE, in response, said he had to read a paper within a few minutes, and would now simply thank Dr. Marr for all he had said, and members for the heartiness with which they had drunk the toast.

THE DINNER.

Members and a number of distinguished guests dined together on the evening of Wednesday, February 15, at the Royal Hotel, Bristol, Dr. Hamilton Marr presiding.

The guests were: F. E. Metcalfe, Esq., Alderman and Chairman of the Mental Hospital; Prof. Edward Fawcett, M.D., F.R.S.; Prof. A. J. Nixon, *C.M.G.*, M.D., F.R.C.P., Professor of Medicine, Bristol University, Dean of Medical School, Royal Infirmary; Carey Coombs, M.D., F.R.C.P.; Patrick Watson-Williams, M.D., Consulting Surgeon for Diseases of the Ear, Nose and Throat, Bristol Mental Hospital; Geoffrey Hadfield, M.D., F.R.C.P.

At the appropriate moment the usual loyal toasts were honoured. The PRESIDENT proposed the health and prosperity of the Bristol Mental Hospital, coupling it with the name of Mr. F. E. Metcalfe, who responded, and in return toasted the Association. Dr. C. HUBERT BOND replied for the Association. Prof. G. M. ROBERTSON proposed the health of the University of Bristol, coupling it with the names of the Dean of the Faculty of Medicine and Professor Nixon.

VISIT TO THE UNIVERSITY.

The members visited the imposing new buildings of the University in the morning of Thursday, February 16, and were shown round by Mr. E. G. Francis, M.A., the Registrar; an interesting account of many of the architectural features being given by Prof. Fawcett.

These buildings were commenced before the war and were opened by the King in June, 1925. There is a lofty Entrance Hall with a double flight of stairs, its roof consisting of fan-vaulting in stone, like the well-known examples of mediæval work in Gloucester Cathedral and elsewhere. The Great Hall of the University, which seats over one thousand people, is beautifully panelled and has a hammer-beam roof built of English oak.

Amongst other rooms visited were the Reception Room, the Council Chamber and the Library, and all of these were much admired for their beautiful proportions and for the excellence of the craftsmen's work in wood and stone.

DIVISIONAL CLINICAL MEETINGS.

City Mental Hospital, Mapperley Hill, Nottingham.

The first Clinical Meeting of the Nottingham Clinical Area Group, under the auspices of the Association in the Northern and Midland Division, was held at the above hospital on January 27, 1928, at 3 p.m.

Present: Ten members and one visitor.

Dr. G. L. BRUNTON, who presided, gave a demonstration upon chronic encephalitis in the Female Infirmary Ward.

The main features of the disease were briefly outlined, the difficulties of custodial care and the need for medical officers to explore every method of treatment were pointed out, and seven typical cases were demonstrated. A girl of 14 years showed an important permanent neurological sign in that she had an ophthalmoplegia interna in which the pupils were unequal and inactive to light and accommodation. The discs were of good colour.

Prestwich Mental Hospital, Manchester.

A Divisional Clinical Meeting (Inaugural Meeting, Lancashire Area) was held at the above hospital on February 1, 1928. Present: 16 members and 10 non-members. Dr. David Blair presided.

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