The date of the Autumn Meeting was fixed for Friday, October 28th, 1910, the selection of a place to be left to the Secretary.

The date of the Spring Meeting was fixed for Friday, April 28th, 1911.

The CHAIRMAN alluded in feeling terms to the loss the Association had sustained by the death of Dr. Manning, of Laverstock House, Salisbury, and the Secretary was requested to convey to Mrs. Manning the sympathy and condolence of the members.

Several letters of regret for non-attendance were read.

Dr. NORMAN LAVERS contributed "A Clinical Note" (see p. 499) dealing with a case in which, with vague organic sepsis, was connected a mass of hypochondriacal symptoms.

Treatment by methods of suggestion had met with some success.

In the discussion which followed some attempt was made to estimate the value of the organic changes, and the CHAIRMAN was disposed to regard these latter manifestations as also of a functional nature (and so rendering prognosis more hopeful).

Dr. BLACHFORD then read a paper on "The Function of the Optic Thalamus and the Corpus Striatum" (see p. 452), in which he proceeded to give his reasons from developmental, anatomical and pathological points of view, for regarding these ganglia, more especially the former, as important centres of Association.

The proceedings then terminated with a hearty vote of thanks to Dr. Norman Lavers for his hospitality, and to Dr. MacDonald for presiding.

A number of the members subsequently dined together at Fortt's Restaurant, Bath.

NORTHERN AND MIDLAND DIVISION.

The SPRING MEETING of this Division was held, at the kind invitation of Dr. Street, at Haydock Lodge, Newton-le-Willows, Lancashire, on Tuesday, April 19th, 1910. Dr. Street presided.

The following thirteen members were present: Drs. D. Blair, H. R. Cross, A. K. Douglas, E. Gane, C. K. Hitchcock, H. T. Mackenzie, G. E. Mould, P. G. Mould, N. Raw, C. M. Smith, C. T. Street, G. S. Williamson, and T. S. Adair.

There were also present as visitors—Drs. T. R. Bradshaw, A. Butler, A. G. Gullan, A. Hall, D. Harrison, C. T. MacAlister, and N. P. Marsh.

Apologies were received from Drs. W. Bevan Lewis (the President), Middlemass, Powell, Stewart and others.

The minutes of the last meeting were read and confirmed.

A ballot was taken for William Henry Coupland, L.R.C.S.Edin., L.R.C.P.Edin., Senior Assistant Medical Officer, Royal Albert Asylum, Lancaster. Proposed by Drs. Douglas, Blair and Adair as an ordinary member of the Association, he was unanimously elected.

Dr. T. S. Adair was re-elected Secretary to the Division for the ensuing twelve months on the proposal of Dr. Hitchcock, seconded by Dr. Nathan Raw.

Dr. G. E. Mould was re-elected, and Drs. Middlemass and Mackenzie were elected representative members of Council for the Division. Proposed by Dr. Hitchcock and seconded by Dr. Nathan Raw.

The kind invitations of Dr. Hopkins to hold the Autumn Meeting at the York City Asylum, Fulford, on Thursday, October 20th, 1910, and of Dr. Powell to hold the next Spring Meeting at the Nottingham City Asylum, on Thursday, April 27th, 1911, were accepted, and the Secretary was instructed to write and thank them. The Secretary was further instructed to ask Dr. Hopkins if Wednesday, October 12th or 19th, would be suitable for the meeting there, instead of Thursday.

CONTRIBUTIONS.

Dr. GANE read his paper: "Notes on the Treatment of General Paralysis by Means of Serum." He pointed out how the treatment by specific serum had been brought prominently forward by Dr. Ford Robertson, whose investigations led him to believe that the disease is caused by a micro-organism allied to the

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diphtheria bacillus. Dr. Gane now wished to bring forward his experience of cases he had treated with the diphtheria antitoxin. The advantage of the serum is that it is standardised and the strengths are definitely graduated. The number of cases in which he tried the serum were six, all of which were general paralytics. The first four cases were disappointing, and the fifth could only have been changed by a miracle. In the sixth case after treatment the grandiose ideas and delusions left, and mentally the patient showed improvement. He believed that the temperature reaction, temporary excitement and alteration or improvement in the mental symptoms were probably due to some absorptive process set up by the serum and not to any specific action.

In the cases mentioned the disease was so far advanced, the probable permanent destruction of nerve-tissue so considerable, that little more than arrest of the process could be expected from the treatment and a transient change for the better.

The paper elicited an interesting discussion, in which a number of the visitors present took part. An interesting point brought out was the question of the diagnostic value of the serum in the early stages of general paralysis.

Dr. A. J. HALL, of Sheffield, read a paper on "Insanity following Carbon Monoxide Poisining," quoting two cases occurring in the same house and under similar conditions.

The first was a woman, æt. 33, who was found unconscious in the bath-room soon after going for a hot bath. She showed most of the signs of CO poisoning, but there was no smell of gas and the "geyser" was turned off. By next day she had completely recovered.

The other case was that of her *fiancé* who had been staying a week end in the house and went to have a hot bath prior to going away on the Monday morning. On bursting open the door he was found unconscious, the room full of gas, the geyser full on, but with the light out. There was no doubt as to the cause, and the symptoms were typical; but instead of complete recovery the patient was dazed and confused, had loss of memory, and incontinence of urine and fæces. This condition continued practically unchanged up to the day of his death, which took place seventeen days after the poisoning.

Dr. Hall then discussed the question whether the mental symptoms were entirely due to the poison, or was the case one of suicide, there being some prior mental derangement.

The opinion of a professor of jurisprudence was quoted: "Whenever an obscure death occurs in a patient about to be married it is suicide."

Remarks on the paper were made by Dr. G. E. MOULD, Dr. CROSS, who described a case he had had under treatment, and others.

Dr. STREET opened a discussion on the question: "Are we doing as much in the form of treatment of mental disorder as we might do"? He said that the two points which prompted him to ask the question were: First, the general idea that nothing is done in the way of treatment in asylums; and second, that the recovery-rate does not increase. Though much has been written in the way of treatment of the insane, yet treatment does not appear to have yielded many results: the recovery-rate has not increased during the past thirty years. He advocated a higher form of moral treatment than the usual occupation, recreation and amusement; a more intimate knowledge of the mental condition of every patient, and particularly a more frank and open method of dealing with it. He believed in discussing a patient's mental symptoms freely with him, whether they were delusions or suicidal inclinations, and had found this method to yield good results, especially in cases of melancholia and alcoholism.

Several members took part in the discussion afterwards.

Dr. J. R. GILMOUR was unable to be present to give his paper.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Medico-Psychological Association of Great Britain and Ireland was held at the Glasgow District Hospital for Mental Diseases, Gartloch, on Friday, March 18th, 1910.

The following members were present: Drs. Clouston, Baugh, Carre, Chislett,

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