It was therefore obvious that there were two schools, or methods, of practising psycho-analysis, yet one would think from the terminology that it was one method. He felt convinced that psycho-analysis in the hands of Dr. Good would be, from his own standpoint, much more satisfactory than the methods employed by other members of the profession.

Dr. C. W. BARR asked how soon after the receipt of their injury the patients mentioned had come under the treatment. As a rule, it was not so easy to bring about recovery from the amnesias when there was a somewhat long interval between the causal accident and the commencement of the treatment.

Dr. BEDFORD PIERCE asked if the patients dealt with in the paper had been in any of the recognised war psychopathic hospitals, as it seemed somewhat singular that their physical defect had not been discovered before.

Dr. A. W. B. LIVESAY said that, from the surgical point of view, it seemed a lightning diagnosis, and he asked whether there was any X-ray evidence of the injury. The operation of decompression seemed to have been a severe one on the rather slight evidence available, and such a long time after the receipt of the injury. He hoped the reply would give more information on that point.

The PRESIDENT said the brevity of the discussion must not be taken as the criterion of the interest the paper had aroused; there had been some important questions asked. He looked forward with great keenness to the day when Dr. Good would be at work again and the institution after its return to its normal function; then we should have a chance to see the results of Dr. Good's very great experience during the war brought to bear upon cases of mental disorder of the type ordinarily admitted to mental hospitals.

Dr. GOOD, in reply, said he was aware the cases he dealt with in his paper were regarded as rather startling. He then discussed the teachings of Freud, Ardler and Jung. Continuing, he had been asked what form of analysis he used. Surgeon-Captain Livesay said he, the speaker, had made a lightning diagnosis, but he had been three weeks at the man, giving up to him two hours at a time. In tackling the amnesias, it did not take long once a move was made. Dr. Edwards referred to it as the open method, but it was used by both Freud and Jung. Jung admitted that the cause might be one which did not reach back as far as childhood. The Harvard Lectures and recently published writings of Freud showed that he had altered his ideas as to war neuroses, for he said the self-preservation instinct might account for a good deal. The cases he, the speaker, had narrated did not go back to childhood, therefore they would not be so difficult to get at. It was better, in either bodily or mental diseases, to try everybody's methods than sticking to one school or set method to the exclusion of others. It was far preferable to fighting among themselves. He could remember hypnotism being looked upon as an awfully weird matter, and not so very long ago a commission was appointed by the British Medical Association to report whether hypnotism and suggestion were of the slightest use in medicine. Hypnosis was not a treatment, but a condition, the reason it was assumed being that it strongly resembled sleep. Another contest had raged on whether treatment by psycho-analysis was suggestion. An integral part of our mental make-up was that we were suggestible, but he did not think we were conscious of suggestion. He could not answer Dr. Bedford Pierce's question, but he invariably put down on the case-sheet everything on the physical side. The facial paralysis might have been a slight Bell's palsy. The diagnosis of the injury was made before any operation was undertaken, and at the operation the surgeon found the condition present. One of the men had not had any more epileptiform convulsions since; the other now understood his condition and certification had been avoided. In answer to a further question, one case was treated four years after the original accident, and the other, he believed, was three years after.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Northern and Midland Division was held, on the invitation of Dr. J. R. Gilmour, at the West Riding Asylum, Scalebor Park, Burley-in-Wharfedale, on Thursday, October 27th, at 2.30 p.m.

Dr. Gilmour presided and 20 members were present.

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The Minutes of the last meeting were read and confirmed.

The following candidate for ordinary membership was balloted for and duly declared elected: Ernest William Jones, M.D., M.R.C.S., L.R.C.P.Lond., the Manor House, Aldridge, Walsall, Staffs. (Proposed by Drs. F. P. Selwyn Thomas, W. F. Menzies, and R. G. M. Ladell.)

On the motion of Dr. EADES, seconded by Dr. MACKENZIE, the following members were re-elected to the Divisional Committee: Drs. B. Pierce, E. G. Mould and T. Stewart Adair.

Dr. C. WILFRED VINING then read a paper on "The Relationship of the 'Bilious Attack' and certain other Morbid Phenomena to the Epileptic State."

Having briefly reviewed the relationship of migraine and epilepsy Dr. Vining gave the results of his observations on a series of 240 cases of epilepsy. In approximately one-third of these series there was a well-defined history of the "bilious attack." This "bilious attack" associated with epilepsy had certain characteristics. The attack nearly always commenced in the morning, the patient waking with a prostrating headache, accompanied by extreme nausea and distaste for food, lasting for a period of hours and frequently terminating in vomiting, which appears to bring the attack to a close. The headache is generally frontal and rarely hemicranial in character, visual phenomena being rare. In 88 cases out of the 240 these "bilious attacks" were well-defined. They had preceded the epileptic period and had continued as an associated phenomenon in 48 cases; had preceded, ceased before or on the outset of epilepsy in 25 cases; and in the remaining cases had been an associated phenomenon throughout. In 73 cases the attacks commenced before 13 years of age, in many cases from infancy. Females were more frequently affected, 66 out of 156 females against 22 out of 84 males. It happened that the bilious attack had little to do with the digestive system, and was probably a "nerve storm" with the same ætiological foundation as epilepsy. An epileptic heredity was present in 32 cases, a "bilious attack" heredity in 30 cases. Dr. Vining then gave statistics concerning "faints" and nocturnal enuresis, which was present in his series in 43 cases apart from the incontinence due to the epileptic fit. A history of somnabulism was present in 12 cases and in 9 preceded the fits by some years. These evidences emphasised the possibility of the "bilious attack" and other phenomena occurring in the child being an expression of a potentially epileptic nervous system, and other recognition with active and prolonged treatment may prevent the development of the convulsive state.

Dr. REES THOMAS asked how many of the cases were associated with organic changes; Dr. PIERCE asked about the effect of a purin-free diet in the cases; and Dr. EURICH emphasised the fact that true migraine is very rarely associated with epilepsy. Dr. VINING replied that all the cases were of the idiopathic type and that diet had apparently little effect.

Dr. EURICH then read his paper on "The Treatment of the Criminal." He pointed out that crime might be looked at from the historical, ethnological and even anatomical standpoints. This opened up a review of Lombroso's work, but Dr. Eurich pointed out that the conception of crime varied with the centuries, and that it would be an absurdity to look for anatomical features characteristic of the criminal. This did not mean that the criminal was not a subject for biological study. After showing how physical defects and diseases can affect the working of the mind, Dr. Eurich suggested that, given the circumstances, each one of us might become a criminal. He then passed on to the treatment of the criminal on punitive lines, and showed from the statistics of recidivism, from the considered opinions of clergy, prison doctors, visitors and judges that the punitive system is a failure. Punishment has been justified on the plea that it is retributive, but there could only be true retribution if the principle of "an eye for an eye" were followed. Punishment is supposed to be deterrent, but again recidivism and the results of the barbarous treatment of 100 years ago showed that punishment did not so act. Punishment is alleged to be curative. In children it is curative and deterrent—the punishment being effective in direct proportion to the amount of love existing between the punishing parent and the child. This element falls away in the presence of a judge. Consequently the criminal looks on the punishment as an act of vengeance. Finally Dr. Eurich stated that it seemed to him that the function of judge and jury should be the determination of facts and of the

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guilt or innocence of the prisoner. If found guilty the function of the judge should end and the prisoner be treated along biological lines, using this in the widest sense. Dr. Eurich gave many examples of the opinions and facts brought forward in the papers.

Dr. REES THOMAS, in discussing the paper, put in a plea for the Borstal system, classifying delinquents as (*a*) feeble-minded (*b*) psychoneurotic and physical. He claimed 90 per cent. of cures for the system. The punitive methods in Borstal were merely a system of discipline. He advocated also permanent medical officers for prisons and courts.

Drs. BEDFORD PIERCE, GEDDES, EADES and others also spoke.

After a full discussion the following resolution was passed:

"That this Division desires to place on record that the attack on Mental Hospitals made by Dr. M. Lomax in his book *The Experiences of an Asylum Doctor* is not justified, and is calculated to cause a great deal of unnecessary pain to the relatives of patients; and that the accusations contained in the summary at the end of his book are untrue.

"Further that Dr. Lomax's letter to the *Daily Telegraph* of 25th October makes grave charges of systematic cruelty on the part of male and female nurses, against which the Division protests in the strongest terms."

This resolution to be sent with the suggestion that the Council of the Association should deal with the matter.

This concluded the meeting.

SCOTTISH DIVISION.

THE AUTUMN MEETING of the Scottish Division of the Medico-Psychological Association was held in the Royal College of Physicians, Queen Street, Edinburgh, on Friday, November 18th, 1921.

Prof. G. M. Robertson occupied the Chair. There was a good attendance of members, and Drs. Brock, George Kerr and Murray Lyon were present as guests.

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

The SECRETARY submitted letters of acknowledgment from the relatives of Dr. David Yellowlees and Dr. Maxwell Ross, thanking the members of the Division for the kind letters of sympathy.

The SECRETARY reviewed the steps taken since last meeting regarding the Division's amendments to the Asylums Officers' Superannuation Act, and reported that in England the Sub-Committee had been unsuccessful in securing an interview with the Minister of Health on the subject. It was remitted to the Business Committee to consider, and take any local action that might be thought expedient towards obtaining the desired amending legislation.

The SECRETARY submitted a letter from H.M. Inspector of Anatomy for Scotland, directing attention to the serious shortage of subjects in the anatomy rooms of the teaching schools, and asking the co-operation of the members in increasing the supply. After discussion it was agreed that each Medical Superintendent should, as far as he could, help when circumstances made this possible, and the Secretary was instructed to reply accordingly.

The Business Committee was appointed, consisting of the Nominated Member and the two Representative Members of Council, along with Dr. R. B. Campbell, Dr. McAlister, and the Divisional Secretary.

Drs. Donald Ross and N. T. Kerr 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 candidates, after ballot, were admitted to membership of the Association:

(1) Robert Dick Gillespie, M.B., Ch.B.Glasg., Junior Assistant Physician, Royal Asylum, Gartnavel, Glasgow. (Proposed by Drs. D. K. Henderson, Oswald, and Buchanan.)

(2) David Yellowlees, M.B., Ch.B.Glas., 5, St. James's Terrace, Glasgow, W. (Proposed by Drs. D. K. Henderson, Hotchkis, and Buchanan.)

Dr. HAYDN BROWN (London) read a paper entitled "Psychotherapy," which

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