Dr. J. V. BLACHFORD read a paper entitled "Degeneration of the Optic Thalami" (see page 58).

Dr. P. W. MACDONALD read a paper entitled "Note on the Prefrontal Lobes and the Localisation of Mental Functions" (see page 9).

On the motion of Dr. BENHAM, seconded by Dr. Deas, a vote of thanks was accorded to the Governors of the Hospital for the use of the Board Room.

The members dined afterwards at Messrs. Fortt's restaurant.

NORTHERN AND MIDLAND DIVISION.

A meeting of the members of the Northern and Midland Division of the Medico-Psychological Association was held at Bootham Asylum, York, on Wednesday, October 30th, 1901.

Members present: Drs. Adair, Blair, Clapham, Ewan, Gill, Grove, Gramshaw, Hearder, Hingston, Hitchcock, Holmes, Kershaw, Legge, Macleod, Macphail, Mackenzie, Merson, Miller, Middlemass, Pope, Powell, Tighe. Visitor: Dr. T. Anderson.

Dr. Clapham having been voted to the chair, Dr. Hitchcock (Hon. Sec.) read the minutes of the preceding meeting, which were approved.

In connection with the nomination of members by the Northern and Midland Division for vacancies on the Council of the Association, the following resolution was, on the motion of Dr. MACPHAIL, seconded by Dr. POWELL, unanimously adopted:

"That this Division desires to record its dissatisfaction that on two occasions its nomination and recommendation of members to the Council for vacancies arising from the retirement of members representing the Northern and Midland Division had not been accepted."

It was further resolved that a copy of the foregoing resolution should be sent to the General Secretary, with a request that he should bring it before the Council of the Association at their next meeting.

On the invitation of Dr. Gill, it was resolved that the next meeting of the Division should be held at Shaftesbury House, Formby, on Wednesday, April 16th, 1902.

BUREAU OF INFORMATION.

Dr. MILLER (Hatton Asylum) presented his report on the progress made in the establishment of a bureau of information on matters of asylum administration. The report was as follows:

At a meeting of our Branch at Leicester in April last, I briefly opened a discussion on the desirability of forming a bureau of information in connection with asylum management. My remarks were followed by a discussion in which all members present, I think, took part, and while not feeling very sure of my ground I still thought that the meeting was sufficiently in sympathy with my project to justify my going further.

Following on the report of our proceedings in the JOURNAL, the question appeared to claim the attention of other members of our Association, who seemed to think that some good might accrue from the formation of a bureau on the lines suggested by me.

At the meeting of the Council of the Association, held at Cork, a resolution was unanimously passed in favour of my proposal, and I was asked to proceed with the work. As I was anxious, if possible, to start on a firm footing, I postponed the carrying out of the instruction conveyed in the minute of the Council for the following reason:

There are some eighty county and borough asylums, and about the same number of hospitals and licensed houses in the country. Now, unless I could make sure of the support of, at all events, a large proportion of the superintendents of these institutions, it would be a useless waste of time going on with the work, as the information I should have at my disposal would be only of a very incomplete character.

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I therefore decided to send a circular letter to all the superintendents of public institutions for the care of lunatics and lay my scheme briefly before them in the hope that they would think fit to give me their support. The editors of the JOURNAL communicated with me on the subject, approving of the idea, and giving it their practical help. I therefore sent them the proof of the circular for their perusal, and feeling that as the members of this Branch were kind enough to listen to my original plea, it would only be my bare duty to present the circular to them for discussion prior to having it printed, I will therefore, with your permission, read it.

[This circular, in a slightly altered form, is printed on page 207.]

As to the class of information sought for I have only to call to your mind the many circulars which you receive during the course of twelve months, all of which you reply to (or possibly you don't), at all events you rarely hear any more from the person who sends the query to you. A few months after you receive another query of a practically similar nature, until you naturally begin to think these queries more or less of a nuisance. Under the plan I suggest you would only be asked to reply once on any subject in one year, and you would receive a list for correction at regular intervals of, say, twelve months; any alteration from the previous reply would be noted at the bureau, so that up-to-date information would after a time be obtainable at short notice by anyone seeking it. I am sure that to many of us an arrangement of this description would be eminently useful. I have had to seek information by this means, rather preferring to take the collected opinion of my fellow superintendents than consult some of the books on the subject containing information by no means always reliable and generally more or less antiquated. In conclusion, I would like to add that I am entirely in your hands; if the venture is to succeed it will only do so by aid of your support and co-operation.

The CHAIRMAN said that Dr. Miller brought the matter forward at Leicester, and they very much approved of it. He was kind enough to offer to take it in hand for a year and see what he could make of it. He (the Chairman) thought that that meeting would approve of it, and that it was worthy their consideration. If worked out in the way Dr. Miller pointed out, it would be of infinite use to individuals and the Association generally.

Dr. POWELL said that they must all feel very much obliged to Dr. Miller for the work that he had done in that direction. It was a new question, and he felt that it was a thing that was, at any rate, worth trying. They should encourage Dr. Miller to go on with the work and accept the circular as a Division. The circular was a reasonable one, and he moved that the meeting should support what had been done.

Dr. EWAN seconded this motion, and it was, after the discussion of various details, carried unanimously.

THE PHOTOGRAPHING OF INSANE PATIENTS.

Dr. POWELL then opened a discussion on "The Photographing of Insane Patients: is it Detrimental to Them?" He said that he believed most asylums had adopted the system of photographing patients on admission, that is, as many as could be got to sit still. It occurred to him that this was done somewhat indiscriminately, and done too much as a routine without considering whether it gave pain to the patients or not. He argued that the pain would be very considerable in cases of sensitive melancholia. He recollected seeing two women coming away from the room in perfect misery, and it seemed to him that the process had given them pain. Delusional patients were very suspicious, and they, too, would object. These cases, perhaps sensible in other ways, would feel their residence in an asylum acutely, and would be glad to forget it. They would look on the fact of having been photographed as a permanent record of their residence in an asylum, and they would rather not have it. They did not get acute cases in the case-books unless they were snapshotted, and they did not do that. To illustrate a case completely they should photograph the patient on discharge as well as on admission. He should not hesitate for one moment to commend the system of photographing patients and illustrating the cases in the case-books, but he should recommend that it be not done as a routine process. He would ask the medical officers to discriminate,

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and if the photographing gave the patients pain he would not have it done. He only brought the matter up in that cursory way to hear what other members of the Division had to say about it.

The CHAIRMAN said that the subject was a very interesting one. There might, he thought, be processes of photographing patients without their knowing anything about it. They would then get a much truer likeness with regard to the complaint.

Dr. GILL said it was a question whether there was any advantage to science in photographing all patients. He agreed that if it was to be done it should be done in a very secret way, and the photograph destroyed after the patient left.

Dr. MACPHAIL thought that if any of the patients could give a good reason why they should not be photographed they should have the right to do so. He did not think the custom was abused very much.

Dr. POPE said that he had never seen any objection to it, and the case-books were kept under control. It seemed to him that the Lunacy Commissioners looked for it, for they made in their reports such entries as "No photography done," "No photograph room provided." He agreed with Dr. Powell that the system should be safeguarded. Snapshotting and enlarging could easily be done. In large asylums it was a great advantage to have photographs as a means of identification.

Dr. ADAIR said that he had had a good deal of experience in photographing patients, for he had five or six hundred admissions per year and they photographed all they could. If there was any case, however, which they thought was not fit or would not be advantageous to the patient it was not done. In any case where a patient objected they did not take the photograph, but he must say that the cases were very rare where the patients objected. As to the question of privacy they took the history of all the cases, some of which were not too creditable to the patients, and it was as bad to keep that as it was to keep the photographs.

Dr. MILLER said that he had snapshotted several patients during the past fifteen years and it had not been objected to until the previous week. He contended that photography was very useful in tracing escaped patients.

Dr. HITCHCOCK spoke of the undesirability of photographing patients. He did not think that anyone had a right to photograph insane patients, and he had felt very strongly on the subject since some years ago he was shown in the collection of an amateur photographer photographs of patients suffering from acute mania. The only argument in favour of photographing the patients was that of identification of large numbers in large pauper asylums, and that criminal lunatics might be so identified.

Dr. POWELL said, in reply, that he was struck by the fact that Dr. Gill and Dr. Hitchcock, who had to do with better-class patients, should have expressed opinions against the system, and he considered that pauper patients should receive equal consideration. He would not say that as scientific men they had no right to photograph for the treatment of disease. It was a good thing that patients should be consulted regarding their wishes in the matter. Still, if a delicate, sensitive melancholiac were appealed to he could not say no, although he might feel that he would prefer to not be photographed. With regard to identity he had never had a case in his twenty-one years' experience.

A vote of thanks to the Chairman closed the meeting.

Previous to the business meeting the members had luncheon in the asylum and were taken round the building and grounds by the medical officers. In the evening members and friends to the number of twenty-one had dinner at the Station Hotel, York.

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