to Brentry Colony and who have been discharged or sent out on licence have been reviewed. No selection of cases has been made.

Of the above 31 criminal defectives, one, a post-encephalitic, was sent to a mental hospital. Of the remaining 30, 2 committed further crime. One of these committed larceny after being away from the institution for $2\frac{5}{12}$ years, and the other stole money $2\frac{10}{12}$ years after receiving his discharge. Thus 28 (or 93·3%) of 30 criminals have committed no crime for periods of observation varying from $1\frac{7}{12}$ years to $9\frac{7}{12}$ years after leaving the Colony.

These crime-free periods are not due entirely to the training received in the institution. After the defective leaves the boundary of the Colony he is seen and assisted by visitors of the local authority concerned. There is no doubt that this visiting helps the defective to remain a law-abiding citizen, even though he is visited perhaps only occasionally. On the other hand, the discipline taught and the habits inculcated in the defective at the institution bear, no doubt, a large share in the improvement.

Unemployment would be expected to increase the liability of a defective to commit crime. Despite this handicap of unemployment for periods varying from some months to three years, 12 (or 92·3%) out of 13 defectives committed no crime. The numbers are small, but it is of interest that the percentage of 92·3 for unemployed closely resembles that of 93·3 for the whole series of 30 cases.

Of the two largest groups of crime, namely theft and sexual offences, the mean periods of observation after leaving the colony were $4\frac{7}{12}$ and $4\frac{1}{12}$ years respectively. On the other hand, the mean duration of stay in the colony was $4\frac{7}{12}$ and $2\frac{11}{12}$ years, whilst the mean maximum weekly wages were 47*s*. 4*d*., and 26*s*. 11*d*. No doubt sexual offences are committed by lower-grade defectives who earn smaller wages upon returning to the outer world. For a similar reason the mean duration of stay in the Colony is longer in the case of defectives committing theft. Many higher-grade patients are less able to control their asocial habits, and so require a longer period before being allowed outside the institution.

Despite the shorter stay of the 11 defectives who had committed sexual offences there were no further crimes committed after leaving the institution, whereas of the 16 cases committing theft, 2 committed further theft after leaving the Colony. The periods of observation in the two groups were approximately the same. There is therefore apparently less risk of defectives who have committed sexual offences committing further crime than there is in the case of those who have committed theft.

Eight defectives committed multiple crimes, one as many as five. These crimes are, of course, only those detected by the police; there may have been many undetected. Amongst these 8 patients, ten crimes could have been avoided if the patients had been certified as mental defectives and placed in institutions after the commission of the first offence, instead of being allowed their freedom with the opportunity of committing further criminal acts.

In 1931, 306 criminal defectives were dealt with in England and Wales. This statement implies that at least 300 crimes could have been avoided if the defectives had been certified before, instead of after the commission of criminal acts. The actual conditions indicate that defectives who commit crime are not always dealt with under the Mental Deficiency Acts; in consequence the total crime caused by mental defectives is greater than suggested by the above figures.

The fact that these potential criminals are allowed to be free to commit crime amongst the general public when powers already exist for their training is surely a slur upon all those authorities who are responsible for the protection of the public from criminal activities.

My thanks are due to the visitors of the 9 County Councils and 7 County Borough Councils who have kindly forwarded reports upon patients who have left the Colony.

The multiplicity of authorities forwarding reports precludes bias due to peculiarities of any one authority. Thus the above findings may be taken as representative for a small series of cases in parts of England and Wales. There is no reason to suspect that results would be greatly different in other parts of the country, particularly as both urban and rural areas are included.

NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Division was held by the courtesy of Dr. B. H. Shaw at the County Mental Hospital, Stafford, on Thursday, April 27, 1933.

The following members were present: Drs. Archdale, Bain, Blair, Brunton, Dove Cormac, Drury, Erskine, Forrester, Fox, Gilmour, Healey, Henderson, Hopkins, Kirwan, Duncan Macmillan, Macdonald, McGrath, Malloy, Menzies, J. J. O'Reilly, Panton, Parkin, Paul, Pickworth, Potts, Russell, D. J. Selkirk, Selkirk, Sharpe, Starkey, Stephens, Tisdall, and Wilson.

https://doi.org/10.1192/bjp.79.326.555 Published online by Cambridge University Press

During the forenoon members visited the new admission hospital and treatment rooms, and the pathology and physiology laboratories.

Dr. Shaw demonstrated the following pathological specimens:

(1) Liver, spleen and heart, from a case of Banti's disease with mental disorder of schizophrenic type.

(2) Brain showing fibrous areas from a case with adenoma sebaceum.

(3) A fourth ventricle showing granulations of the lateral sacs and hæmorrhage which had caused sudden death.

Members were entertained to lunch by Dr. Shaw, and a vote of thanks for hospitality, proposed by Dr. POTTS, was carried by acclamation.

Dr. Shaw took the chair at 2.30 p.m.

The minutes of the previous meeting, having been published and circulated, were confirmed and signed.

The reports of the Divisional Committee and of the Representative Members of Council were received.

The following candidates were, after ballot, duly elected ordinary members of the Association:

JOHN BARRIE PANTON, L.R.C.P.Edin., Senior Assistant Medical Officer, County Mental Hospital, Stafford.

Proposed by Drs. Shaw, Sharpe and Russell.

WILLIAM JOSEPH KIRWAN, M.B., B.Ch., B.A.O.(N.U.I.), Third Assistant Medical Officer, County Mental Hospital, Burntwood, Lichfield, Staffs.

Proposed by Drs. Reid, Taylor and Mackenzie.

DONALD TURNER, M.R.C.S., L.R.C.P.Lond., M.B., Ch.B.Birm., Assistant Medical Officer, Cheadle Royal, Cheadle, Cheshire.

Proposed by Drs. Thomson, Harris-Liston and Russell.

Drs. B. H. Shaw, D. Blair and H. Dove Cormac were elected Representative Members of Council for the ensuing year.

Dr. Shaw was re-elected Divisional Chairman.

Dr. J. I. Russell was re-elected Divisional Secretary.

Dr. Dove Cormac was nominated to serve on the General Nursing Advisory Committee.

It was resolved that the following nominations be submitted to the Educational Committee for the office of Examiner:

Professional Examination: Drs. W. F. Menzies and W. A. Potts.

Preliminary Examination: Dr. Matthew McGrath.

Final Examination: Dr. G. L. Brunton.

Final Mental Deficiency Examination: Dr. H. Freize Stephens.

Nurse Examiner: Miss Moore.

It was proposed by Dr. STARKEY, seconded by Dr. O'REILLY, and resolved, that the Secretary be instructed to make application for authority to elect the Representative Members of Council and the Divisional Secretary by show of hands instead of by ballot, in accordance with By-law 26.

Dr. J. S. SHARPE read a paper entitled "Some Observations on Lipoid Metabolism in Mental Disorder". After discussion, in which several members took part, the meeting closed at 4.45 p.m.

Members were afterwards entertained to tea.

SCOTTISH DIVISION.

A MEETING of the Scottish Division was held at Woodilee Mental Hospital, Lenzie, on Friday, February 17, 1933.

There were present: Drs. Ronald Stewart, R. B. Campbell, R. D. Hotchkis, C. C. Easterbrook, Henry Carre, C. G. A. Chislett, Neil T. Kerr, J. Macleod, Alex. Dick, W. Ford Robertson, D. H. Williamson, T. F. Rodger, W. J. Raitt, W. J. Chapman, T. R. C. Spence, Geo. M. Bell, W. Boyd, C. A. Crichlow, T. Dymock, C. J. Shaw, Angus MacNiven, Douglas McRae, D. J. Forbes, Wm. Blyth, A. G. W. Thomson, W. D. Chambers, J. H. Macdonald, L. C. Bruce, A. M. Wylie, Donald Ross, J. C. Anderson and Wm. M. Buchanan.

Dr. J. H. Macdonald, Divisional Chairman, presided.

Before taking up the ordinary business of the meeting, the Chairman feelingly referred to the death of Dr. James Humphrey Skeen, one of the oldest members of the Division, who first at Kirklands, then at Cupar, and latterly at New Saughton Hall, had devoted nearly forty years to mental hospital administration in Scotland. Short tributes to Dr. Skeen's memory were paid by Dr. Wm. Boyd and Dr. Neil Kerr, and it was unanimously resolved to record in the minutes

https://doi.org/10.1192/bjp.79.326.555 Published online by Cambridge University Press