Dr. SIDNEY COUPLAND read a paper entitled "Remarks on Death Certification and Registration" (see page 27).

The paper was discussed by the PRESIDENT, Drs. MERCIER, STEVENSON, BRISCOE, PIERCE, ROBERT JONES, BOND, PERCY SMITH, COLLINS, MENZIES, and DAWSON.

Dr. COUPLAND replied.

The PRESIDENT announced that, owing to the lateness of the hour, Dr. Rows had agreed to postpone the paper contributed by Dr. Orr and himself.

The members dined together in the evening at the Café Monico.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the South-Eastern Division was held, by the courtesy of Dr. John Turner, at the Essex County Asylum, Brentwood, on October 1st, 1912.

Among those present were—Drs. J. G. Soutar (President), H. E. Haynes, David Bower, John Turner, T. Duncan Greenlees, J. Watson, G. Clarke, E. M. Johnstone, A. C. Dove, W. H. B. Stoddart, J. K. Clarke, Norman Oliver, James Stewart, G. N. O. Slater, Hubert J. Norman, T. O'C. Donelan and David Hunter (Hon. Secretary).

The visitors included the Rev. H. Stephens, Drs. E. Percy Court and Philip Johnson.

Apologies were received from several members.

The asylum and grounds were visited, and at 1.30 the members were entertained to luncheon. At the end of lunch the President proposed a vote of thanks to Dr. Turner and the Essex County Asylum Committee for their kindness in so hospitably receiving the Division.

The meeting of the Divisional Committee was held at 2.15 p.m.

The General Meeting was held at 2.45, the President in the Chair.

The minutes of the last meeting, having been printed in the Journal, were taken as read and confirmed.

The invitation of Dr. H. A. Kidd to hold the Spring Meeting of the Division at the West Sussex Mental Hospital, Chichester, on April 29th, 1913, was unanimously accepted with much pleasure.

COMMUNICATIONS.

Dr. JOHN TURNER opened a discussion on "The Points which Determine the Fitness of a Patient for Discharge—(1) as Recovered, (2) to the Care of Friends."

Dr. Turner said that his object in opening this discussion was more to find out the practice of others in the matter than to impart any useful information of his own. He found it rather difficult to summarise precisely the practice at Brentwood. If the case were one of acute insanity they endeavoured to obtain a convalescent period of a month or more after the subsidence of the mental symptoms, but it was often difficult to obtain this concession, owing to the clamour of the friends for the discharge of the patient, and he did not think that the law gave them any power to enforce this period of convalescence. In the case of a person convalescent from, say, typhoid, they could point out the desirability of rest, but that was all. As a result he was persuaded that many cases go out too early, relapse, and have to return. If the attack were one mainly due to anomaly of brain (that is, in which the inherent factor bulked largely and the accidental but slightly), cases in which delusions and hallucinations were leading features, one had to take into consideration the nature of these delusions, etc., and whether, during the attack, they dominated the actions of the patient. The history had to be studied, and such factors as alcoholism or a tendency to suicide to be considered. He held that in such cases there was no convalescent period, but an interval after the subsidence or apparent subsidence of the symptoms was quite as necessary as in the first class of case. If not the first attack some clue could often be obtained as to the permanence of the so-called recovery from the time they had previously remained out and the capability for occupation they had shown. Strictly speaking he supposed such cases did not recover. [But the word "recovery" was used in a widely vary-

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ing sense by different asylum authorities. That this was so was very strikingly shown by a table published by Dr. Whitwell in his last report. There it was shown that whilst the recovery-rate of different asylums (twelve unselected ones were instanced) varied from 16 to 60 *per cent.* on the admissions, there was very little difference in the total output between the different asylums. So that what one asylum termed a recovery, another more correctly, perhaps, termed relieved.

Turning to cases discharged to the care of friends, Dr. Turner said that in his experience there was no more trying part of the duty of a medical officer than that of trying to dissuade friends from taking out undesirable cases. The friends seemed to be imbued with the idea that the asylum authorities had some secret evil design on the patients, and somehow derived some benefit from detaining them. The more insane and troublesome the patient was, and the more one could heartily desire to see the back of him or her, the greater were the friend's suspicions of one's integrity.

In his opinion the medical officer's functions, except in cases actively dangerous, were purely advisory, and he thought that some officers, perhaps, took upon themselves duties and responsibilities to which they had no legal right. It was their duty to point out clearly to the relatives the nature of the insanity and the liability of the symptoms to issue in dangerous actions, but having done so, if the applicant could prove that he was in a position to house the patient properly, and was willing to take the responsibility on his own shoulders, they had not the power to prevent him.

If he was right on this point, he would still be very sorry to have any additional legal powers enforced on him, but he would like to see very severe penalties imposed on any person who took a case out in opposition to the medical officer's opinion, and who allowed such a case to be a danger or an annoyance to others.

The Brentwood Committee had recently introduced a rule that any person who wished to take out a patient had first of all to send a written application to that effect a clear week before committee day. The superintendent then communicated with the clerk of the union, who was able to ascertain whether the person applying was responsible, and the house and surroundings suitable. A similar rule was, he believed, in force in other places. At Brentwood they found it answer very well and saved many unpleasant interviews with irate or abusive friends, who formerly sprung upon one, as it were, suddenly on committee day the desire of taking out their relative.

From the ideal point of view, and if they knew anything about heredity by which they could ensure the production of a desirable race, most of the cases taken out by friends should not be allowed to go, and hence the asylum accommodation would have to be vastly increased.

Dr. Turner concluded by quoting several illustrative cases.

In the discussion that followed, the PRESIDENT, after complimenting Dr. Turner on his choice of a subject for discussion, remarked that it was an extremely difficult problem to say what was or what was not a recovery, and one which with increasing experience he found more difficulty than ever in solving. He was of opinion that comparatively few patients really recovered.

He gave several instances of patients who were discharged still suffering from hallucinations or delusions, who remained at large for years.

He had been surprised to find how many patients discharged recovered were not capable of performing normal social duties or had a lack of self-control or confidence.

Dr. G. CLARKE said that he, too, would be sorry to see the law altered in such cases. He advocated the system of prolonged trial as being most useful.

Dr. STODDART said that among private patients he was in the habit of letting them go home for gradually increasing periods to the care of friends and noting whether they improved or deteriorated. He thought some cases improved at home which had ceased to do so at the asylum.

Dr. GREENLEES and Dr. JAMES STEWART also discussed the paper, and Dr. TURNER replied.

Dr. GEOFFREY CLARKE then read a paper entitled, "The Forms of Mental Disorder occurring in Connection with Child-bearing" (see p. 67).

The PRESIDENT complimented Dr. Clarke on the clear and analytical way he had considered the question. In the course of his remarks he stated that it

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was his experience that cases associated with the puerperium and lactation were becoming rare.

Dr. BOWER confirmed what the President had remarked about the rarity of puerperal cases. In his opinion this was the result of the more reasonable and physiological way in which the puerperium was now conducted.

Dr. STODDART also agreed that puerperal cases were not so common as they had been. He thought this raised the question whether septic conditions were not really responsible for many of the cases.

Dr. JOHNSTONE also discussed the paper, and Dr. CLARKE replied.

A vote of thanks to the President for occupying the chair was unanimously carried.

After the meeting Mrs. Turner kindly entertained the members to tea.

In the evening the members dined together at the Café Monico.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Northern and Midland Division was held, at the kind invitation of Dr. T. L. Johnston, at the Lincoln Asylum, Bracebridge, on Thursday, October 24th, 1912.

Dr. T. L. Johnston presided.

The following members were present: Drs. M. A. Archdale, J. R. Gilmour, T. L. Johnston, A. P. Russell, E. S. Simpson, R. C. Stewart, T. S. Adair; and three visitors: Drs. J. M. Barkley, W. A. Carline, G. H. Johnston.

Apologies were received from the President (Dr. Soutar), Drs. Shuttleworth, Pierce, and others.

The minutes of the last meeting were read and confirmed.

Drs. Hitchcock, McDowall and Pierce were unanimously elected to form the Divisional Committee for the next twelve months.

An interesting paper was read by Dr. E. S. SIMPSON on "A Case of Methæmoglobinuria followed by Multiple Neuritis" (see p. 81).

Dr. JOHNSTON, Dr. GILMOUR and others took part in the discussion afterwards, and narrated various experiences they had had in the use of sulphonal.

A hearty vote of thanks was accorded to Dr. Johnston for his kind hospitality.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING was held by the courtesy of Dr. Monnington at Laverstock House, Salisbury, on Thursday, October 24th, 1912. The President of the Association (Dr. Soutar) was in the chair, and the following members were present: Drs. Baskin, Nelis, MacDonald, Monnington, Morton, and the Honorary Divisional Secretary (Dr. Blachford).

Letters of regret at being unable to attend were read from Drs. Aveline, Mumby, and J. M. Rutherford.

The minutes of the last meeting were read and signed.

Dr. Blachford was nominated for re-election as Divisional Secretary and Drs. Aveline and Nelis for re-election as Representative Members of Council.

The following were elected as members of the Association: Dr. W. E. Stevenson, M.B., B.S.Durh., Senior A.M.O., City and County Asylum, Hereford, proposed by Drs. C. S. Morrison, Blachford, and Bazalgette.

The Spring Meeting was fixed to take place at the County Asylum, Gloucester, on Friday, April 18th, 1913.

A report of the Sub-Committee appointed to deal with the question of a Central Pathological Laboratory was read, and after a short discussion the meeting was of opinion that in view of a conference shortly to be held in London, the matter should be allowed to rest until after that meeting, and as the President (Dr. Soutar) was attending the Conference he was asked to be good enough to watch the proceedings and voice the opinion of the South-Western Division should opportunity occur.

The meeting terminated with a vote of thanks to Dr. Monnington for his hospitality.

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