The following resolution was passed and a copy ordered to be sent to the Minister of Health:

> "That, in the opinion of this Meeting, it is of the utmost importance that the Mental Treatment Bill should become law as soon as possible, as the absence of the facilities which it provides seriously hampers the prompt treatment of incipient mental disorder."

During the morning members and visitors were afforded the opportunity of inspecting the wards, workshops and pathological laboratory. Dr. EAGER demonstrated a series of cases of Huntingdon's chorea, and other cases of interest were shown by members of the staff. Members and visitors were most hospitably entertained to lunch, at which the Chairman of the Visiting Committee presided, and tea was kindly provided at the conclusion of the meeting.

A hearty vote of thanks was accorded to Dr. Eager and the members of the Visiting Committee for their hospitality and the provision of a most interesting day's programme.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Northern and Midland Division was held at the East Riding Mental Hospital, at Beverley, by the courtesy of Dr. E. S. Simpson, who entertained the meeting to lunch, on Thursday, October 25, 1923.

Dr. E. S. Simpson occupied the Chair.

The minutes of the last meeting were read and confirmed and signed by the Chairman.

Drs. T. S. Adair, E. C. Mould and Bedford Pierce were re-elected members of the Divisional Committee for the ensuing year.

The following candidate was balloted for as an ordinary member of the Association and was duly elected:

> SYDNEY FRANCIS MARWOOD, M.B., B.S.Lond., M.R.C.S., L.R.C.P., Assistant Medical Officer, South Yorkshire Asylum, Sheffield.
>
> *Proposed by* Drs. W. J. N. Vincent, J. M. Mathieson and F. Back.

Dr. J. E. MIDDLEMISS (Leeds) read a paper on "Mental Trends and Mechanisms and their Relation to Disease Considered in their More Familiar Manifestations."

The paper gave rise to an interesting discussion, in which Drs. D. YELLOWLEES, G. R. JEFFREY, BEDFORD PIERCE and O'CONOR DONELAN took part, and Dr. MIDDLEMISS replied. (This paper will appear in the Journal in due course.—Eds.)

Dr. M. A. ARCHDALE then read a paper on "The Token-Reward System in Mental Hospitals." He gave a very interesting account of the introduction, development and results of a system of token-rewards which he had used at the Cambridge Mental Hospital. The value, distribution and purchasing power of the system were all described.

This paper gave rise to a prolonged discussion which was taken part in by most of those present.

Dr. SIMPSON showed a case for diagnosis—a married woman, æt. 56, showing great hypertrophy of the cranial bones, particularly the temporal parietal and occipital; the frontal was only slightly affected. There was no enlargement of the facial bones.

The mental condition was one of progressive dementia with confusion, slight exaltation, great loss of memory for recent events.

The cranial measurements were as follows: Circumference 24 in. Nasal notch to inion 14 in. Ear to ear over vertex 16 in. There was slight ptosis of right eye. Traces of left facial paralysis. Flaccid paraplegia of lower limbs with loss of bladder and rectal control. Sensation to temperature, touch and pain very little impaired. Headache constant but varying in intensity. Dr. Simpson suggested that all the symptoms, both mental and physical, had a common origin, namely pressure of the hypertrophied cranium on the brain as a whole. His diagnosis of the condition was "leontiasis ossea."

The members present displayed much interest in the condition, but did not venture on any diagnosis.

This concluded the meeting.

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