Dr. ISOBEL WILSON asked if any of the amendments made during the day were likely to wreck the co-ordination with the other bodies.

The PRESIDENT said there were only two, the addition of mental hospitals (recommendation 15), but that depended on how it was added, and the other (on recommendation 31) depended on the opinion of the lawyers.

Dr. WILSON asked if they would press for these amendments whatever happened, or would the meeting agree to accept the Memorandum if the other bodies would not agree to the amendments.

The PRESIDENT said that it might be necessary to call a special meeting, although he hoped not. Was the meeting prepared to give powers to certain representatives to negotiate and later to agree the Report so that it might go forward if there was no vital alteration of principles?

Dr. GRAVES hoped that the meeting would agree to the general principles, and leave it to the President and Secretary to obtain the best bargain they could on the matters raised.

Dr. REES proposed that if the lawyers decided that Dr. Lewis's amendment was unworkable the Report be accepted as it stood.

Dr. LINDSAY seconded.

This was agreed.

Dr. BOWER formally proposed that the Report, "Memorandum on the Future Organization of the Psychiatric Services," with the amendments, be adopted as the Report of the Royal Medico-Psychological Association.

Dr. GRAVES seconded, and it was carried unanimously.

The PRESIDENT said that the Report was the policy of the Association. It had been agreed that the Secretary and President should have discretionary powers for negotiations.

Dr. GRAVES asked if there would be further negotiations if the other bodies would not accept the amendments, or would they publish it as a report of the Association.

The PRESIDENT said they could not publish the report separately because an undertaking had been given to that effect. If the other bodies would not agree the matter would have to be reconsidered, because there were compromises in it which would not be admitted if it was the report only of the Association.

Dr. GRAVES proposed a very hearty vote of thanks to the Secretary and the President for the labours they had put in on the compilation of this document. It was easy to criticize the words in the Report, but to pull them together and to fit them in was no small labour, and he felt it was the unanimous wish of the members to express their gratitude to Dr. Masefield and Lt.-Col. Petrie. (Applause.)

Dr. BLAKE MARSH, in the name of the Medical Planning Committee, expressed appreciation of the work carried out by Miss Higgins during its sittings. She had done a great work. (Applause.)

The meeting then terminated.

QUARTERLY MEETING.

A QUARTERLY MEETING of the Association was held on Wednesday, February 7, 1945, at 11, Chandos Street, Cavendish Square, London, W. 1, under the Presidency of Lt.-Col. A. A. W. PETRIE, *R.A.M.C.*, *C.B.E.*, M.D., F.R.C.P., F.R.C.S.Edin., D.P.M.

The Minutes of the last Quarterly Meeting, having been circulated, were signed as correct.

OBITUARY.

The PRESIDENT said that never before in the history of the Association had there been such a number of important obituaries as on the present occasion. The list included three former Presidents whom all had known and deeply respected:

EDWIN GOODALL, *C.B.E.*, M.D., F.R.C.P., M.P.C., Ordinary Member since 1889; Hon. Member since 1938; Assistant Editor 1894–95, and co-Editor of Journal 1895–98; President 1923–24.

Lt.-Col. Goodall was a most enthuasistic worker, and was one of the great protagonists of developing early treatment. A great figure had been lost by his death.

WILLIAM F. MENZIES, B.Sc., M.D., F.R.C.P., Ordinary Member since 1890; Honorary Member since 1937; President 1920–21; Vice-Chairman, Parliamentary Committee, 1932–40; Chairman, Parliamentary Committee, 1940–42.

All members remembered the upright dogmatic figure of Dr. Menzies; he epitomized all that was best in the Association. He raised the standard of the work of psychiatry in the country, and was intensely interested in every aspect of the work. His passing marked a great gap in the Association.

MICHAEL JAMES NOLAN, L.R.C.P.I., L.R.C.S.I., *J.P.*, Ordinary Member since 1888; Honorary Member since 1931; President 1924–25.

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His tall, imposing figure was well known, and he was a most dignified man who represented the work of the Association so well in Northern Ireland. He was remembered with great regard.

Sir HUMPHRY DAVY ROLLESTON, *Bt., G.C.V.O., K.C.B., D.C.L.*, LL.D., D.Sc., M.D., F.R.C.P., Honorary Member since 1927.

JAMES RICHARD WHITWELL, M.B., Ordinary Member since 1889; Honorary Member since 1934; Honorary Librarian since 1927.

Dr. Whitwell had attended all the meetings for many years. Recently he had been a regular attendant at the Council meetings. He had cared for the Library, and it was with great affection and a great sense of loss that his death was recorded.

EDWARD FRETSON SKINNER, M.A., M.B., F.R.C.P., Ordinary Member since 1935.

SAMUEL ERNEST GILL, M.D., D.P.H., Ordinary Member since 1931; *ex*-Commissioner, Board of Control.

The members stood for a few moments in silent respect to these members.

REPORT OF COUNCIL.

The HON. GENERAL SECRETARY read the report of Council, as follows, and moved that it be adopted:

The Council has to report that at its meeting held on February 5, 1945, the following resolutions were passed:

Lt.-Col. C. Lodge Patch was appointed Acting Honorary Librarian until a permanent appointment is made at the next annual meeting.

The Council approved the proposal of the Research and Clinical Committee that the subject for the next meeting to be held in London should be "Ageing and Senility."

The Council received the suggestion from the Research and Clinical Committee that distinguished French psychiatrists should be invited to visit this country as guests of the Association in order that an interchange of views on the progress of psychiatry, particularly relating to war activities, could be made.

Some discussion of the Handbook Committee Report arose, and it was resolved that the names of contributors should be mentioned in the preface, but not at the end of each specific chapter. The copyright of the manuscripts to remain the property of the Association, and the Association reserves the right to revise any future edition.

The Report of the Special Committee set up to consider salaries and conditions of service in the Mental Health Service was before the meeting. If approved the Secretary suggested that it should be forwarded to the Psychological Medicine Group Committee of the British Medical Association, because it would not carry so much weight if it had not the backing of the B.M.A.

The May meeting will be held in Birmingham on Wednesday and Thursday, May 30 and 31. A preliminary notice containing a list of hotels will be circulated shortly and members are advised to book accommodation at the earliest possible moment, otherwise they may be unable to secure any.

Dr. BROOKS seconded the adoption of the Report.

The PRESIDENT suggested that the Report of the Committee on Salaries and Conditions of Service should be left out of the Report of Council and discussed separately.

The question of the Handbook Committee was one of principle. It was much easier to get contributions if the authors' names were attached or definite acknowledgment was made. Up to the present the Handbook had been the composite creation of the Handbook Committee and the Association was responsible for it. The Council decided that that principle should be retained.

The Report of Council, except that part dealing with the Report of the Salaries, etc., Committee was adopted.

SALARIES AND CONDITIONS OF SERVICE.

The HON. GENERAL SECRETARY read the Report as follows:

A Meeting of the *ad hoc* Committee was held on January 9, and the following Recommendations passed:

Appointment of House Physicians in Psychiatric Hospitals and Units.

Salary: £300 per annum.
Length of service: 6 months to 1 year.
Emoluments: Full residential emoluments.

Medical Officers in Mental Hospitals, Institutions, etc.

Title: Shall be called " Medical Officer " until he has passed his examination for the D.P.M. At the end of 3 years, if the examination has been passed, he shall be called "Assistant Physician."

Salary: Medical Officers (without the D.P.M.) £450, rising by annual increments of £50 to £650.

Emoluments: Valued at £200. There should be no obligation to live on the hospital premises.

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Annual Leave: 4 weeks.

Study leave: Reasonable leave for professional purposes. It should be called " professional leave."

Conditions of service: The appointment should be held ideally for a period not exceeding 5 years, but (in exceptional cases) capable of extension, and should be pensionable.

N.B.—If a medical officer lives out he should receive the gross salary.

Assistant Physician.

Salary and emoluments: When a medical officer passes the D.P.M. examination his salary should be increased by annual increments from £650 to £800 per annum with £200 emoluments, until such time as he becomes a Specialist.

All the above posts are terminable by one month's notice either side.

Specialists.

Qualifications: He should hold the M.D. of a British University or the M.R.C.P. with the D.P.M.; or, the D.P.M. with 10 years' approved psychiatric experience.

Title: He should be called " Physician " in his hospital, but " Psychiatric Specialist " outside his hospital.

Terms of employment: 3 months' notice either side. He should not be required to be resident, and the post should be pensionable.

Salary: £800 rising by annual increments of £100 to £1,500.

Emoluments: £200. Emoluments to include house, light, fuel and laundry. Where a member of the Staff is required to live in a house or quarters on the estate (i.e. be resident) such house or quarters should in all cases be given as an emolument.

Annual leave: 5 weeks.

Study leave: 6 months in 6 years on full pay. Nobody under 5 years' service to be eligible for professional leave.

Fees for teaching, examining, expert witness, etc.: Fees for teaching, lecturing and examining to be retained. No recommendations made regarding expert witness and consulting fees.

Medical Superintendents and Deputy Medical Superintendents.

Deputy Medical Superintendents: They should be of Specialist grade and pay, plus an additional £100 per annum, with £200 emoluments. If required to be resident, a house should be provided. From time to time it should be considered whether the duties of Deputy Medical Superintendents in mental hospitals might be undertaken by one of the other Specialists in the hospital. If Clinical Directors are appointed they should be on the same scale and grade as Deputy Medical Superintendents.

Medical Superintendents: Minimum salary, £1,500, plus £300, plus £200 for the first 1,000 beds, and £100 for each subsequent 1,000 or part of 1,000 beds. Emoluments £300. He must be resident.

Annual leave: 6 weeks.

Study leave: 6 months in 6 years.

Fees for Extra-mural and other Special Work: Fees for lecturing, teaching and examining to be retained.

Terms of employment: 3 months' notice on either side for all those of specialist status.

Immediate Recommendation.

The Committee recommend that there should be an immediate increase of 20 per cent. on all grades of salaries that have not been raised except for cost of living bonus since April, 1943.

The PRESIDENT said that the Report was based on the idea of qualification. When a person became a qualified specialist psychiatrist—a definition of which had been given—he should be adequately remunerated, and that was the basis of the recommendations.

Dr. BLAKE MARSH asked about medical superintendents.

The PRESIDENT said that a medical superintendent was firstly a specialist; the deputy medical superintendent was also a specialist, and it was suggested that the medical superintendent should have an extra salary of £300 in addition to his specialist's salary.

Surg.-Capt. DESMOND CURRAN said that it was hoped that psychiatrists would be associated more and more with general medicine, and it was important that psychiatrists' qualifications should be recognized in general medicine as of consultant or specialist status. There were reasons why psychiatrists in the Services could not take higher qualifications during the war. Should they say that all psychiatrists in addition to holding the M.D. should pass an examination? This was important from the point of view of their acceptance by non-psychiatric colleagues outside mental hospitals. Another point was that there was no mention of part-time appointments or part-time pay. There was much to be said for part-time appointments. Psychiatrists should be encouraged to have outside interests and activities, and it was desirable to make such appointments possible.

The PRESIDENT asked if Capt. Curran meant part-time pay or part-time practice, or part-time appointments at certain hospitals, that is, devote their time between different institutions.

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Capt. CURRAN thought there should be all these alternatives. He thought people should be able to take advantage of going to general hospitals as well as to local authority hospitals.

Dr. LINDSAY did not see how they could get away from the M.D. in Psychiatry as long as the Universities were giving it.

The PRESIDENT replied that the M.D. in Psychiatry might be the equivalent of D.P.M. Different Universities had different requirements, and the idea behind the Report was the Report of the Royal College of Physicians, which suggested that the modern D.P.M. which required 5 years' experience was of a considerably higher standard than the present D.P.M.

Dr. BLAKE MARSH said that at the Council meeting several members insisted that the Medical Superintendent's emoluments should be £300, whereas in the report it was given as £200.

The PRESIDENT said that emoluments included house, light, fuel and laundry. The recommendation was the same as that of the Medical Superintendents' Society. Various figures had been stated—£200, £300 and £250.

Dr. LINDSAY thought they should say £300. A Medical Superintendent's house was likely to be bigger, which would make all the difference. £300 was suggested for Medical Superintendents and £200 for other living-in medical officers.

The PRESIDENT said that £200 was based on the equivalent of full residential emoluments, which was what another group of medical officers had been asking for. Some medical officers asked for an emolument value of £250 plus a house of a certain value, coal, light, fuel and laundry.

Dr. LINDSAY said the point was clear: the Medical Superintendent must have more emoluments than other people otherwise it would not be fair, because his house was twice the size of any house in the establishment.

It was agreed to alter the figure of £200 to £300 in the case of Medical Superintendents.

Dr. KIMBER referred to the question of part-time appointments. He did not think they could hope to consider part-time scales at the moment, but he thought that an addendum might be made to the report suggesting that it was anticipated that part-time posts would exist in the Mental Health Service and that salaries should be based on some proportional amounts.

The HON. GENERAL SECRETARY said that the Committee did consider this point, but looked upon this as a future service in which they would be attached primarily to a hospital, and the rest of the work would be outside. It seemed to him impossible to cut into the salaries. This was a salary for the work of the individual. They could not deal with private practice.

The PRESIDENT thought the point would be raised when the Psychological Medicine Group of the B.M.A. was consulted. The Report was concerned with full-time officers, but the point would be borne in mind.

The Report, as a basis for discussion, was adopted.

ELECTION OF MEMBERS.

The following were elected members of the Association on a ballot being taken. Dr. T. P. Rees and Dr. Ford Robertson acted as scrutineers.

BOWLBY, EDWARD JOHN MOSTYN, M.A., M.D.Cantab., Lt.-Col. *R.A.M.C.*, 15, Stormont Road, London, N. 6.
Proposed by Drs. J. Rickman, R. M. Macfarlane and W. Gordon Masefield.

BROOKES, THEODORA, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer, Monyhull Colony, Birmingham 14; 255, Brandwood Road, Kings Heath, Birmingham 14.
Proposed by Drs. C. J. C. Earl, S. M. Steel and M. J. Brookes.

CRICHTON, JOHN PRINGLE, L.R.C.P.&S.Edin., D.P.H., L.D.S., Senior Assistant Medical Officer, Botleys Park Colony, Chertsey, Surrey.
Proposed by Drs. K. C. L. Paddle, M. A. Collins and W. Gordon Masefield.

FLEISCHHACKER, HANS, M.D.Berlin, Pathologist, Shenley Hospital, near St. Albans, Herts.
Proposed by Drs. O. Fitzgerald, R. M. Macfarlane and T. P. Rees.

HALL, MURIEL BARTON, M.D., Ch.B., Honorary Assistant Medical Psychologist, Liverpool Royal Infirmary; Hon. Physician, Liverpool Psychiatric Clinic; Consulting Psychiatrist, County Borough of Birkenhead; 41, Rodney Street, Liverpool 1.
Proposed by Drs. J. E. Nicole, J. Erskine Howie and B. Finkleman.

KAPP, DOROTHY MARY, M.B., B.S., B.Sc.Lond., Consultant in Psychological Medicine; Gardole, Stanhope Road, E. Croydon, Surrey.
Proposed by Drs. D. Firmin, T. Lindsay and M. Pearce.

KINO, FREDERICK FAVEL, M.D.Basle, Temporary Assistant Medical Officer, Wadsley Mental Hospital, Sheffield 6.
Proposed by Drs. F. T. Thorpe, A. Kelly and W. E. W. Bridger.

MASANI, KEKI RUSTOM, M.R.C.S., L.R.C.P., D.P.M., Director, The Indian Institute of Psychiatry and Mental Hygiene; Director, Child Guidance Clinic, Sir D. J. Tata, Graduate School, Bombay; Cumbatta Chambers, 42, Queen's Road, Bombay.
Proposed by Cool. Moore Taylor, Drs. L. P. Varma and B. H. Bhattacharjya.

MOIR, DAVID CALDER, M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.&S.Glas., Major *R.A.M.C.*, Specialist Psychiatrist.
Proposed by Drs. M. J. Chapman, T. Dymock and Robert A. Blair.

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STOKES, ALDWYN BROCKWAY, M.A., B.M., M.R.C.P., D.C.H., D.P.M., Deputy Medical Superintendent, Mill Hill Emergency Hospital, London, N.W. 7.
Proposed by Drs. W. S. Maclay, M. S. Jones and E. Guttmann.

WHITTERIDGE, SIDNEY MORGAN, M.R.C.S., L.R.C.P., L.D.S., Neuropsychiatric Specialist, Cholmondeley Castle, Malpas, Cheshire.
Proposed by Surg.-Capt. Desmond Curran, Drs. J. B. Randell and W. Gordon Masefield.

ELECTROENCEPHALOGRAPHY IN RELATION TO PSYCHIATRY.

The following papers were read:

"Relationship of Electroencephalography to Psychiatry," by DENIS HILL, M.B., M.R.C.P., D.P.M. (see p. 281).

"The Impulsive Psychopath," by R. SESSIONS HODGE, M.R.C.S., L.R.C.P.

"Analysis of the Fine Structure of the Electroencephalogaam," by W. GREY WALTER, M.A.

DISCUSSION.

The PRESIDENT said they had spent a most delightful day; they had learned a lot and were in the process of digesting it. They had heard of some of the possible applications of electroencephalography to psychiatry and of the manner in which this could help. There had already been some help in various directions, but it had all been in the nature of trends rather than anything absolute. Nevertheless, it had developed on the lines which the paper just presented had touched upon. Dr. Hill during the morning session had pointed out some of the subsidiary factors which were so important in bringing out these latent instability trends, which had been of great value in certain murder cases. The difficult problem had been referred to of what should be done when the cause of these instability trends was discovered, and those who had had any experience of this sort of thing realized that great difficulty and how, in the present state of the law, nothing could be done about it. It meant that these impulsive psychopaths could only be discharged on the community to do some very definite overt act before they could be dealt with, and they might be going out to do murder. The other important problem was the position that arose when a warning had been given that certain people might become dangerous. This involved the question of whether there should be a period of preventive detention for the benefit of the community, and in this there was a big social problem.

Some of these difficulties had been discussed during the meeting, and evidence had been given of the extraordinary ingenuity that was being displayed in making this new field of investigation helpful. The technicology was an intensely interesting aspect to the individuals developing it, but some knowledge of it would also be useful and of great interest to the people who were going to benefit by it. They had been given an insight into some of the difficulties, and the reports were apt to be couched in somewhat more cautious language than the physicist cared for. Obviously the subject was being developed very rapidly. Researches had been going on in various parts of this country and also in America, and a glimpse had been given of the possibilities. For this they were all grateful to those who had given this information to the meeting, and now it would be extremely valuable to hear from those who had had experience in this connection. They were fortunate in having with them Major Leo Alexander, a distinguished American Army psychiatrist, and perhaps he would give some of his experiences.

Major LEO ALEXANDER said it had been a great pleasure to him to attend this meeting and hear the important papers that had been presented. During the past ten years he had had the good fortune to work in clinics where electroencephalography had been a great help, and where co-operation with those working on these researches had been most valuable. When he came overseas with his unit and was concerned with large numbers of Air Force personnel—both flying and ground forces—and also other Army personnel, he had felt very much lost without the aid of electroencephalography apparatus and without anybody skilled in the subject, even if he had had such apparatus. Therefore he felt it was his very good fortune to be placed in touch with Dr. Hill, who had been kind enough to help him solve his problems, which could not have been adequately done without the aid of electroencephalography. He had taken a group of patients to Dr. Hill, who had suggested he should attend this meeting, which had taught him a lot. A great deal of help had also been received from Dr. Sessions Hodge and Mr. Grey Walter in the work he had had to do over here. He had had some 150 cases per month, or 1,800 a year, and in some 3 per cent. of these cases it was impossible to form a clinical opinion without the aid of electroencephalography. In these cases there were obscure neurotic or organic conditions. In a small percentage of the psychiatric cases the electroencephalogram showed greater abnormalities under service conditions than were encountered under civilian conditions, and the indications were that the environment of military life tended towards these greater abnormalities. Therefore, the biological strata which would not respond explosively in civil life did respond explosively under military conditions. Other problems due to military conditions involved that of epilepsy. There was one case in which the patient had the feeling of being pulled forward, and whether it was organic or psychiatric it had not yet been possible to ascertain. However, he was very grateful for the help he had received from Dr. Hill and others in this country with

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regard to the small percentage of psychiatric cases, and others on the military side of neurosis and other reactions due to combat stress, which were quite prevalent. The 3 per cent. was a high percentage of the organic borderline cases, and having regard to the great help that had been received through the aid of electroencephalography, he hoped this would be more generally resorted to as a means of finding out what was wrong with patients and what could be done about it. The papers presented to the meeting were historically important, and a real landmark in developing psychiatric electroencephalography.

Sir HUBERT BOND said that although he had made the effort to take in everything the authors of the three papers had said, he frankly admitted he had not succeeded. Nevertheless, with everyone else present, he felt he had learned a great deal. Would he be right in asking one or other of the three authors whether, as this great work developed, it would considerably help doctors who occupied specially difficult positions in having to decide whether to recommend the powers that be to discharge a person or otherwise, this person having committed some grave offence—say murder—because that was what was in his mind. Such a person might have been, for many years, under care, and the question of discharge might be raised by outsiders or by the patient or prisoner. In such cases the doctor was placed in an extremely difficult position. What he had in mind was that the records at the time the crime or crimes were committed showed abnormalities and they were accepted as evidence. If, at intervals, similar records were taken and showed that the abnormalities had disappeared after, say, ten or twelve years, would it not strengthen the hands of the doctor in saying that the behaviour of the person had been perfect for a certain length of time, and that in the absence of the original abnormalities he felt justified in recommending discharge? There was at the present time a case in charge of one of the doctors attending this meeting, and the person in question had committed a terrible crime, for which she had never been arraigned. There were good reasons for that, however. He understood that the position of this doctor was extremely difficult. In the absence of overt misbehaviour in the institution there might come a time when the doctor might think this person should be discharged, but there might be the risk that when she got up against human beings again who could not defend themselves she might be liable to do the same terrible things again. His point, therefore, was that if records were taken, say, every ten years, could reasonably safe deductions be drawn from the fact that the original abnormalities had disappeared, and would the doctor be justified in recommending discharge? If this were not so, then there seemed nothing for it but that such a person should be kept under care for some 20 years; and as in the case in point the person was now in the early twenties, it meant she would be under detention until she was 45 or 50 perhaps. He gathered from the papers that there was a big field open in this connection in which electroencephalography would be of considerable assistance to the doctor.

A SPEAKER remarked that in the American work on this subject certain waves had been called pace-makers. Were these the same as what the author had recorded?

Mr. W. GREY WALTER said the answer was a very involved one. These rhythms could be called pace-makers in a sense, and there was the conception of a sort of basic pace-maker which had been spoken of publicly by a number of people, but personally he was not convinced. He was not actually recording the ordinary alpha rhythm and there was some doubt as to whether the waves were coming from the deep structure. Most of the waves recorded, which could be regarded as inhibition waves, had been under conditions of inactivity, and that was why he felt the hypothesis of the pace-maker rhythm was not necessarily the correct one. All these waves would have the same ratio, but they would have a different significance according to the human being concerned.

A LADY MEMBER inquired if Mr. Grey Walter had carried out any work on children to show whether there was a high correlation between adverse environment and the development of the dominant alpha rhythm. Environment appeared to have a greater effect later on, and if there was a high correlation, some useful deductions might be drawn.

Mr. GREY WALTER said that again his reply would be rather unsatisfactory. There had been some general work done, particularly since the war, on the effect of environment on the child, but there were great difficulties in assessing environmental factors. He agreed it was one of the most important subjects to study and possibly one of the most difficult, for the reason he had mentioned. On the whole, however, the impression—and it was only an impression—was that environmental factors did not affect the electroencephalogram, and he did not think that environmental factors, as such, could produce any sudden specific change.

Dr. PULFORD asked if any work had been done on chronic neurosis arising out of Services life. It happened that one doctor would say a man was fit and another would say he was not fit, and it was difficult for the psychiatrist to be quite certain that the person was not malingering.

Dr. DENIS HILL replied that a great deal of work had been done in this connection, but the difficulty was to decide by means of the electroencephalogram what abnormality was constitutional and what was not. There were circumstances in which it was very difficult, with the electroencephalogram, to say whether the abnormality was acquired or whether it was constitutional, as he had mentioned during the morning session.

With regard to whether the electroencephalogram was likely to help doctors whose responsibility it was to say whether a person should be released, that was a very important application of these methods as applied to the psychiatrist. One thing that had impressed him in carrying out electroencephalographic investigations was the age-group: 90 per cent. of the cases fell

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within the 18 to 30 age-group. Psychopaths were still psychopaths at 30, but they were very much less violent. It seemed to be necessary to develop a series of better tests to investigate the condition of the person at periodical intervals, say 5-yearly. There was insufficient evidence at present to determine what might happen as the years went on. Most of his patients had a family history, in which the father had ceased to be an aggressive psychopath and was amenable enough, if treated like a child.

Dr. R. SESSIONS HODGE said there was not sufficient evidence at present to relate the influence of the time factor, and in connection with the question of release of a person who had committed a serious crime, the next step would be to collect a series of records over an extended period of time, and so obtain evidence of the existence or non-existence of the maturation process.

The PRESIDENT, in closing the Session, said they had had a most instructive day. He added that in the treatment of psychopaths the greatest help had been received from work carried out with the electroencephalogram, and the knowledge of the value of that work was rapidly spreading. More and more practitioners were now appreciating this assistance. The result was that those who were interested in the higher forms of crime were now ceasing to adopt the older methods. Personally he wished to pay a great tribute to the quality of the work being carried out by the three authors of the papers, and the very clear manner in which they had expounded a most difficult subject.

A cordial vote of thanks was given to the three authors and the meeting closed.

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Northern and Midland Division was held at the Royal Victoria Station Hotel, Sheffield, on Friday, October 27, 1944, at 2.30 p.m.

Present: Dr. K. K. Drury, Divisional Chairman; Drs. Allen, Bonnell, Cormac, Crowe, Davidson, Eaves, Fairweather, Forsythe, Fox, Furniss, Mackay, Magee, Mould, Napier, O'Riordan, Pentreath, Pool, Small, and Thorpe.

The minutes of the previous meeting were confirmed and signed.

A letter was read from the Hon. General Secretary, referring to the appointment of a Rapporteur to the Planning Committee, and it was resolved that the Representative Members be requested to raise the question in Council.

The following were duly elected as ordinary members:

FREDERICK KRATTER, M.B., Ch.B.Manchester, Dip.Comm.Vienna, Temporary Assistant Medical Officer, County Mental Hospital, Prestwich; 67, Albert Avenue, Prestwich, Manchester.
Proposed by Drs. Talbot, McGlashan and Hart.

SYLVIA REID, B.A., M.B., B.Ch., B.A.O., D.P.M., Assistant Medical Officer, St. George's Hospital, Morpeth, Northumberland.
Proposed by Drs. Murray, FitzGerald and Bardon.

CHARLES RANKIN, M.R.C.S.Eng., L.R.C.P.Lond., Visiting Psychiatrist, Walton Hospital, Liverpool; 31, Rodney Street, Liverpool.
Proposed by Drs. Jones, Williamson and Wilson.

Dr. Dove Cormac, Dr. M. A. Archdale and Dr. Duncan Macmillan were elected to serve on the Divisional Committee.

Dr. D. S. FAIRWEATHER read a paper on "The Post Encephalitic: A Survey of 250 Cases." An interesting discussion followed:

Dr. THORPE described a case of twenty years' duration, treated by leucotomy. One year after operation there was still amelioration of disordered behaviour sufficient to justify the operation.

Dr. FOX said he was satisfied that treatment by atropine did not produce a drug addiction.

Dr. POOL suggested that deep X-ray therapy was an effective means of treating troublesome ptyalism.

Dr. DAVIDSON described a case in which the first sign to appear was oculo-gyric crisis.

In reply to a question, Dr. FAIRWEATHER said the post-encephalitic syndrome followed trauma and infections (e.g. measles and influenza) other than that of encephalitis lethargica. Some cases were insidious, and not traceable to any acute illness.

Dr. POOL proposed that steps be taken to organize an active opposition to any system of dual control in hospital administration.

The meeting closed at 4.30 p.m.

THE SPRING MEETING of the Northern and Midland Division was held at Carlton Hayes Hospital, Narborough, near Leicester, on Wednesday, April 11, 1945, by kind invitation of Dr. K. K. Drury, the Medical Superintendent. Before lunch members were invited to view the hospital, and saw a demonstration of recent pathological techniques in the hospital laboratory.

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