GENERAL SECRETARY: The N.E.C. have not drafted any definite scheme. Miss Wiese brought the matter to our notice, and asked us to permit the Conference to vote on it, and we put it on the agenda on the understanding that if you passed it the N.E.C. would draft a scheme, which they would submit to you in due course. All the points raised are of very great importance, and I can see many difficulties in the way. We should, of course, have severely to limit the number of scholarships, and to do so would mean setting up some authority to make a choice from amongst the applicants, but the N.E.C. would not proceed with any scheme without first coming to this Conference for approval. [*Vide: N.A.-W.U. Magazine*, August, 1928.] **[Carried.**

GENERAL PARALYSIS SUB-COMMITTEE.

POINTS FOR A DISCUSSION ON THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF GENERAL PARALYSIS.

The Diagnosis.

1. Is the diagnosis of general paralysis justified on laboratory findings only, *i.e.*, without the support of (*a*) mental, (*b*) physical, or (*c*) both mental and physical signs? If not, then what physical and mental symptoms are necessary to support laboratory findings in order to justify a diagnosis of general paralysis?
2. Are cases now being diagnosed and treated as general paralysis in virtue of certain common laboratory findings, and which otherwise would not have been diagnosed as such? If so, do these cases represent an altered type of general paralysis, or are they merely the cases which were formerly classed as cerebral syphilis and treated as such with a reasonable prospect of improvement or cure?
3. Can cases of acute cerebral syphilis be distinguished from general paralysis clinically or serologically? If so, how?
4. To what extent is there unanimity of opinion as to the laboratory findings which justfiy or support the diagnosisof general paralysis? [This question arises because of the necessity for a complete standard correlation between the mental and physical signs and the serological changes in such cases.]

The Pathology.

1. Is there a special neurotropic strain of spirochæte in general paralysis?
2. Should cases of acute cerebral syphilis (infection *vid* blood-vessels and not lymphatics) be regarded as suffering from general paralysis?
3. Is general paralysis due to a pure or mixed infection?
4. Are the pathological findings in general paralysis pathognomonic or are they merely those found in all cases of dementia?

Treatment.

1. The application of malaria and tryparsamide therapy to cases of early syphilis showing pathological changes in the cerebro-spinal fluid.
2. The cause of the variation of the results of malaria and tryparsamide therapy in general paralysis claimed by different observers.
3. Should malaria therapy be supplemented by other anti-syphilitic measures?

It is hoped that members will take every opportunity of discussing these points at Quarterly, Divisional and Divisional Clinical Meetings during the year 1928–29, and forward notes of their remarks to the Hon. Secretary, Dr. W. D. NICOL, *Horton Mental Hospital, Epsom.*

PATHOLOGICAL, BACTERIOLOGICAL AND BIOCHEMICAL SUB-COMMITTEE.

SCHEMES OF RESEARCH.

[*May* 8, 1928.]

Subject:

(1) The Histology of the Basal Ganglia.

Leader: Dr. G. A. WATSON, Pathologist, Lancashire Mental Hospitals.

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