than punishment. The counsel for the Crown submitted that all the facts of the case were consistent with a hidden motive.

The judge in his summing up also dwelt on the absence of motive, by which, he said, he meant that there was no evidence of any "real wicked motive," and pointed out that no attempt had been made to drag out any motive from the father or brother when giving evidence; but their devotion to the man in the dock was obvious, and they evidently did not take any such view. He thought the jury should say that it was a motiveless and irrational crime. In the course of the trial his lordship had refused to accept any plea of irresistible impulse, and he expressed the opinion that the prisoner must be held to have known the nature and quality of his action, and also that it was against the law, and in that sense wrong; but it was possible that for other reasons he might have thought it justifiable and right. The defence had asked for a verdict that, when the prisoner committed the act with which he was charged, he was not responsible for his actions. In his lordship's opinion the jury could find such a verdict, if they so desired, on the evidence before them. There was no real warrant for a simple verdict of "not guilty."

The jury, after an absence of about half an hour, brought in a verdict of Guilty, but not responsible for his actions at the time, and the judge ordered the prisoner to be detained as a criminal lunatic "until His Majesty's pleasure be known."

The correctness of the judge's charge and of the jury's verdict is unlikely to be questioned; indeed, the result of the trial gives some reassurance that, unsatisfactory as the rules in the McNaghten case may be in some respects, the common sense of British courts can be relied upon to prevent miscarriage of justice. It will be noted that the judge in the present case would not accept the doctrine of uncontrollable impulse, and therefore must be considered to reject the recommendations made by the Atkin Committee in 1923; and undoubtedly, however theoretically just the doctrine may be, the difficulty of deciding whether uncontrollable impulse was present in a given case would almost always be insuperable.

Although, however, little doubt can exist as to the presence of unsoundness of mind in this case, the diagnosis of dementia præcox admits of some question, in the absence of many of the classical symptoms, such as hallucinations and actual delusions, dementia, and the peculiarities of speech and action characteristic of the more advanced condition. The arguments are, however, really of a somewhat cumulative character, and taken together afford, I submit, a strong presumption that the diagnosis is correct. Thus there is evidence of neuropathic heredity on both sides of the family, of possible pre-natal injury, and of certain shocks in childhood, as well as of mental compulsions, and it seems clear that he had suffered from an introverted personality, which was in all probability made worse by the excessive mutual devotion of the brothers. Addiction to self-abuse occurred, and later gave rise to much worry, which probably merged into generally hypochondriacal preoccupations. With all this there was keen intelligence, as shown by proficiency in a fairly difficult calling, but combined with a certain boyishness—he looks about 17—and want of wisdom. On the emotional side there is the curious combination of love and hatred for his brother, which is of itself a characteristic symptom; and a lack of emotional response to the conditions, shown by failure to appreciate his position and the implications of his act, or to feel any real remorse for it or for the concern caused to his relatives. The manner in which the idea of killing his brother gradually grew and developed into a definite plan, the absurd rationalization of it, the feeling of compulsion which led up to the act, and withal the confidence in his own acuteness and ability to bamboozle the police, are pointers in the same direction. Recent information (dated October 5) indicates that he is in much the same condition as when first admitted, the medical opinion being that "he has the appearance of a dementia præcox, but it is by no means a typical case."

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Division was held at the South Yorkshire Mental Hospital, Sheffield, on Wednesday, October 28, 1931, by the courtesy of Dr. W. J. N. Vincent, *C.B.E.* 23 members and 13 guests attended.

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In the forenoon members were shown round the Hospital, and the new Tuberculosis Hospital was inspected.

The members and visitors were then entertained to lunch by Dr. Vincent. At the conclusion a very cordial vote of thanks was moved by Dr. Dove Cormac, and carried by acclamation.

The minutes of the Spring Meeting were read and confirmed, and signed by the Chairman, Dr. Dove Cormac.

The three following candidates for membership were balloted for and declared duly elected :

ARTHUR BLACKWELL PAUL, M.A., M.B., B.Ch.Camb., Consulting Physician, Cheshire County Mental Hospital, Chester ; Hon. Physician, Chester Royal Infirmary.

Proposed by Drs. Healey, Grills and Chevens.

ROBERT STEWART KENNEDY, M.B., Ch.B., Assistant Medical Officer, Cheshire County Mental Hospital, Chester.

Proposed by Drs. Grills, Healey and Chevens.

ALASTAIR GORDON COUSTON, L.R.C.P.&S.Edin., Assistant Medical Officer, Cheshire County Mental Hospital, Chester.

Proposed by Drs. Grills, Healey and Chevens.

The following were elected as the Divisional Committee: Drs. Archdale, Barkas, Dove Cormac and Edgerley.

Dr. Shaw was suggested for nomination as Chairman ; Dr. J. Ivison Russell as Secretary ; Drs. Blair and Archdale as Representative Members of Council.

The invitation of Dr. Dove Cormac for the Spring Meeting, 1932, to take place at Macclesfield was accepted. The date and place of the Autumn Meeting were not fixed.

The CHAIRMAN reported the following resolution of the Divisional Committee as regards the appointment of Examination Inspectors, and this was approved :

> " That the Area Examination Secretaries be nominated to act as Inspectors in their areas, provided that each, with the approval of the Registrar, may nominate a deputy to act for them."

Dr. ARTHUR HALL then gave a lecture on **"Ocular-Fixation Attacks in Chronic Epidemic Encephalitis."** He showed lantern-slides illustrating the condition, and discussed the symptom from the clinical point of view, especially in relation to sleep states. An interesting discussion followed, in which several members took part. Dr. Hall was thanked for his paper.

Dr. J. E. NICOLE read a paper by Dr. Fitzgerald and himself on **"The Sero-Diagnosis of Syphilis in Mental Hospital Practice"** (*vide* p. 96). This gave rise to considerable discussion.

Dr. F. T. THORPE then demonstrated the pathology of three cases, with lantern-slides : (1) Pick's disease ; (2) Alzheimer's disease ; (3) argyria.

Dr. VINCENT then gave **"Some Observations on Hypnagogic Hallucinations."** These were illustrated by drawings from his own experience of the state. The relationship to migraine and other conditions was discussed.

Tea was served during the afternoon, and a long and interesting meeting concluded at 5.30 p.m.

SCOTTISH DIVISION.

THE AUTUMN MEETING of the Scottish Division was held at the Argyll and Bute Mental Hospital, Lochgilphead, on Friday and Saturday, October 23 and 24, 1931.

Present : Drs. Jas. Valentine, W. McWilliam, J. A. Jenkins, M. R. Knight, R. D. Hotchkis, J. H. MacDonald, John Keay, Neil T. Kerr, Ronald Stewart, George Gibson, T. R. C. Spence, Angus MacNiven, W. M. McAlister, D. K. Henderson, Donald Ross, W. D. Chambers, C. J. Shaw, Douglas McRae and W. M. Buchanan.

Dr. Neil T. Kerr presided at the outset, and after expressing his thanks to the officials of the Division for their help during his term of office, introduced his successor as Chairman of the Division, Dr. Douglas McRae, who thereafter presided.

Before taking up the ordinary business of the meeting the Chairman feelingly referred to the deaths of Dr. John Carswell and Dr. Samuel Rutherford Macphail. Short personal tributes were paid to the memories of these old colleagues and friends by Dr. J. H. MacDonald, Dr. George Gibson and Dr. Donald Ross. It was unanimously resolved that it be recorded in the minutes that the members of the Scottish

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