

alternating phases of suggestibility and impulse characteristic of what is described as dementia præcox do not cover the symptoms. I think we can accept the explanations of Freud, Janet, and others as to the origin of these symptoms, but I think the hysterical group would be a valuable addition in any new scheme. There is no doubt that with the changes occurring in our civilisation there are mentally adaptive conditions to meet them, and we see among our incipient cases many examples of a failure in the mental states associated with hysteria, neurasthenia, and compulsion neuroses which cannot at present be definitely covered by the scheme we all now make use of, and Dr. Turner's suggestion here is a good one.

Dr. Turner appears to include idiocy or certain forms of it as traumatic and accidental and he refers to the form amaurotic idiocy. In some of the sections and plates I have seen there appeared to be a remarkable gliosis involving every part of the brain. It is difficult to see how this can be accidental or traumatic in origin unless on the ground suggested, that a lesion in infancy tends to spread and become general whereas a like lesion in adults becomes circumscribed and encapsuled. Also, it seems to me—but I am not a pathologist—impossible to distinguish mesoglia from neuroglia except only in the possible size of the cells.

The division of delusional cases in Dr. Turner's practice is interesting. Hitherto those not relating to the senses have been considered more in regard to their content, such as persecutory, grandiose, etc., rather than in their tendency, and I am not satisfied that "puerility and perverseness" quite denote or connote their significance.

I certainly object to "lucid insanity." Lucidity inclines and prejudices one to look for sanity rather than insanity, and such a terminology in my opinion confuses any proffered explanation, and would certainly lead to adverse criticism from a jury in a medico-legal case. I quite appreciate what Dr. Turner means to imply, and I should prefer "logical insanity" to "lucid insanity," for logic has nothing to do with the content of the premise—only with the truth of the conclusion.

In his classification of mania-melancholia there is overlapping. In the one case these are considered from the psychological standpoint under "emotional" and from the developmental under "involutional." If these, then, why not vascular, diathetic, etc. The suggestion that confusional insanity should be classed as "exhaustion" and alcohol, is a further example of an overlapping proposal, being a form of insanity as well as a classification from the point of view of causes. A desideratum in any scheme is the possibility of placing any case at any moment of examination into a definite category, and this is not possible in Dr. Turner's scheme as the form may be mania, and the only place where alcohol figures is under "confusional" insanity.

I also object to the term "idiopathic," and especially where, as in the case of alcoholic confusional insanity, a definite cause is suggested, and, I think, although Dr. Turner has presented a very valuable contribution, and one with many suggestions, that the ideal classification is yet to come.

I am sorry at the last moment to be unable to attend, and it is only at Dr. Turner's suggestion (for he very kindly permitted me to read his paper) that I venture to criticise it *in absentia*, as it is not unlikely that hearing his own explanation might modify what I write.

Drs. KERR, FLETCHER BEACH, and EDRIDGE-GREEN also discussed the paper.

The CHAIRMAN regretted that, owing to the lateness of the hour, there would not be time to hear Dr. Corson's paper on "Insane Heredity in the Insane of a Rural Population," and this was taken as read.

After the meeting Dr. Kerr kindly entertained the members and visitors to tea.

#### SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of this Division was held at the Bristol City Asylum at Fishponds, Bristol, on Friday, October 27th, 1911.

The following members were present: Drs. Aveline, Bazalgette, Lavers,

McBryan, Marnan, McDonald, Nelis, Phillips, Rains, Rutherford, J. M. Soutar, Scott Williamson, and White, and the Hon. Divisional Secretary (Dr. Blachford).

Dr. McDonald having been appointed to the Chair the minutes of the last meeting were read and signed.

The date of the Spring Meeting was altered from Friday, April 26th, 1912, to Thursday, April 18th, 1912, a Thursday being more convenient as regards train service.

The invitation of Mrs. Fox to hold the Spring Meeting at Brislington House, near Bristol, was unanimously accepted.

Drs. SCOTT WILLIAMSON and PHILLIPS read a paper on "Further Investigation on the Cerebro-Spinal Fluid in Insanities" (see p. 84). This gave rise to an interesting discussion, both on the paper and the cases shown, which was taken part in by Drs. McDONALD, SOUTAR, NELIS, and BLACHFORD. Dr. BLACHFORD suggested during discussion that as all asylums had not opportunities for pathological work, and as the lead had been given by London, Scotch, and some northern asylums, it was time something was done in the south-west, and he proposed—"That a committee of five be appointed to consider the question of a central pathologist: each asylum to contribute towards the cost of the work." This was seconded by Dr. AVELINE, and Drs. McBryan, Soutar, Aveline, Blachford, and Scott Williamson were elected to form the committee and asked to report at the Spring Meeting.

#### NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of this Division was held at the kind invitation of Dr. E. H. O. Sankey at Boreatton Park, Baschurch, Salop, on Thursday, October 19th, 1911.

Dr. Dawson, the President of the Association, presided, and the following members were present: Drs. L. F. Cox, C. K. Hitchcock, J. Middlemass, B. Pierce, D. F. Rambaut, E. H. O. Sankey, E. W. White, T. S. Adair; and one visitor: Dr. W. H. Packer.

The minutes of the last meeting were read and confirmed.

Drs. Hitchcock, McDowall and Pierce were unanimously re-elected to form the Divisional Committee for the next twelve months. Proposed by Dr. White, and seconded by Dr. Middlemass.

#### SOME REMARKS ON THE DIPLOMA IN PSYCHOLOGICAL MEDICINE.

By BEDFORD PIERCE, M.D., F.R.C.P.,  
Medical Superintendent, The Retreat, York.

Four Universities have already instituted diplomas in Psychological Medicine, *vis.*, Edinburgh, Durham, Manchester and Leeds. Two others are seriously considering the subject, and the College of Physicians in London has decided that Members of the College can enter for a special examination in psychiatry.

It is clear that the policy of the Association as expressed in the circular letter to the teaching bodies in July, 1910, has been generally approved.

Before considering the effect of the diploma upon those engaged in asylum work, it will be well to state briefly the conditions under which the diploma can be obtained. Although, as a general rule, the suggestions of the Association have been acted upon, there are important differences in the requirements of the various universities.

*Edinburgh and Durham* both require one academical year's study. The subjects fall into five groups: (1) Anatomy, physiology, and pathology of the nervous system; (2) psychology and experimental psychology; (3) bacteriology in relation to mental diseases; (4) clinical neurology; (5) psychiatry.

Two examinations are held at the end of the winter and summer sessions respectively.

Edinburgh permits candidates who have held responsible asylum posts for not less than two years, exemption from one or more subjects of the curriculum during the next three years dating from October, 1911.