

diphtheria bacillus. Dr. Gane now wished to bring forward his experience of cases he had treated with the diphtheria antitoxin. The advantage of the serum is that it is standardised and the strengths are definitely graduated. The number of cases in which he tried the serum were six, all of which were general paralytics. The first four cases were disappointing, and the fifth could only have been changed by a miracle. In the sixth case after treatment the grandiose ideas and delusions left, and mentally the patient showed improvement. He believed that the temperature reaction, temporary excitement and alteration or improvement in the mental symptoms were probably due to some absorptive process set up by the serum and not to any specific action.

In the cases mentioned the disease was so far advanced, the probable permanent destruction of nerve-tissue so considerable, that little more than arrest of the process could be expected from the treatment and a transient change for the better.

The paper elicited an interesting discussion, in which a number of the visitors present took part. An interesting point brought out was the question of the diagnostic value of the serum in the early stages of general paralysis.

Dr. A. J. HALL, of Sheffield, read a paper on "Insanity following Carbon Monoxide Poisoning," quoting two cases occurring in the same house and under similar conditions.

The first was a woman, æt. 33, who was found unconscious in the bath-room soon after going for a hot bath. She showed most of the signs of CO poisoning, but there was no smell of gas and the "geyser" was turned off. By next day she had completely recovered.

The other case was that of her *fiancé* who had been staying a week end in the house and went to have a hot bath prior to going away on the Monday morning. On bursting open the door he was found unconscious, the room full of gas, the geyser full on, but with the light out. There was no doubt as to the cause, and the symptoms were typical; but instead of complete recovery the patient was dazed and confused, had loss of memory, and incontinence of urine and fæces. This condition continued practically unchanged up to the day of his death, which took place seventeen days after the poisoning.

Dr. Hall then discussed the question whether the mental symptoms were entirely due to the poison, or was the case one of suicide, there being some prior mental derangement.

The opinion of a professor of jurisprudence was quoted: "Whenever an obscure death occurs in a patient about to be married it is suicide."

Remarks on the paper were made by Dr. G. E. MOULD, Dr. CROSS, who described a case he had had under treatment, and others.

Dr. STREET opened a discussion on the question: "Are we doing as much in the form of treatment of mental disorder as we might do"? He said that the two points which prompted him to ask the question were: First, the general idea that nothing is done in the way of treatment in asylums; and second, that the recovery-rate does not increase. Though much has been written in the way of treatment of the insane, yet treatment does not appear to have yielded many results: the recovery-rate has not increased during the past thirty years. He advocated a higher form of moral treatment than the usual occupation, recreation and amusement; a more intimate knowledge of the mental condition of every patient, and particularly a more frank and open method of dealing with it. He believed in discussing a patient's mental symptoms freely with him, whether they were delusions or suicidal inclinations, and had found this method to yield good results, especially in cases of melancholia and alcoholism.

Several members took part in the discussion afterwards.

Dr. J. R. GILMOUR was unable to be present to give his paper.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Medico-Psychological Association of Great Britain and Ireland was held at the Glasgow District Hospital for Mental Diseases, Gartloch, on Friday, March 18th, 1910.

The following members were present: Drs. Clouston, Baugh, Carre, Chislett,

Havelock, Hotchkis, Carlyle Johnstone, Keay, Kerr, Marshall, Meek, Middlemiss, G. D. MacRae, Neill, Parker, Richard, Shaw, Skeen, Urquhart, Wallace, Wilson and Marr, Divisional Secretary.

There were also present as guests: Stephen J. Henry, Esq., J.P., Chairman of the Glasgow District Lunacy Board; George Ogilvie, Esq., Convener of the Gartloch Hospital Committee; and James R. Motion, Esq., Clerk to the Glasgow District Lunacy Board.

Dr. Clouston occupied the chair.

The minutes of the last Meeting were read and approved of, and the Chairman was authorised to sign them.

Letters of apology were submitted from Drs. Yellowlees, G. M. Robertson, Alexander, Easterbrook, Maclachlan and T. C. Mackenzie.

A letter from Dr. Turnbull, thanking the members for their kind expression of sympathy with him in his illness, and regretting that he was still unable to attend the meetings, was read.

The Secretary was again instructed to communicate with Dr. Turnbull, and express the regret of the Division at his continued illness.

Appropriate reference was made by the CHAIRMAN to the death, since the last meeting, of Dr. James Rutherford, a distinguished alienist, and Physician Superintendent of the Crichton Institution for twenty-five years. Dr. Rutherford had been connected with the Association since its inception. It was unanimously resolved—"That it be recorded in the minutes that the members of the Scottish Division of the Medico-Psychological Association desire to express their deep regret at the loss of Dr. Rutherford, and their sympathy with the members of his family in their bereavement." The Secretary was instructed to transmit an excerpt of the minutes to Mrs. Rutherford.

The following were admitted to membership of the Association: C. Lawson Kerr, M.B., Ch.B.Glasg., Assistant Medical Officer, Argyll and Bute Asylum, Lochgilphead (proposed by Drs. C. J. Shaw, Hamilton C. Marr, and W. A. Parker); Donald Ross, M.B., Ch.B.Edin., Assistant Medical Officer, Roxburgh District Asylum, Melrose (proposed by Drs. J. Carlyle Johnstone, T. J. Clouston, and Hamilton C. Marr); Theodore Grant Gray, M.B., Ch.B.Aberd., Assistant Medical Officer, Kingseat Asylum, Aberdeen (proposed by Drs. H. de Maine Alexander, William Reid, and Arthur Kellas); James H. C. Orr, M.B., Ch.B. Edin., Assistant Medical Officer, Midlothian and Peebles District Asylum, Rosslynlee (proposed by Drs. R. B. Mitchell, Hamilton C. Marr, and Charles G. A. Chislett).

Drs. Hotchkis and R. B. Campbell were unanimously recommended as Representative Members of Council, and Dr. Hamilton C. Marr as Divisional Secretary.

The Asylum Officers' Superannuation Act and the circular issued by the General Board of Lunacy in connection therewith were discussed, and it was agreed that a meeting of representatives of the District Lunacy Boards and Medical Superintendents of the District Asylums in Scotland should be convened to arrange, if possible, for uniformity in the valuation of emoluments, etc., of the several asylums concerned.

Dr. PARKER gave a description of Gartloch Mental Hospital, pointing out its chief features. Special attention has long been paid to open-air treatment in the Institution. It was one of the first where this method of treatment was introduced. Dr. Parker thereafter conducted the members through the several wards, and the sanatorium for the treatment of the consumptive insane. The members were much impressed by all that they saw and the interesting explanations of Dr. Parker.

Dr. BAUGH, Senior Assistant Medical Officer, gave an account of the results of treatment of several cases of chronic epilepsy by purin-free diet.

Dr. MIDDLEMISS, Assistant Medical Officer, showed a case of hysteria in a lad (*vide* papers by Drs. Baugh and Middlemiss, pp. 470, 502).

The members were entertained to luncheon by the Glasgow Lunacy District Board.

Dr. and Mrs. Parker were thanked for their hospitality, the Glasgow District Board for their kindness, and Dr. Clouston for his conduct in the chair.