

" Practically no patients seem to have regarded opium as a vice, but rather as an expensive habit on which they spent money they would prefer to save.

" During the slump years the wards were overcrowded by persons who, amongst other reasons, saw a chance of getting three weeks' living free; with the return of prosperity the numbers very rapidly reduced.

" The test which is most reliable should be the numbers passing through the wards and the effect on the sale of opium.

" In all 6,678 persons sought a cure since the wards opened.

Referring to the somewhat large number of " escapes " (83), Dr. Samuel maintains his sound view that " escapes " are better than " prisons," and in this connection complains quite justly of the large number of criminal lunatics for which he is compelled to accept responsibility.

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE usual QUARTERLY MEETING of the Association was held on Wednesday, February 16, 1927, at the Cheshire County Mental Hospital, Macclesfield. The chair was occupied by the President, Lt.-Col. J. R. Lord, C.B.E., M.D., F.R.C.P.E.

The Parliamentary and Education Committees met on the previous day at the same hospital and enjoyed the hospitality of Dr. H. Dove Cormac, the Medical Superintendent, with whom they partook of lunch and tea.

MINUTES.

The PRESIDENT said the minutes of the previous meeting had already appeared in the Journal, and unless members desired it they need not be read.

The minutes were taken as read and were approved and signed by the President.

OBITUARY.

The PRESIDENT regretted to announce the death of a number of members. Knowledge of the passing of some of them only came to hand recently, though the deaths took place some time ago; nevertheless he thought it right that they should all be mentioned, and the opportunity given to members to express their regrets. A notice had been inserted in the Journal asking that deaths of members should be notified to the Association as soon thereafter as possible.

The late Dr. Henry Morton Baker.

In May, 1925, there died Dr. Henry Morton Baker, who had been an ordinary member of the Association since 1878. Early in his career he was on the medical staff of Wakefield Mental Hospital, and afterwards served as Assistant Medical Officer at the Leicester City Mental Hospital for 32 years. He was a man of charming personality, bore a high character, and was greatly respected for his kindly and conscientious dealings with both patients and staff. He retired on a well-earned pension in 1910.

The late Dr. Josiah Oake Adams.

The Association lost its *doyen* in the death of Dr. Josiah Oake Adams, who had been an ordinary member since 1868. Of the '60 members there were now left only two, Dr. Outterson Wood and Dr. David Nicholson, and it was a pleasure to know that both those distinguished members were still spared to them. Dr. Adams died on June 15, 1925, in his 83rd year. He was a Bart.'s man, and served,

after graduation, as an Assistant Medical Officer at the City of London Asylum, Stone. In the year 1869 he succeeded Dr. Munro at Brook House, and remained there as resident physician until 1909, when he retired. He was a man of considerable culture and wide sympathies, and latterly was keenly interested in local affairs, especially in hospitals and other charities. During the war he did fine work as a very active medical officer at the Amhurst Park War Hospital.

The late the Rt. Hon. Michael Francis Cox.

There died, on February 20, 1926, the Rt. Hon. Michael Francis Cox, LL.D., M.D., F.R.C.P.I. He was Physician to St. Vincent's Hospital, Dublin, and a member of the Senate of the National University of Ireland. His membership of the Association dated from 1911.

The late Dr. Peter McLuskie.

On the 28th of the month following, psychiatry lost a promising young adherent by the death of Dr. Peter McLuskie, of Cane Hill Mental Hospital, after a short illness. He joined the Association in 1922.

The late Dr. Walter Richard Hugh Smith.

The Salop Mental Hospital, on September 19, 1926, suffered a severe loss by the death, after a long illness, of Dr. Richard Hugh Smith, who had served that hospital as Senior Medical Officer since February, 1914, except for the period of the war. He had been a member of the Association since 1914. He was a remarkable man, of some literary attainments, and contributed articles to *The Shooting Times* under the *nom de plume* "John Snipe." He was a keen naturalist and a lover of all sport. His broad sympathies and very human personality enhanced his work as a psychiatrist, which specialty he pursued diligently and conscientiously, and he was deservedly popular. He was a type of medical officer who, in these days, is becoming rare. He gave good service in India during the war as a mental specialist, where his health was undermined by dysentery and malaria.

The late Dr. Cecil Baumont Roscow.

Since the last meeting the Association had lost by death two of its ordinary members. On December 8, 1926, there died, in a London nursing home, Dr. Basil Baumont Roscow, who retired from Winson Green Mental Hospital in June last year, after 23 years' service. He was aged 56, and joined the Association in 1920. He was Lecturer and Examiner in Psychiatry at the Birmingham University. Of a retiring disposition and disliking publicity, his fine work as a superintendent was little known outside his hospital, but there it was keenly appreciated. He initiated many improvements in the lot of his patients. He had travelled a good deal, both in this country and abroad, and was a gifted man in many directions, but his main interest was his hospital and his patients.

The late Dr. Edward Stephen Pasmore.

On January 12, 1927, there occurred the death, after a brief illness, of Dr. Edward Stephen Pasmore, who had been a devoted and very active member of the Association and its Committees since 1898. He had just surrendered the post of Examiner for the Certificate of Psychiatry of the Association. Pasmore was a remarkable man in many respects, but of the known facts regarding him the outstanding one was his adoption, in the earliest period of his career, of the highest ideals with regard to the treatment of mental disorders. It appeared to be an undoubted fact that it was through his influence that a public asylum in England, for the first time, became officially and legally known as a "mental hospital." An excellent memoir of him was being written for the *Journal of Mental Science* by Sir William Job Collins, a lifelong friend.

The late Dr. Edward Swan Simpson.

From a letter dated February 8 he had learned of the death, on February 2, of Dr. E. S. Simpson, Superintendent of the East Riding Mental Hospital. His death occurred with tragic suddenness during convalescence from influenza. An obituary notice would appear in the Journal in due course.

The passing of old members, though always regretted, was to be expected, but, from an Association point of view, the loss by death of younger members particularly, and also of those who were at the period of full vigour and mature judgment, was a grave misfortune.

Members showed their sympathy and condolence by rising in their places.

NURSING MEDALS AND CERTIFICATES.

The PRESIDENT said it was necessary to ask for approval or otherwise of the action he had taken respecting the revision of the Association's Nursing Medal, which had become obsolete owing to the change in the title of the Association and the adoption of a new seal. For the same reason it had been necessary to revise the Nursing Certificate. He felt that any delay in the issue of either medals or certificates, which might occur unless action was taken at once, would create dissatisfaction among those who had become entitled to them at recent examinations. He therefore asked for members' approval of his action. (Applause.)

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated as scrutineers for the ballot Dr. Rambaut and Dr. Ronald Ross.

The following candidates were unanimously elected ordinary members of the Association:

PORTEOUS, HAROLD BURNET, M.B., Ch.B.Edin., D.P.H., Squadron Leader, R.A.F.; c/o Lloyds Bank, Gosport.

Proposed by Drs. R. M. Macfarlane, Geo. Somerville and R. Worth.

ARMSTRONG, EDWARD, B.Sc., M.D., B.Ch.Belf., Clinical Pathologist, Crichton Royal Institution, Dumfries.

Proposed by Drs. C. C. Easterbrook, C. J. Shaw and Wm. M. Buchanan.

MACLEOD, JOHN, M.B., Ch.B.Edin., Assistant Medical Officer, Woodilee Mental Hospital, Glasgow.

Proposed by Drs. Henry Carre, Alexander Dick and Wm. M. Buchanan.

COOK, L. C., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, West Park Mental Hospital, Epsom.

Proposed by Drs. N. Roberts, V. L. Connolly and C. E. A. Shepherd.

HINCHCO, HAROLD, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, West Park Mental Hospital, Epsom.

Proposed by Drs. N. Roberts, V. L. Connolly and C. E. A. Shepherd.

REES, RUFUS PRICE, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, West Park Mental Hospital, Epsom.

Proposed by Drs. N. Roberts, C. E. A. Shepherd and V. L. Connolly.

CAMERON, DONALD HUGH, M.A., M.D., Ch.B.Edin., D.P.M., Assistant Medical Officer, Gateshead Mental Hospital, Stannington, Northumberland.

Proposed by Drs. J. B. Tighe, R. Worth and J. R. Gilmour.

PAL, SACHINDRA BHUSHAN, B.A., L.M.S.Calc., Senior Assistant Physician, Central Mental Hospital, Tanjong Rambutan, Perak, F.M.S.

Proposed by Drs. W. F. Samuels, Daniel F. Rambaut and R. Worth.

MATTERS ARISING OUT OF THE COUNCIL MEETING.

The PRESIDENT took the opportunity, while the ballot was in progress, of referring to certain matters which had arisen at the Council meeting.

Date and Place of the Annual Meeting.

The PRESIDENT invited the close attention of members to the notice regarding the Annual Meeting which had been published in the Journal. It would be held at Edinburgh during the week commencing July 18 in conjunction with the Medical Section of the British Medical Association. It promised to be a very successful

function both as regards work and play. Practically all members of their Association were also members of the British Medical Association, and an extensive social programme had been arranged, especially for the ladies. Already over two thousand members of the British Medical Association had expressed their intention to be present at the meeting of the latter body. He advised members, if they had decided to attend, to take steps at once to find accommodation, and, if they were to proceed by car, also garage accommodation. If difficulties arose members should communicate with Dr. Buchanan, the Secretary of the Scottish Division. The meeting would continue for five days, and he suggested that members should arrive on Saturday, July 16, in order to take part in an important function on Sunday.

In connection with that meeting he asked for approval for an expenditure of £25 towards entertaining representatives of foreign medico-psychological societies. (Agreed.)

The Prince of Wales's Appeal for the After-Care Association.

He also sought the sympathy of members, which it would be possible for them to indicate by acclamation, on the question of a grant from the Association of £100 in support of the Prince of Wales's appeal for the After-Care Association. That Association had always had the admiration, gratitude and support of the Association as a body, and of its members individually, and it was up to them, of all people, to associate themselves in an unmistakable way with the appeal which had been launched. The actual money could not be granted until the Annual Meeting, but the sum could be promised if he were assured that those present would not oppose it on the occasion to which he had just referred. (Applause.)

The Mental Deficiency Bill (1926).

In respect of this Bill the Association's Parliamentary Committee had tackled a knotty problem which the combined efforts of the House of Lords, the House of Commons and the influential committee of the Mental Welfare Association had failed to solve, namely, to arrive at a definition of mental deficiency which would be generally accepted. But he thought the definition which the Parliamentary Committee, assisted by its chairman, Dr. Nathan Raw, had drawn up might prove satisfactory. He thought the Ministry of Health would heartily welcome any help in this difficult matter, and he suggested that the Association's definition should be sent at once to the Ministry of Health and the Board of Control.

As proposed in the Bill the definition was : "For the purposes of this Section, mental defectiveness means a condition of arrested or incomplete development of mind, whether innate or induced after birth by disease, injury or other cause."

The definition suggested by the Association ran :

"For the purposes of this Section, mental defectiveness is a condition of arrested or incomplete mental development arising before the age of 21 years, whether innate or induced after birth by disease or injury."

THE GASKELL PRIZE FOR 1926.

The Gaskell Prize for 1926 was declared to have been awarded to Dr. Gerald de Monjoie Rudolf, of Claybury Mental Hospital, in respect of a thesis "The Malarial Treatment of General Paralysis and other Diseases."

This concluded the business part of the meeting.

PAPER.

Recent Investigations on Visual Imagery, with Special Reference to Hallucinations, by Prof. T. H. PEAR, M.A. (illustrated by lantern-slides) (*vide p. 195*).

The PRESIDENT said it would be agreed that this paper had given them something to think about, and certainly they would take away with them something which they would have to worry out for themselves. The subject Prof. Pear had so ably presented would not be materially advanced by being discussed before this had occurred, and he hoped more would be heard of the views put forward by Prof. Pear, which might exercise a wide influence on the way

one approached states of morbid illusion and hallucination. As regards eidetic thought it would save much time if it were possible for one to glance rapidly through a book and then, while seated in a comfortable chair, bring into conscious vision the details of what we had seen and ponder over them at our leisure. As an editor such would suit him admirably despite the risk of being thought rum, queer or unusual, which Prof. Pear had told them characterized the eidetic person. (Laughter.)

Dr. B. H. SHAW asked whether the eidetic memory spoken of by Prof. Pear was not the same as the artist's memory. It was known among artists that the man who could not individualize in that way was not of much use as an artist. A friend of his, a celebrated artist, claimed to possess an artist's memory. He said that if he were taken into a strange room and were afterwards asked how many windows it had he would not be able to say; but if a year hence he were asked to draw that room, he would be able to make a sketch of it, even down to the pattern of the fender. No poet-painter could be what he was unless he had that memory.

Prof. PEAR, in reply to Dr. Shaw, said it would take too long to give a satisfactory reply to that question. Much investigation was going on as to the amount of eidetic imagery among artists; only a small proportion of artists were eidetic, and they seemed to be people who had an almost photographic memory of things. It was unnecessary to remind members that modern art was by no means photographic. Many of the modern artists would claim that the eidetic type represented a particular form of pictorial art. Many artists would, he thought, in so far as they used visual imagery at all, belong to the type the speaker did not mention to-day—the caricaturing type. He himself had that type. According to one dictionary, caricatures were not necessarily something which ridiculed; the word meant “to draw an exaggerated resemblance of,” and that was one of the most perfect metaphysical phrases with which he had met. The modern artist had the type of visual memory which tended to exaggerate what, for him, were the salient aspects of something. The difference between the eidetic and the visual images seemed to be what modern writers called “structuration.” In the visual imagery of the person, whether he used it for diagrams or for caricatures, there was a building up around some central nucleus, and that nucleus was determined by the individual interests; whereas in the eidetic that had not much to do with it. These people might be looking at a room, or a picture, which did not interest them, and they gave exact details, whereas in the case of the other type there was a centering round his own interest. He thought it was one type of artist's memory, but investigation showed that a large number of artists had no visual imagery while they were drawing. Some said they had no imagery; others said they did not know what happened, but they saw things on the paper and drew round it. There was the possibility that the man who saw satisfying visual images did not want to draw at all; he felt no impulse to pass on what he saw to other people.

Dr. DONALD ROSS asked whether Prof. Pear had ever thought of investigating hearing in the same way. A study of that would be very useful. He, the speaker, could not help thinking of the auditory pseudo-hallucinations and various other manifestations, such as the echo in this connection.

Prof. PEAR, in further reply, said that not much had been written about auditory imagery, and he thought a good deal could be written on that subject. The whole subject of imagery, which had interested him for fifteen years, seemed to be marked by extraordinary poverty of any good description of auditory imagery. Obviously, from the clinical point of view, it was of vast importance, because auditory hallucinations were often looked upon as very grave symptoms of mental disorder. He did not know whether that was because they were rare—it might be due to deeper causes. Here there was something close to hand awaiting investigation if anyone had the time to devote to it. The field of eidetic auditory imagery was almost virgin soil.

The PRESIDENT said that he was a great admirer of Hogarth's drawings; he doubted whether his drawings were caricatures, and were not true representations of what he actually saw. For the most part people usually saw what they wanted to see. Visual perception was a very complex matter. Simple or single vision did not occur after the first few days of life. It was an impossibility afterwards. Visual perceptions were not synonymous with the form of the

objects which excited them. They were subjective creations into which many factors entered, probably every other special sense, previous imagery, and not least, affective tone and emotional reaction. This, of course, was normal vision, but he remembered seeing sketches of "No-man's Land" brought home from the war by soldiers—crude drawings, most unpleasant and bizarre. He thought that those soldiers had that same faculty of vision of a peculiarly objective type which Hogarth had, and which enabled him to depict the naked truth as far as it was humanly possible. If one looked in the mirror, say after a long illness, not uncommonly one received a severe shock. There was revealed to us an asymmetry of features hitherto unsuspected—the human face in all its natural ugliness. The impression was, however, only momentary; our *amour-propre* came to the rescue, and with it pre-perception and the expectant attitude, ugliness became "passable," and then, maybe, the positively beautiful; all because one did not wish to see the truth if it were not pleasing. (Laughter). Hogarth's drawings were not fanciful; he drew just what he saw. It was natural to him to do so, and the soldiers he had mentioned probably drew accurate representations, untrammelled by affect or fancy owing to fatigue and mental numbness induced by being in constant danger.

Ultra-violet Radiation, by Dr. K. K. DRURY (*vide p. 200*).

The PRESIDENT said members had heard only part of a very good paper; he had read the paper, and the whole of it would be published in due course in the Journal. He believed it would be found a sound and up-to-date guide for those mental hospitals which contemplated or who were carrying out this treatment, and he hoped it would be a stimulus in that direction. At Horton Mental Hospital they had the distinction, from a historical point of view, of having been the first to instal this form of treatment. He did not wish to repeat anything which Dr. Drury had said regarding the results of this treatment, and he could confirm every word of it, but every medical superintendent knew the cost, in nursing, dressing, etc., of cases suffering from chronic ulcers and skin conditions. Some few months ago, at Horton, he had had a nominal roll made of all patients who were so affected. These he turned over to Dr. A. Hancock, who was in charge of the Actinotherapy Department, and they were now practically all cured, and all that expense saved, and the time and attention of nurses released for other purposes. From that point of view only the expenditure in installing the plant had been amply justified. A good instance of its value was the following: A nurse had a very formidable mass of tubercular glands in the neck, and was awaiting a bed in a general hospital for surgical treatment. During this time actinotherapy was tried, and it was marvellous to see how, in a few weeks, the condition cleared up. The hospital bed was cancelled, and the nurse was on duty again. In addition the improvement in her general health was most marked. Even the claims of cures of the traditional quack doctor could be beaten by actinotherapy. There was much more, however, to be learned as to the why and wherefore of the effects produced by these invisible rays, and the future was most promising. With regard to the treatment of general paralysis of the insane, at Horton they had begun to watch the effect of ultra-violet light on cases which were undergoing malaria treatment.

Dr. P. B. MUMFORD said that as a member of the staff of the largest skin hospital for Manchester and Salford, where there was a wing for artificial sunlight, he had been very interested in all he had heard. Artificial sunlight was not the panacea for all skin troubles, but for tubercular conditions it brought about extraordinary improvement. Cases which seemed almost hopeless, such as lupus of a whole limb, had improved greatly under artificial sunlight. At Manchester they were interested in discovering whether it was really the absorption of sunlight itself which did good. Some evidence was accumulating in the States that the skin, like the thyroid and other glands, must be regarded as an endocrine gland pouring its secretion into the blood-stream. By exposing the body to cold air the skin was stimulated, in the same way as by ultra-violet rays. He asked what impressions Dr. Drury had as to the effect of the surrounding temperature when patients were exposed to these rays. He wondered whether, when patients were exposed to the rays in a warm or over-heated room, the effect was as good as when the air was cold, and thus at the same time stimulating the body generally. It seemed possible that the effect of the rays would be enhanced if patients, immediately afterwards, were given a cold shower-bath.

Dr. DOVE CORMAC showed several patients who had benefited from ultra-violet ray treatment.

Dr. J. GIFFORD asked whether Dr. Drury used ultra-violet rays for tubercular chest conditions, and if so, what his experience had been.

Dr. HASLAM FOX asked whether Dr. Drury had noted the difference between the results of this treatment in young people and in adults. He had had two cases of tuberculosis in the knee-joint, with several sinuses, one aged 8 years the other aged 11. Both had a back splint. They were given the sunlight treatment, and were now running about. A man who had the same condition, however, did not improve to anything like the same extent. He was 32 years of age, and had been treated in exactly the same way as the younger patients.

Dr. DRURY, in reply, expressed his cordial thanks for the way in which his paper had been received. He had been glad to hear the President's remarks about chronic skin conditions and ulcers, which bore out the results which were being achieved at Stafford. He was pleased to hear his remarks about the ultra-violet ray treatment of general paralysis of the insane.

In answer to Dr. Mumford, he had not tried the effects of cold air, but authorities seemed to hold the view that a temperature of about 70° F. was the most suitable for actinotherapy, as the skin reacted better at that temperature than at any other; a better erythema with a smaller dose was then obtained. At a colder temperature a larger dose was needed.

The cases shown by Dr. Cormac were instructive, especially in showing the effect the rays had in improving general nutrition.

He had not yet tried the light treatment in cases of chest tubercle. Great care was needed before commencing such treatment in those cases, as some observers had spoken of it unfavourably. Until more was known, he had hesitated to experiment in this direction.

With Dr. Fox, he had found that young patients reacted better to the treatment than did older ones. An old person with a wasted skin had to be given four times the dose of a young patient in order to cause erythema.

Owing to the pressure of time, Dr. Chevens's paper on "A Hypothesis of the Mechanism of the Functional Psychoses," and Dr. Mumford's communication on "Methods of Investigating Sudoriferous Activity in Certain Types of Psychosis," were not read.

Members were then entertained to tea.

THE LUNCHEON.

On the invitation of the Visiting Committee, members lunched together in the Annexe Hall before the clinical meeting, having already been conducted through the wards and various departments of the Annexe (Admission Hospital) and Uplands (Private Patients' Villa). Some also visited the main building.

The PRESIDENT, at the conclusion of the luncheon, said he rose not so much for the purpose of making a speech as to ask the sympathy of members for the toast he was about to propose, namely, that to the health of the Visiting Committee of the Hospital, and to thank them for their hospitality on this occasion. It was a matter of regret that owing to the pressure of private and business matters, no member of the Visiting Committee happened to be present, but they were very worthily represented by Dr. Dove Cormac. (Applause.)

Speaking on behalf of the Council of the Royal Medico-Psychological Association, it was a great pleasure to receive the invitation to hold the Quarterly Meeting here. It was anticipated that the meeting would be both interesting and fruitful. He thought all who had taken the opportunity of seeing what was being done here, in this magnificent building—which, to his regret, would probably never be reproduced as regards style of architecture and materials used—would agree that all their anticipations had materialized absolutely. One great feature of the hospital was that it did not advertise its work; yet it was a matter of regret that the fine work it was doing, especially as regards Alpine light treatment, was not more widely known. Those who had been round the hospital had learned much. It was to him as President a matter of pride that the attendance was so good, and this meeting in the North would go down in the Association's history as a most memorable one.

He proposed the toast of the Visiting Committee of the Hospital, and coupled with it the name of Dr. Dove Cormac.

Dr. DOVE CORMAC, in response, said that unfortunately the Chairman of the Hospital had been unable to be present that day on account of ill-health, and the other members of the Committee were unavoidably absent, as they had other meetings to attend. They much regretted their inability to be present. On their behalf he expressed a cordial welcome to the President and members of the Association; the Visiting Committee would feel gratified that the meeting had been so successful. They were proud of the hospital, and they took a great interest in it and did all they could to help forward the work which was going on. He also wished to acknowledge his indebtedness to his colleagues and the staff generally, who supported him whole-heartedly in the work. This meeting would do the staff a great deal of good, as they would feel that they were doing something worth seeing and knowing, and would be encouraged thereby to make even greater efforts for the patients.

He felt much indebted to Col. Lord for his kind remarks.

On the previous evening members dined together at the Queen's Hotel, Manchester.

EDUCATIONAL NOTES.

The Maudsley Hospital, Denmark Hill, S.E. 5.—Lectures and Practical Courses of Instruction for a Diploma of Psychological Medicine. Course X, 1927. Part II.

(1) Eight lectures on the Psychoneuroses. By Bernard Hart, M.D., F.R.C.P. University College Hospital, on Mondays at 3.30 and 5 p.m., commencing May 9.

(2) Eight lectures on Morbid Psychology. By Edward Mapother, M.D., M.R.C.P., F.R.C.S., on Wednesdays at 2.30 and 4 p.m., commencing April 6.

(3) Four lectures on the Pathology of Mental Diseases. By F. Golla, F.R.C.P., followed by four demonstrations in Pathological Anatomy, by Charles Geary. On Fridays at 2.30 p.m., commencing May 6.

(4) Two lectures on the Legal Relationships of Insanity and Treatment. By C. Hubert Bond, D.Sc., M.D., F.R.C.P. On Mondays at 4 p.m., April 25 and May 2.

(5) Six lectures on the Practical Aspect of Mental Deficiency. By F. C. Shrub-sall, M.D., F.R.C.P. On Tuesdays at 2.30 p.m., commencing March 15, omitting April 19.

(6) Four lectures on Crime and Insanity. By W. Norwood East, M.D. On Tuesdays at 2.30 p.m., commencing May 3.

(7) Three lectures on Therapeutics. By A. A. W. Petric, M.D., M.R.C.P., F.R.C.S. On Fridays at 2.30 p.m., commencing March 18.

(8) Five demonstrations in Clinical Psychiatry. By Edward Mapother, M.D., M.R.C.P., F.R.C.S. On Wednesdays at 2.30 p.m., commencing April 27. (Fee 1 guinea payable at the hospital.)

(9) Twelve Clinical Demonstrations in Neurology. Six by F. Golla, F.R.C.P. On Thursdays at 2.30 p.m., commencing March 17, at the Hospital for Paralysis and Epilepsy, Maida Vale. Six by F. M. R. Walshe, D.Sc., M.D., F.R.C.P. On Thursdays at 2.30 p.m., commencing April 28, at the National Hospital for Paralysis, Queen Square.

(10) Two lectures on Abnormalities of the Fundus Oculi. By R. Foster Moore, M.A., F.R.C.S. On Mondays at 2.30 p.m., April 25 and May 2.

(11) Four demonstrations with Practical Instruction in Laboratory Methods. By S. A. Mann, B.Sc., F.I.C. On Mondays at 2.30 p.m., commencing March 14. Fees: For whole of Part II, £10 10s.; for one single series of lectures, £2 2s.

Inquiries as to lectures, etc., should be addressed to "The Director of the Central Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E. 5."

The Fellowship of Medicine, 1, Wimpole Street, W. 1, will collect fees from, and issue admission tickets to, medical men intending to take the course who are introduced by the Fellowship.

In addition to the special lectures and demonstrations of the above course, there is opportunity for clinical experience and instruction available at the Hospital. In particular there are a limited number of appointments available as clinical