

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE ADJOURNED EIGHTIETH ANNUAL MEETING was held on Tuesday, November 22nd, 1921, at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W., the President, Dr. C. Hubert Bond, C.B.E., F.R.C.P., in the chair.

THE NEW EDITION OF THE HANDBOOK FOR MENTAL NURSES.

Dr. BEDFORD PIERCE, Chairman of the Handbook Committee, reported that the new edition of the Handbook of Mental Nursing was now ready for the publishers. He explained that it had been arranged to correlate the Syllabus of Training and the Contents Table of the Handbook, and the first difficulty encountered by the Committee was that of deciding as to the scope of the work, and whether it would be possible to cover the whole ground properly in a single volume. After considerable discussion it was decided to continue on the former lines, though that would mean a serious limitation of the space allotted to anatomy, physiology and bodily diseases, as well as nursing details and other subjects. Great pains had been taken in writing the book; many articles had been written more than once, and some sections had been re-written three or four times. He felt free to speak of the labour involved as he had had nothing to do with the writing of the book; he had only seen what others had done. Frank criticism had been directed on all doubtful points, and when there was a doubtful point which needed a decision, the opinion of the Committee as a whole was taken. Therefore, the book now presented was not a volume in which one person had been responsible for one section and another person for another section, but the responsibility for the whole work was accepted by the Committee as a whole. The general aim of the book had been the development of the mental nurse, and although this book represented an advance on the previous one, every care had been taken to explain technical matters and put them into plain language, so as to make them intelligible and clear to the thoughtful nurse. No attempt, however, had been made to write the book down to suit the careless and the illiterate. In its compilation the Committee had received valuable assistance by experts. Dr. Sherlock wrote a long and excellent chapter on Mental Deficiency, so that the book covered what was required by the Association for the Certificate in Mental Deficiency. Prof. Pear, of Manchester, helped in regard to the portion dealing with the Mind in Health. The article he sent was not adopted in its entirety by the Committee, but what he contributed was used by the member of the Committee who dealt with this very difficult subject. Miss Corke had revised the chapter on Sick Nursing as it was felt desirable that an experienced woman nurse should help on that subject. Considerable help had also been given from a literary point of view, in the simplification of language, etc., by Miss Kendal, of York. The book had now been placed on the table, and was ready for final editing. The Committee therefore asked the Association if they would be willing to re-appoint the Committee, and empower it to print and publish the volume. They also asked for sanction to expend £75, £25 of which was to be given to Miss Kendal, £25 to the Medical Editor recommended by the Publishers, and £25 for typing. He hoped the labours of the Handbook Committee would be approved by the Association.

Dr. G. WARWICK SMITH said he had very little to add to Dr. Bedford Pierce's remarks. Perhaps, however, members would be interested in being reminded of the composition of the Committee. Its fourteen members consisted of:

England: Drs. Bedford Pierce, W. F. Menzies, J. Middlemass, F. R. P. Taylor, W. Daniel, W. Rees Thomas, G. W. B. James, G. W. Smith, O. P. Napier Pearn.

Scotland: Drs. T. C. Mackenzie, Donald Ross, H. Yellowlees.

Ireland: Drs. M. J. Nolan, H. R. C. Rutherford.

Eight were from county or borough mental hospitals, one was from a State institution, three from a registered hospital, two from private mental institutions.

The Committee had met 13 times, the average attendance having been 8, and the meetings had been held in the places which best suited the members of the Committee, in England and Scotland, so as to divide the travelling as fairly as possible. Seven times the Committee had met in London, three times in York, and once each in Glasgow, Manchester and Carlisle. Dr. Bedford Pierce has already referred to the ambitions of the Committee, the great pains they had taken, and the enthusiasm which had been expended on the work; he had spoken also of the correlation of the syllabus of training with the contents of the book. Although the syllabus of training was taken as the guide, it had not been possible to adhere to every word which was put down in the syllabus; the authors had to have some liberty in choosing their own language. Substantially, however, the contents of the book were as put down in the syllabus of training. With regard to the final editing, though the contributions were completed, much work still remained to be done in avoiding repetitions, and to condense the book into as reasonable a compass as possible and to make it one coherent whole. That work will be done if what has been done so far was approved.

The PRESIDENT said the thought uppermost in the minds of members must be one of gratitude to the Committee for their labours. The proposals before the meeting were (i) That the Association's Revised Handbook of Mental Nursing be approved, (ii) that a grant of £75 be made for expenses thereof, and (iii) that the Association tenders to the Committee its grateful and cordial thanks for the work they have so kindly undertaken and brought to so able a conclusion.

This was carried by acclamation, and terminated the Annual Meeting for 1921.

The QUARTERLY MEETING followed, the Council and various committees having met earlier in the day.

The PRESIDENT said it had been ascertained that the minutes of the previous meeting were signed by Dr. Menzies at the last Annual Meeting.

MATTERS ARISING OUT OF THE COUNCIL MEETING.

The PRESIDENT said the question of the activities of the General Nursing Council came up for discussion, and a certain amount of information had been obtained as to their proposals, which were not yet published, but would be made known shortly. The facts brought to their notice had led the Council to set up a committee to consider the situation which had now arisen by the establishment of the General Nursing Council in respect to the training and examination in mental nursing. That Committee had been empowered to make very full inquiries, and would, in due course, report to the Association. It was not necessary for him to add more, because he was sure the members present realised the possibly somewhat serious nature of the new situation with reference to this Association. The Committee now to inquire into the matter would hope to put members in possession of the facts, so that a conclusion could be arrived at.

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated Dr. J. N. Sergeant and Dr. H. J. Norman as scrutineers.

The following gentlemen were elected members:

BUTCHER, WALTER HERBERT, M.A., M.B., B.Ch.Oxon., M.R.C.S., L.R.C.P.
 Lond., Assistant Medical Officer, City Mental Hospital, Humberstone,
 Leicester.

Proposed by Drs. J. Francis Dixon, C. W. Bower, and R. Worth.

PHILLIPS, PHILIP GORDON, L.R.C.P., L.R.C.S.Edin., Medical Superintendent,
 Oulton Hall and Stainbech Ministry of Pensions Neurological
 Hospital, Oulton Hall, Woodlesford, near Leeds.

Proposed by Drs. J. E. Middlemiss, R. Worth, and G. Warwick Smith.

GILFILLAN, JOHN AITKEN, M.B., Ch.B.Glas., Assistant Medical Officer,
 London County Mental Hospital, Long Grove, Epsom.

Proposed by Drs. D. Ogilvy, V. Lindley Connolly, and E. G. T. Poynder.

DRURY, KENNETH KIRKPATRICK, M.C., M.D., B.Ch.Dublin, Senior Assis-
 tant Medical Officer and Deputy Superintendent, County Mental Hospital,
 Stafford; "Swift Brook," Corporation Street, Stafford.

Proposed by Drs. B. H. Shaw, A. Miller, and H. Brougham Leech.

FARRAN-RIDGE, CLIVE, M.B., Ch.M.Syd., D.P.M.Lond., Assistant Medical Officer, Darenth Training Colony, Dartford, Kent.

Proposed by Drs. E. B. Sherlock, J. G. Porter-Phillips, and R. H. Steen.

McKAIL, ROBERT BUCHANAN FORBES, M.B., Ch.B.Glas., Senior Assistant Medical Officer, "Calderstones" Certified Institution for Mental Defectives, Whalley, near Blackburn.

Proposed by Drs. R. M. Stewart, R. M. Clark, and R. Worth.

SUFFERN, CANNING, M.A.Camb., M.R.C.S., L.R.C.P.Lond., Junior Assistant Medical Officer, City Mental Hospital, Nottingham.

Proposed by Drs. E. Powell, R. Worth, and G. Warwick Smith.

ROBERTS, EDWARD DOUGLAS THOMAS, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Herts County Mental Hospital, Hill End, St. Albans.

Proposed by Drs. A. N. Boycott, W. J. T. Kimber, and L. Rolleston.

McCUTCHEON, ARCHIBALD MUNN, M.B., Ch.B.Glas., Resident Medical Officer, Monyhull Colony, King's Heath, Birmingham.

Proposed by Drs. W. A. Potts, R. Worth, and G. Warwick Smith.

RIDDEL, DONALD OLSON, D.S.O., M.B., Ch.B.Aberd., Assistant Medical Officer, County Asylum, Whittingham, Preston.

Proposed by Drs. R. Worth, F. R. Gilmour, and G. Warwick Smith.

MASEFIELD, WILLIAM GORDON, M.R.C.S., L.R.C.P.Lond., Deputy Medical Superintendent, Severalls Mental Hospital, Colchester.

Proposed by Drs. R. C. Campbell, J. Noel Sergeant, and R. Worth.

THE DINNER.

Announcing the arrangements made for members to dine together in the evening, the President said it seemed a pity that this practice should have fallen into disuse during the war, and it was his hope that the custom might be revived.

PAPER.

"The Medical Examination of Delinquents." By Dr. W. HAMBLIN SMITH, Medical Officer, H.M. Prison, Birmingham.

DISCUSSION.

The PRESIDENT, in thanking the author for his communication, said that he had handled the subject in a way which was readily followed and easily understood. He hoped it would be followed by a good discussion.

Dr. W. A. POTTS (Psychological Expert to the Birmingham Justices) wished to take the opportunity of thanking Dr. Hamblin Smith very much for his extremely interesting paper, which appeared to have covered almost the whole ground of this very large subject. During the last two years he, the speaker, had been engaged in somewhat similar work, though he was brought into contact with a more limited number of cases. He could amply confirm Dr. Hamblin Smith's contention that every offender was worthy of investigation; indeed he urgently required it. He would also confirm what the author said as to such examination proving, in the end, an economical procedure. Whatever the cost of such examination might be, it would be sure to be very much less than that involved in leaving the case insufficiently examined. He could give one very definite instance from Birmingham, which occurred recently. A little boy who was convicted of stealing was sent to a reformatory school. He had been placed upon probation before, but never had any medical examination. The lad escaped on two occasions, and gave much trouble. On the third occasion he stole £10 from the Superintendent of the Institution, and that was regarded as a much more serious matter; therefore he (Dr. Potts) was asked to examine him. It was soon evident that it was a case of word-blindness, which placed him for the moment in the category of mental defectives, as he could not benefit from the ordinary instruction in school. Thus in escaping from this school the lad was obeying a healthy instinct: he knew the institution was of no use to him. Arrangements were then made for placing him in a school for mental defectives, where he was now doing satisfactorily. With regard to the physical side, he saw, two years ago, a very interesting case, that of a young man who was convicted of stealing. He

(Dr. Potts) found he was suffering from phthisis, and the Justices consented to place him on probation, on condition that he went to a sanatorium for consumptives. He was there three months, and since he left the sanatorium he had been an exemplary member of the community: he obtained employment of a lighter nature than before, and had remained in it ever since. This was his second offence, and had he not been dealt with in the way he was, he might have now been on the high road to becoming a confirmed criminal, or else have been a continual charge as a definite case of tubercular disease. Dr. Hamblin Smith, in his paper, drew attention to the weak point in the Birmingham scheme, namely, that a so-called doubtful case was allowed to go through the Courts without being examined. The onus of deciding whether it was doubtful rested on the Justices. If the person were sent to prison, he was examined by Dr. Hamblin Smith, but many cases were placed on probation and dealt with in an unsatisfactory manner. The author suggested that a medical assessor should sit in Court. Some of the Birmingham Justices, too, suggested it would be an advantage if he (Dr. Potts) were to attend the Children's Court and point out the cases which required expert examination. He did attend a number of times, and pointed out a considerable number of cases which he thought required investigation, but, for some legal or other reason, it was decided that such examination should not be carried out. Therefore he considered it would be a waste of time for him to continue. To give an instance which illustrated the extraordinary blindness of magistrates to the necessity of a special examination, he wished to refer to the case of a good-looking girl, *æ*t. 18, whom he saw in the dock a few weeks ago. On this occasion she was charged with drunkenness. She was obviously not a mental defective. On previous occasions she had been charged with stealing and with prostitution, and convicted. On this occasion the magistrate in charge said severity had been tried in this case, and he would now like to try leniency. He inquired about her home, and the reply was that it was a satisfactory home. But the Probation Officer's idea of a satisfactory home, as a rule, was: "Were the parents addicted to drink, and did they go regularly to church or chapel?" It was evident to him (Dr. Potts) that this girl must be suffering from some mental conflict. The magistrate told her he would not send her to prison this time, but would place her on probation, and she would have an opportunity of thinking over her future course, when he hoped she would behave differently. That young woman must be labouring under a mental conflict, and she was not likely to solve it in her own home; hence it was essential she should be got away from home as soon as possible. That was the manner in which cases were still being dealt with in Birmingham, although there were two doctors available to examine these cases if called upon to do so. Dr. Hamblin Smith had referred to the great advantage of examining these cases in an institution. He, the speaker, agreed that in many cases this was a great advantage, but he would not say it was an advantage in all cases. He examined cases which did not go to prison at all, which were remanded out of custody, and it was very important that their self-respect should not be injured by their going to prison, because one of the great problems in connection with delinquents, which Dr. Hamblin Smith mentioned, was the feeling of inferiority. Once a person had been in prison, even though he might not be kept there and was there only on remand, that could only have the effect of increasing his sense of inferiority. With regard to the course of instruction which it was proposed to hold in Birmingham University next summer, he might say the course had been definitely settled, but it would be a great help if names of one or two who proposed to take the course were received. The course would last a fortnight, and it would be intensive, consisting of lectures and practical demonstrations. The fee would be five guineas. Those taking the course would have to make their own boarding arrangements for the time. He asked that names of those intending to take the course might be sent to either Dr. Hamblin Smith or himself as soon as possible.

Dr. J. T. DUNSTON (S. Africa) spoke of what he saw on the subject during his recent visit to America. In the State of New York they had gone so far that every individual person who was sentenced to a year or more of imprisonment went through a most complete medical examination. There was now being built a large and splendidly fitted reception prison, next to it a huge medical institute. At the present time the work was being done by Dr. Glueck under more difficult circumstances. The whole scheme to be carried out in the new buildings had

been devised by the National Committee for Mental Hygiene. On the ground floor of this new institute there was provision for, first, the prisoner to be examined by a surgeon, then by a physician, finally by a psychiatrist. All the assistance of the social workers, the psychiatrists and other people interested was available. The medical examination of any one person occupied several hours. The final "say" rested with the psychiatrist, for it was he who decided whether the prisoner was defective, was mal-adjusted, or was actually insane. If the psychiatrist found, after consultation with his colleagues, that the man was normal, he recommended what he regarded as the right occupation or vocational training or treatment for that particular prisoner. Their prisons were divided into groups—agricultural, industrial, and so on—and the psychiatrist decided, in conference, into which prison the particular felon should go. If he were found to be defective, or mal-adjusted, or insane, he was certified by the conference for detention during the remainder of his life, and was dealt with according to the methods of a mental hospital or whatever home or other care was deemed to be necessary for him. As regards juvenile offenders he saw work at Boston, New York, Toronto, and other places. The method differed very considerably. In Chicago every juvenile delinquent was examined by a psychiatrist, who sat as assessor beside the judge, whereas in Massachusetts they made a most detailed personality study and only formed their conclusions after many hours' study of the child. In America they had arrived at the view that it was the individual who really mattered, not the crime.

Mr. TREVOR said it had not been his intention to take part in this discussion. He came as a humble listener, as he wanted to hear as much as he could from the medical side of this most interesting subject. It was impossible for anyone to listen to what had been done, either in Birmingham or America or anywhere else, in keeping these defective persons out of prison without sympathising with such efforts to the full. What one realised was, that there was nothing more futile than the sending of such persons who were not responsible for their actions, for short periods of imprisonment. It had only to be stated to be appreciated what a real saving was effected by avoiding the sending of these people to prison, but detaining them, if necessary, for longer periods. If the various branches of the Mental Deficiency Act could be worked for a sufficient time, there could be no question that a great saving to the country would be effected.

Sir ROBERT ARMSTRONG-JONES spoke of an effort being made to found a Magistrates' Association, one object of which would be to secure greater uniformity in the dealing with similar offences in the various districts. What had kindled this desire was a recognition of the different treatment to prisoners by the various benches of magistrates. There was the "*lex talionis*" (an eye for an eye and a tooth for a tooth), that punishment must be given as a correction and as an example to others. Certain benches took that view very strongly. Dr. Hamblin Smith took the very sympathetic view that a delinquent should receive special treatment, and should be mentally examined, and he, Sir Robert, emphasised this at the Guildhall Conference of Magistrates which he attended as a delegate from the Petty Sessional Division of Carnarvonshire. At Birmingham they had a special medical officer, who gave his opinion in cases of mental defect with a view to improving the individual and raising his status. But there were benches which took note of neither, but considered that environment was entirely responsible for crime. He did not agree with a view which had been given of delinquency, that it was due to mental conflicts; and that it was in consequence of these conflicts that anti-social conditions arose, the result being the evolution of the criminal. He regarded the delinquent in these cases as congenitally weak-minded, with deficient self-control. He thought they were not cases of mental conflict, but just a yielding to temptation and giving way to instead of resisting the impulses owing to congenital mental weakness.

Dr. J. G. SOUTAR said that delinquency occurred not only in those who got into the hands of the law. Many boys and girls committed delinquencies. Thieving, lying, cruelty were very common among young people who were neither intellectual defectives nor moral imbeciles. It was the experience of most alienists that, under treatment which was directed to adjustment of these young people to the facts of life, they ceased to be an anxiety to parents and they grew up to be useful members of society.

The PRESIDENT remarked that it was with no small amount of self-restraint that he forebore to join in the discussion on this paper. He had seen the work which was being done at Birmingham, and for that and other reasons he felt great interest in it. So great was its importance that he thought it had not received due attention from the Association. It was the custom annually to kindly review in the Journal the Reports of the Boards of Control. These reviews were very helpful, and he thought the same might with much advantage be done as to the Reports of the Prison Commissioners. In the American journal, *Mental Hygiene*, he saw details of what was being done in the United States, and to some extent in Canada, on this matter. One result of that reading was at first to make him feel impatient with his own country. But, in the course of some conversation he had with Sir E. Ruggles-Brise, the latter was able to show him what was being done in this country, and had been done for years; but it had not been written and talked about much. He was now aware that in the annual reports of the commissioners of prisons and elsewhere there was a very large amount of information of value to the medico-psychologist, which could be reviewed in the Association's Journal every year with mutual advantage.

Dr. HAMBLIN SMITH, in reply, agreed with Dr. Potts that the weak part of the Birmingham scheme was the way in which the cases were selected. But he did not at present know how that could be overcome. He (Dr. Smith) was not insisting that every case should be examined in prison, but said that examining a case in prison gave, as a rule, more satisfactory surroundings for examination than were available outside. If a case could be examined outside, it was better not to send it to prison. And further, in answer to Dr. Potts, it was equally necessary to examine before probation, just as before sending to prison. In answer to Dr. Dunston, it was a question whether they should examine a few cases intensively, or go over very many cases in a more superficial manner. On the whole, he thought the former was preferable. With regard to Dr. Soutar's remarks, he could assure the meeting that on a number of occasions the examination and analysis of a case had had a most excellent result in rehabilitating the subjects. He could not give statistics of cases, but anyone who would work along those lines would feel amply rewarded for his trouble.

PAPER.

"Forgetting." By Dr. H. DAVIES JONES (Ashurst Hospital, Littlemore, Oxford).

Sir ROBERT ARMSTRONG-JONES said this question of forgetting was very interesting, and there was something paradoxical about it. In order to forget a thing, one must first remember it; it must be brought to the focus of attention, and then an effort must be made to forget it—two evidently very contradictory aspects. He was not sure the description was not good which represented the conscious as a little ring the size of a threepenny-bit, resting on the subconscious or the pre-conscious mind the size of a shilling, both resting on a table, an extensive reservoir which was the unconscious mind, made up of tendencies, possibly inherited, possibly, also, the results of education. If anything was forgotten, it was astonishing how little links of association helped one to remember. Frances Power Cobbe said the power of forgetting was such an extraordinary thing that it was very much like a faithful private secretary; leave it alone and it will do its own work in its own way. If one had forgotten, the subconscious mind would bring it up. It must have happened to all that, having forgotten a thing, it came to mind when least expected. He could not see the Freudian aspect, that by definitely focussing the power of the mind the thing was forgotten. The more he, the speaker, tried to forget certain things, the more they seemed to be present in mind, and he had never yet heard a satisfactory explanation of that paradox. Bergson referred to the cortex, not as the power of remembering, but as the potentiality for forgetting things, otherwise things would come into the cortex and the result would be incoherent thought and confusion of ideas.

Dr. JAMES STEWART said he could remember certain arguments he used to have with himself fifty years ago, and he concluded that the senses helped more in the way of recalling events than did anything else. For instance, a pretty girl in the

West Indies gave him a flower of sweet perfume in the garden of a friend. The event and the girl went from his mind, but when, years afterwards, he smelt a similar flower, it brought up vividly the image of the girl again. There must have remained a glimmer in his mind of the first event, which the smelling of the second flower reawakened. During thirty years' dealing with inebriates he found that the memory of these people was invariably affected; he concluded it was a result of the damage done to the brain produced by the alcohol. To that, too, he attributed in great part the lying indulged in by the inebriate.

Dr. C. STANFORD READ said he found but little to comment upon in the paper, as it was only a brief sketch of the Freudian mechanisms of the forgetting in every-day life, and giving very good illustrations of it. But it was curious to hear Sir Robert Armstrong-Jones talk about "the paradox of forgetting," because there were so many illustrations of that fact. How else could hysterical blindness be explained? The explanation was, that a dissociated part of the mind remembered something; that something was there, but the consciousness refused to see that which the other part of the mind did see. Such experiments could easily be made by hypnotic suggestion. While in the dissociated condition the suggestion was made to the patient that he would not be able to see this or that, and it could be proved that the dissociated part of the mind did see what the conscious mind was not allowed to see, and that was merely done by suggestion. Very likely much of the forgetting did not come into the unconscious mind, but simply lay in the pre-conscious and so might be superficial. He had an illustration of that in his own person not long ago. Having arrived at the age in which, though full of ambition and enthusiasm he was sorry to know that the years were advancing more rapidly than he cared for, he entered a bookseller's shop and asked for a book the author of which he knew very well, but was unable to remember his name. It was some time later that he learned by association that it was Jung; it was simply that he did not wish to realise he was not now as young as he might be.

Dr. BEDFORD PIERCE said he would like to ask the author whether he really meant that repressed memories must find an expression in consciousness, in some way or other. If so, there was an inevitableness about it which he, the speaker, did not understand. He spoke on the same point at the annual meeting at Buxton. He saw no reason why a repressed memory should necessarily reappear in consciousness at some future time. Why could not ideas remain permanently latent in a person? Permanent physical things or conditions could remain latent many years, why not also mental? Surely there was no conservation of psychical energy which meant that because a thing was pushed out in one place it must necessarily crop up in another? Yet psycho-analytical literature was full of expressions like "dammed back," and "it must be appearing somewhere else." That was one of his difficulties in accepting the psycho-analytic theory. He asked whether the writer did not think that another analyst, dealing with the same symptom, might arrive at a different conclusion. He knew that was a question it might not be possible to answer. Sometimes the train of associations was so remote and crooked that one wondered whether another analyst would not have reached another explanation of the same phenomenon.

Dr. A. E. EVANS said what struck one forcibly in dealing with cases of amnesia was the mental upset attending such an affliction. By getting at the individual association which was offending and relieving the amnesia, there was evident pronounced benefit to the patient. He could recall numerous instances in which the amnesia was associated with a condition of real mental agony; and by recovering memory after memory, by a process of association, and linking memory with memory, the mental agony had been relieved. Arguing back, one could say that if in these pronounced cases of amnesia there was mental agony, there was probably mental distress of a certain degree associated with forgetting.

Dr. DAVIES JONES, in reply, said the point raised by Dr. Pierce as to whether repressed ideas would express themselves was an important one. With that question he coupled another; was forgetting an active or a passive process? To his view, forgetting was an act of repression. There were many varieties of forgetting; but in the type he alluded to, repression produced the forgetting. It was an active process to begin with, but repeated attempts to repress would render it passive. He thought repression would express itself in consciousness in the form of a symptom if it had attached to it any emotion; *i.e.*, repression must involve a conflict, and a conflict must involve pain; and as long as there was pain associated

with it, there would always be something present of a painful nature. The term "pain" was used generally and included any hysterical or emotional condition. But if the conflict could be satisfactorily settled, from the patient's point of view, that distress would be no longer present; there would be no manifestation of repression coming back into the consciousness. Freud maintained that hysterics were unsatisfactory attempts at cure, that satisfactory attempts would not express themselves. He wished to thank Dr. Stanford Read for answering the point about the paradox, and he endorsed that gentleman's view entirely. He could not see a paradox in forgetting. Dr. Stanford Read's instance in regard to Jung's name was of the kind he, the speaker, quoted. As to whether different analysts would arrive at different conclusions on the same cases that depended on the analysts. Very much depended on the line adopted towards the patient by the first analyst who saw him, as well as on the line the patient adopted towards him. Any subsequent interview, whether with the same analyst or another, would suffer from the impress made by the first, and it would be a case of the result of this second analysis *plus* the first result. One of the great difficulties in the practice was caused by having chronic cases which had undergone tinkering by several other people, who often said the patient must try to drown all memories; he was told by one that he had nothing to worry about, and another told him he would never get well. It was being realised that work was going to be one of the most potent helps for these people, *i.e.*, a more conscious employment that the psycho-analyst could give. He had never yet met with a case in which he could—in an inebriate, for example—find out whether the forgetting could be traced, and then treated along Freudian lines.

THE ASSOCIATION'S BRONZE MEDAL.

The PRESIDENT said two essays had been sent in for the Association's Medal. Both of them were able, both showed painstaking work; but those whose duty it was to examine them and adjudicate upon them had concluded that neither came up to the level demanded by the Association for the bestowal of its medal. One of the essays was considered to show so much promise that the writer should be invited to enlarge the subject, for, with the addition of a little further work, there might be a good chance of securing the medal.

This concluded the meeting.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of the Division was held, by the courtesy of Dr. Blachford, at the City Mental Hospital, Fishponds, Bristol, on October 28th, 1921.

Dr. Soutar was voted to the chair, and the minutes of the last meeting were read and signed.

Dr. Bartlett was nominated Honorary Divisional Secretary.

Drs. Good and Soutar were nominated Representative Members of Council.

The place of the Spring Meeting was fixed for the Dorset County Mental Hospital, and the Secretary was instructed to tender the thanks of the members to Dr. Peachell for his kind invitation.

Dr. BLACHFORD then read a most interesting paper on "The Functions of the Basal Ganglia," and Dr. HADFIELD, Pathologist of the Bristol University, demonstrated a brain specimen showing a sclerotic patch in the optic thalamus from a case with a history of epileptiform fits, increasing in number and severity, for three years without permanent motor symptoms. Drs. SOUTAR, HADFIELD and BARTLETT took part in the ensuing discussion.

At the conclusion of the meeting a hearty vote of thanks was accorded to Dr. Blachford for his kind hospitality.

SOUTH-EASTERN DIVISION.

THE AUTUMN MEETING of the South-Eastern Division was held by the courtesy of Dr. C. M. Tuke at Chiswick House, Chiswick, on Wednesday, October 12th, 1921.