away with much of the fear of detention on the part of persons suffering from mental disease.

Sir George Savage emphasized the importance of a general knowledge of medicine on the part of psychiatrists. The psychiatrist and the neurologist should work together; though the former was to send to persons to asylum, and forgot how many people they kept out of asylums by affording them appropriate early treatment.

Dr. Percy said there were serious administrative difficulties in the way of providing beds for early mental cases in general hospitals, but at St. Thomas's and some other general hospitals there was an out-patient department. These departments had been little used, but there were some cases which from the first required asylum treatment.

Dr. James Stewart supported Dr. Helen Boyle's plea for a closer association between the neurologist and the alienist.

Dr. Bedford Pierce pointed out that there was very little real knowledge as to the causes of these early cases of mental disorder, and equally little as to what was best to be done for them. Recently, for the purposes of a debate, he had sought the views of a number of physicians and busy practitioners, and the inquiry revealed a remarkable difference of opinion.

Dr. Noel Sargent thought that too much sentiment was sometimes imported into the question, and that talk of alienation was especially to be deprecated. Certification was a safeguard both for the general public and for the patient himself, and gave him the best chance for recovery.

Mr. Haynes agreed that in borderline cases there had always been, and probably there always would be, a difficulty. There was also the risk of illegality in institutions not under the regulations of the Lunacy Act.

Dr. Haynes Newton said that a large section of the public thought that insanity was cured by scientific observation and the use of serum, but the prime and most important step towards euro was to take the patient out of the surroundings in which the defect occurred; indeed, there seemed reason to believe that this one step was responsible for some patients getting well. There were many difficulties in connexion with placing patients under suitable care, and of these the bulk of the public had no conception.

Dr. Corner said there was need for early treatment of cases on lines for which the existing law did not provide.

Dr. Fothergill emphasized the importance of taking harassed and run-down people away from their mischievous surroundings as the first step towards cure. In the first instance, at any rate, they should be sent to hospital instead of an asylum. The fear of certification was calculated to drive a threatening case over the borderline into actual insanity.

Mr. Corner considered there was too much sentimentality in regard to certification. It was difficult to give many cases proper treatment without certification.

Dr. Wolseley Lewis said it was true that some patients who were sent to asylums would be better treated outside those institutions, and to facilitate this a system of notification as opposed to certification might be devised. The medical student's curriculum was already so crowded that it would be unwise to add to a temptation to give a definite teaching of insanity in it, especially as that subject could not be learnt from books.

Dr. William Dawson agreed that the effects of certification on patients had been exaggerated. In his experience the effect was not adverse. The relapses were much more upset by certification than were the patients themselves. Ordinary hospital nurses were unsuited for mental cases. With regard to the unification of the specialties of neurology and psychiatry, it was much easier for the neurologist to become a neurologist than vice versa, for psychiatry could not be learnt from books; there was only one road to knowledge of mental diseases, and that was active and constant association with mental cases.

Dr. Maurice Craig said the lack of hospital accommodation for acute mental cases among the poorer classes was regrettable. The need for it was manifested by the great number of applications for admission to the "Lady Chichester" Hospital, of which Dr. Boyle was in charge.

In speaking of the question of certification a great deal was made of the "liberty of the subject," but the lawyers were really greater opponents of that in this matter than the alienists.

Dr. Francis Dixon agreed with Dr. Craig, and thought some provision for asylums taking in voluntary boards.

Dr. Haynes thought the present English law bore hardly upon mental patients.

The President thought that if so-called early mental and nervous cases could be treated in general hospitals, far-reaching benefits would accrue.

Dr. Helen Boyle replied, pointing out that the cases of patients to which he wished to call public attention were outside the mental class; members of this were already excellently treated. Her plea was on behalf of the early mental and nervous class, which, from lack of proper provision, often became incurable.

At a spring meeting of the Northern and Midlands Division of this association on April 30th at Menston Asylum, Dr. Ederley, who presided, dealt with The alleged increase of insanity, on the basis of the experience of that asylum, which draws its patients from manufacturing areas and agricultural districts forming the northern part of the West Riding of Yorkshire. Before it was said that there had been an increase in insanity; the meaning of that phrase ought to be defined. It might signify an increase in the total number resident in asylums, an increase in the annual number of admissions, or an increase in the annual number of first admissions; it might more probably denote the really important aspect of the question. The question whether people were becoming more liable to insanity had also to be considered. The total increase in the asylum population depended on the number of admissions. The decrease. If a reduction of the total number resident in asylums were possible in any way it would be a great step forward.

It was possible to exaggerate the influence of hereditary predisposition. His general conclusion was "that in this part of the West Riding of Yorkshire, whatever bald statistics may appear to show, insanity was not in the real sense increasing; indeed, there was very good reason to hope and expect that it would decrease."

In the discussion which followed, in which many of the members took part, the main points raised were as to whether epilepsy was decreasing, whether decreased infantile mortality meant decrease of insanity, or whether children were being saved from the insane later on. One member maintained that the tendency was for insanity to increase on account of the reduction of births affecting middle-class families more especially. Dr. Percy, in a paper on the Treatment of Incipient Insanity, said it had to be considered in relation both to those able to pay and to those unable to pay. Some new kind of institution would, he thought, be required. Clinics attached to hospitals would be admirable. The operation of hospitals, boards of guardians, and other like bodies would be necessary. Institutions would have to be equipped with up-to-date methods of treatment, and suitable means of employment and recreation would have to be found for the patients. To carry all this out would be difficult, since the capital expenditure would be a serious item, and then possibly the public authorities would not provide necessary support, but certainly something should be done in the way of erecting suitable sanatoriums for the treatment of incipient cases.

[Correction.—The title of the paper read by Mr. G. Lenthal Chester before the Section of Surgery of the Royal Society of Medicine should have been "The relation between ducts and acini to cysts in cancer of the breast," and not as printed last week on p. 1124.]

As an international conference on ship hygiene is to be held in Paris in June, it is intended to make this year the improvement of the hygienic conditions in ships of war, trading vessels, and fishing craft.

The Chelsea Hospital for Women has received from the trustees of Smith's (Kennington Estate) Charity a donation of £500 towards its rebuilding fund and £100 towards the funds of its convalescent home at St. Leonards-on-Sea.