

university study even if it were possible for them to leave their work to do so. The subject bristles with difficulties. I would therefore suggest that a special meeting of the Association should be called to consider the whole question.

The time and place of such a meeting should be such as would enable assistant medical officers from all parts of the country to attend, as this question concerns them much more than the senior members of the Association.

At the present juncture I think the Association might wisely be asked to take the following steps:

(1) Issue a memorandum to asylum committees and other authorities urging upon them the importance of providing facilities for further study for assistant medical officers. The necessity for at least six months' study leave at a university centre should be emphasised, so that the new diploma or its equivalent might be obtained.

(2) To appoint a sub-committee to consider the various problems which will arise in connection with the diploma in psychological medicine, with a view to safeguarding the interests of existing medical officers in asylums, in such a manner as not in any way to damage its authority and influence.

An interesting discussion followed in which the PRESIDENT, Dr. SANKEY, Dr. WHITE and others took part. The general feeling was one of agreement with the points brought forward in the paper.

The following resolution was then proposed by Dr. Pierce, seconded by Dr. Middlemass, and unanimously carried for submission to the Council of the Medico-Psychological Association:

"This meeting recommends that a special meeting of the Association be convened to consider:

"First, the diplomas in psychological medicine and other special qualifications in psychiatry in their relation to existing medical officers of institutions for the insane.

"Secondly, the social and professional status of assistant medical officers. Under the first of these heads it is suggested that the following should receive special consideration. The desirability of issuing a memorandum to asylum committees and other authorities concerned, urging upon them the importance of providing assistant medical officers with facilities for further study at university centres. The minimum period of study-leave should be not less than six months."

Dr. SANKEY then read a short paper introducing the subject of the "Treatment of Acute and Early Cases of Insanity, with Special Reference to the Number of Patients in Asylums."

He was forcibly struck with the fact that the recovery-rate was, and is, nearly stationary. He considered that asylums were too big, and that in future buildings should be erected in the form of hospitals or receiving houses for acute or curable cases; that all cases should be first admitted to these, and that the failures and incurable cases only should be transferred thence to the asylum. He thought that the smaller number of patients under care, with a large medical and nursing staff would result in more recoveries.

Dr. WHITE, Dr. COX, Dr. MIDDLEMASS and others spoke on the subject, and reference was made to the fact that some large county asylums had acute hospitals attached to them.

The meeting then came to a close.

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#### IRISH DIVISION.

A MEETING of the Irish Division was held on November 2nd, 1911, at the Royal College of Physicians, Kildare Street, Dublin, Dr. W. R. Dawson, President, in the Chair.

There were also present Drs. Rainsford, Donelan, O'Mara, O'Neill, Nolan, Greene, Drapes, Fleury, and Leeper, Hon. Secretary.

A letter of apology for non-attendance was read from Dr. Oakshott, of Waterford.

The minutes of the previous meeting and of the Special Meeting of the Division summoned to consider the Asylum Officers' (Employment, Pensions, and

Superannuation) Bill were read and confirmed, and correspondence in connection with the work of the Division was read.

It was arranged to hold the Spring Meeting of the Division at the Stewart Institution by the kind invitation of Dr. Rainsford.

On a ballot being taken the following gentlemen were unanimously elected ordinary members of the Association :

Gerald O'Reilly Sheridan, M.B., B.Ch., B.A.O. National University of Ireland, Assistant Medical Officer, Portrane Asylum. Proposed by Drs. Cullinan, J. O'C. Donelan, R. R. Leeper.

Henry Porter D'Arcy Benson, M.D., C.M., M.R.C.P., F.R.C.S.Edin., Medical Superintendent, Farnham House, Finglas. Proposed by Drs. W. R. Dawson, J. O'C. Donelan, R. R. Leeper.

Edgar Curnow Plummer, M.R.C.S.Eng., L.R.C.P.Lond., Medical Superintendent, Farnham House, and Maryville, Finglas. Proposed by Drs. W. R. Dawson, J. O'C. Donelan, and R. R. Leeper.

Dr. Nolan introduced a discussion upon the Asylum Officers' Employment, Superannuation, and Pensions Bill now before Parliament, and read a telegram from Lord Wolmer. As to the present position of the Bill before the House of Commons, various clauses of the Bill and its especial bearing upon Irish asylums were discussed by Drs. O'Neill, Greene, and Drapes. It was proposed by Dr. Greene, and seconded by Dr. O'Mara, and passed unanimously, that the following resolution be forwarded at once to the inspectors of Irish asylums :

"That the Inspectors of Lunatics, Dublin Castle, be requested to represent to the Irish Government the necessity of introducing into the Asylums Officers' Employment, Pensions, and Superannuation Bill at present before Parliament a clause such as is in the principal Act in reference to the procedure as regards Irish asylums, and especially to the sanction required for pensions and gratuities to be granted under this Bill. We also consider it desirable that such other modifications be made as are necessary to render the Bill applicable to Irish procedure."

In the unavoidable absence of Dr. Dwyer his communication was read by the Divisional Secretary.

#### A CASE OF RECURRENT MELANCHOLIA WITH STUPOR.

By P. J. DWYER, M.B.,  
Assistant Medical Officer, Richmond Asylum, Dublin.

J. D—, æt. 19 years and 3 months, messenger by occupation, was admitted to the Richmond Asylum on February 27th, 1904.

According to previous history he was always of a nervous temperament and had been delicate in infancy. He was noticed to have peculiar habits and was a prey to melancholia, constantly requiring excitement to enliven him. Six weeks previous to admission he had an attack of influenza after which he became very depressed and threatened suicide.

When admitted he was very depressed and complained of persecution from his relatives; he admitted hearing voices. In appearance he was very miserable and he gave the general impression of being a youth of rather deficient intelligence.

He continued in the above condition for about four months, during which time he complained of being annoyed by people talking about him. He also had delusions of self-accusation, and admitted masturbation for about five years.

Gradually he brightened up, but was not quite recognisant of his mental state.

He was discharged recovered on August 24th, 1904.

Patient, having threatened to commit suicide, was re-admitted on August 25th, 1906.

On admission he was very depressed and emotional. He said that he had not done any work since his discharge, because he would get tired. He believed that people used to look at him and that they knew he was addicted to self-abuse. Hallucinations of hearing were present.

After admission he developed delusions regarding his people at home, and did not wish to be sent out as he would have to go to them.