

In the beginning of June he commenced to speak, asking in a whisper if he might be allowed to see a cricket match, and a week later, in quite a natural tone of voice, requested permission to walk about the grounds. He now rose from his chair at my approach and walked by my side with the aid of a stick, although his gait was very slow and tottering. He sent a written request to be allowed to see the asylum engine-room, the writing of which was somewhat shaky, but quite distinct and the spelling correct.

The lower limbs were ordered to be rubbed daily with a stimulating liniment from which he derived much benefit, being speedily able to walk a considerable distance without support of any kind.

From this date he improved rapidly and steadily, showing himself to be a man of considerable culture; he was particularly fond of relating his experiences whilst travelling in Russia, and was always glad of an opportunity of conversing in French or German, both of which languages he spoke fluently, and he proved to be a very fair billiard player. His memory was remarkably good and he inquired as to the welfare of a patient who had been admitted on the same day as himself and who had long since left recovered; he gave a graphic account of a visit to this neighbourhood some years before his admission, and described several buildings from memory; he informed me he perfectly well remembered my daily visits, and repeated several of the remarks I had made in his presence, although, at the time of their utterance, he appeared to be in a state of deep stupor.

He was discharged recovered on December 14th, 1895, after a residence of upwards of three and a half years. His weight was 10st. 11lb., an increase of 7lbs. since admission.

The chief points of interest in the foregoing case are the sudden onset of so many relapses when the progress was otherwise satisfactory; the very marked muscular rigidity of the limbs and body generally; the clearness of the memory, during convalescence, for events which took place whilst the stupor was apparently most profound, and also before admission; and the ultimate complete recovery after such a lengthened illness.

OCCASIONAL NOTES OF THE QUARTER.

Pathology in Asylums.

We conceive that the ideal position of a pathologist is that in which his laboratory stands in direct communication with the wards of an institution—whether hospital or asylum—rendering intercourse with those engaged in clinical research easy, whilst he himself is absolutely free to

prosecute his special studies. To expect the laboratory worker to undertake clinical, *a fortiori*, administrative duties appears unphilosophical, an incongruity, an indication of imperfect appreciation of the value of time and specialised energy. Those who have experience of the exacting nature of research work will, we believe, at once concede that nothing can be more irritating nor more detrimental to good work than to have to relinquish temporarily some absorbing laboratory pursuit in order to engage in the work of the office or the wards. In medical circles in this country we are unfortunately only too familiar with this *mélange* of occupations, this professional polymorphism, in consequence of which our leading men are compelled to appear in various characters during the course of a day, exchanging frock-coat for laboratory blouse, and this again for lecturer's gown, throughout manifesting an adaptability truly astonishing. But such versatility, admirable in itself, is necessarily inconsistent with steady progress in special directions. It is therefore no wonder that in research work there is danger of lagging behind our continental *confrères*, labouring consistently in special departments of science, and less concerned with the commercial potentialities of professional life, as we know it.

If the system which we have ventured to designate as "ideal" is to be carried out in connection with asylums, it is necessary that appointments should be created of sufficient importance to attract and also to retain skilled workers. We believe that experience fully justifies the assertion that there can be no compromise between the ordinary plan of appointing a pathologist who is also assistant medical officer, and who is promoted in due course to duties wholly clinical, and that of creating a post of the above-mentioned kind; one calculated to satisfy the legitimate aspirations of the scientific worker, and offering a sphere worthy of his life-work. Under what may be termed the "compromise-plan" a young man is offered a salary, which, to him, fresh from the experiences of a student's modest *ménage*, may appear considerable. He enters on work with zest, but as time passes scientific ambition becomes tainted by commercial considerations and undermined by the promptings of social feeling. The spirit of unrest, fostered by the absence of worldly prospect, of finality, is incompatible with the execution of good laboratory work; results of scientific note are not to be expected

from the laboratory where the guiding spirit is constantly changing. Nor does experience justify us in counting upon pathological work of abiding value under the system in vogue in asylums, to which we have alluded; although exceptionally, as in the past, contributions of importance may be forthcoming. The work under such conditions is apt to be dilettante.

There remains, then, only the ideal plan. Indications are not wanting that its merits are beginning to receive the attention of the governing bodies of asylums. As a result of its adoption on a wide scale we shall be justified in anticipating more investigative work in those higher spheres of pathology and nerve-chemistry in which special knowledge and training are necessary. It is reasonable to believe that a license for animal experimentation would be granted to institutes of high standing—such as those we refer to—a privilege which, it may be confidently affirmed, would not be extended to lesser laboratories; yet it is precisely by the exercise of such privilege, by experimentation, in fact, that we should hope to progress in the investigation of various important points; for instance, the actions of poisons on nerve-cells, the bacterial origin of hæmorrhagic and other exudates in general paralysis, the “scavenger” function attributed to the spider-cells of the brain.

The subject of training for pathological work in asylum laboratories—and we now speak of these as at present constituted—merits consideration. The newly-qualified man who undertakes the duties of pathologist in an asylum, even though he be distinguished academically, will commonly discover that his knowledge of the methods of nerve-pathology, and of the pathological appearances of the nervous system, is rudimentary. He is in straits, rudderless, without a beacon. Guidance, it may well be, is not forthcoming; for the subject is still new, and receives but a limited degree of attention at asylums, and his seniors at the institution are not often in a position to be, in this matter, his preceptors. This difficulty would be in a considerable measure removed if the system of receiving resident qualified clinical assistants in asylums (beginning at the larger ones, with greater facilities) were more commonly adopted. Even if a small honorarium prove necessary, in order to attract such assistants—a contingency by no means improbable in these days of lengthened medical curriculum—the system would be commendable. Such clinical assistants,

whilst receiving ward-instruction, would also be trained in nerve-pathology, and from amongst such men pathologists would be obtainable, adequately equipped for the special work desired of them. The economy in time would be great; instead of spending the first eighteen months or so of his appointment in learning his duties, the pathologist would, shortly after undertaking the latter, be able to apply himself to some special investigation.

A Scottish Proposal.

Since the preceding paragraphs were penned certain proposals have been made in Scotland which augur well for the future. There is, in fact, at present a movement on foot for the appointment of a joint Research Pathologist, who will be resident in Edinburgh, at the service of the Scottish asylums associated for this purpose. As these are under different governing bodies, and have different constitutions, there may be some difficulty in bringing the scheme to a successful issue; but, with the lead given by the London County Council, it is to be hoped that the difficulty will not prove insuperable. The problem cannot be solved without the provision of a work-room, and negotiations are now in progress with the Laboratory Committee of the Royal College of Physicians to secure, if possible, accommodation in their splendid new laboratory, which has been recently opened at a cost of some £10,000.

It is thought that mental pathology would thus be brought into closer touch with general pathological, physiological and neurological work than hitherto. As the draft scheme stands at present it is proposed that the duties of the pathologist should be:—(1). To examine material sent from the associated asylums and to furnish reports, with microscopic specimens. (2). To carry on original researches upon the pathology of insanity. (3). To give, when required, instruction (free of charge) to the members of the medical staffs of the associated asylums, in the pathology of mental diseases and in laboratory methods. (4). To assist, if required, the medical staffs of these asylums in pathological researches as follows:—*a.* By arranging for collection of special material for a particular investigation from the various asylums. *b.* By advising as to the best histological methods to employ in particular instances. *c.* By