

Meeting of the British Medical Association, held in Cambridge, August, 1864.—By GEORGE E. PAGET, M.D., F.R.C.P., Member of General Medical Council; Member of Council of Senate, University, Cambridge.

The Plea of Insanity.

The Capital Punishment Commissioners met on Friday and Saturday, the 10th and 11th instant, at No. 2, Victoria Street, Westminster, when Dr. Hood, one of the Lord Chancellor's Visitors in Lunacy, and Dr. Harrington Tuke were examined before the Committee in especial reference to the plea of insanity in criminal cases.—*The Lancet, March 18th.*

The Asylum Case Book.

Of the duties of the medical officer in an asylum, that of keeping the Case Book is not the least important, nor one whose performance affords him much satisfaction. A book containing within the compass of a single volume, or of one for each sex, complete records of all the cases actually under treatment, is probably a desideratum in most asylums. The prevailing plan of filling up successive books with more or less fragmentary accounts has many and constantly increasing inconveniences, and if a patient live many years in an asylum, the history of his case may ultimately have to be sought in detached notes, scattered through ten or twenty books. A striking illustration of this recently occurred in one large asylum where, on the occasion of an official visit, a view of the Case Book being requested, a small cartload of bulky volumes was placed before the dismayed visitors.

In addition to the inconvenience arising from the history of a single case being recorded in numerous detached notes in an indefinite number of books there is a more serious disadvantage in the loss of time incurred in turning over an immense number of unrequired leaves, in the periodical operation of posting from the daily note books and reports. Indeed, keeping the case book in the prevailing manner is an interminable and troublesome duty, hardly admitting of being performed in a manner to be of use for the purposes of study, even if the difficulties of reference be submitted to.

In one large asylum loose sheets are kept in each ward, the entries being made daily at the conclusion of the medical visit, and when the completed cases have accumulated in sufficient number, they are bound together in the form of an ordinary volume. This plan is obviously defective.

In an asylum case-book several conditions may advantageously be observed; in the first place, it should be a *book*, that is to say, the leaves ought to be held firmly together. The Act of Parliament is clear upon this point. Hence the Commissioners do not approve the plan of loose sheets. Secondly, it should be so arranged that any required case may be readily found entire, or written on *consecutive* leaves. Thirdly, instead of keeping in the same book the cases of the dead, the discharged, and of those under treatment, a special volume should be allotted to each of these classes.

Further, it should exhibit in a succinct form, under distinct heads, the leading facts of age, number of previous attacks, duration of the existing condition, date of admission, occupation, religion, natural character, previous habits of life, the causes of the attack, hereditary, moral, and physical; next, more in detail, the information derived from the medical certificate and from statements made by friends and others.

Then should follow a description of the patient's physical condition, all marks, bruises, cicatrices, fractures, or other injuries being particularised. This information being taken down on the admission of each patient, and in presence of the accompanying friends, the task is not found irksome, nor does it interfere with other duties.

The entry of the *form* of mental disorder may be deferred a few days, to afford opportunity for diagnosis, &c.

Important details of treatment and the subsequent history of the patient can be recorded as occasion may require, but in the majority of chronic cases an entry every quarter will suffice.

When the case is completed, either by the discharge or the death of the patient, the sheets containing it should be *transferred to another volume*, by which means the current case-book is kept of convenient size.

These conditions are observed in the plan adopted at the Lincolnshire County Asylum, and, in practice, it is found to leave little to be desired. In this institution six separate books are kept, one being devoted exclusively to actual patients, one to the discharged, and another to the cases of those dead, of each sex. These books will suffice for an indefinite period. The transfer of cases from one volume to another is made quarterly, and is easily effected; when done, a little simple mechanism by which the leaves are bound together is readjusted, and the volumes become as firm and compact as ordinary books, from which, moreover, they are scarcely distinguishable in external appearance.

The contrivance by which these advantages are gained may be briefly described as a movable book-cover or portfolio, containing leaves which are secured to it by means of two female screws with flat heads, the latter being covered with material of the same colour as the cover. To remove a leaf from any part of the book, it is

necessary to raise the two male screws on the proximal side of the leaf, and to slide the intervening leaves on to them, thus exposing the one required, which can be transferred to another volume by a similar proceeding. Further security may be obtained by having an ordinary clasp in front. This arrangement is found to convert a very tedious and distasteful task into an interesting and profitable study, and which occupies only a sixth part of the time sacrificed to the duty under the old method. T. B. B.

Letter from Baron Mundy, M.D., of Moravia.

PARIS; January 1st, 1865.

SIR,—Since my resolution, proposed at the last General Annual Meeting of the Association (14th July, 1864), was accepted, all I have heard from friends, and experienced by facts, induced me to believe that, under the actual circumstances, it would be impossible to carry out my motion practically and with a useful result.

I therefore give you duly notice that, for my part, I withdraw my motion, hoping that in a future and more proper time a better man than I, and perhaps an Englishman, will carry out what I honestly endeavoured.

The members of the committee will kindly excuse the lateness of this notice, caused by a prolonged scientific journey on the Continent.

I feel obliged to renew my thanks to all the members who took interest in my motion, and, in particular, to Dr. Robertson, who seconded it, as well as to all the proposed members of the Committee.

I remain, Sir,

Yours faithfully,

J. MUNDY, M.D., of Moravia.

DR. HARRINGTON TUKE,

*Hon. Sec. to the Association of Medical Officers of
Asylums and Hospitals for the Insane.*

Publications Received.

'Clinical Observations on Functional Nervous Disorders.' By C. Handfield Jones, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital. John Churchill and Sons, New Burlington Street, pp. 385. *See Part II, 'Reviews.'*

'Pathological and Practical Researches on the various forms of Paralysis.' By Edward Meryon, M.D., F.R.C.P., late Lecturer on Comparative Anatomy