

During over eleven years' service in this colony 2524 lunatics have passed through my hands. Of these 241 either gave histories of, or had undoubted signs of, past or present syphilis, and doubtless many others had suffered from the disease.

Of the above 2524 patients, 45 were Europeans, 21 Eurasians, and the remainder Asiatics (principally Chinese, Malay, and Southern Indians).

But one case of general paralysis has ever been noted in this asylum, a Danish sailor who died here in 1891.

There have been two cases suspiciously like general paralysis in Chinese, but the sequence of events were not such as is seen in that disease. The cases were eventually diagnosed as syphilis, and on post-mortem examination there was found in one a syphilitomatous deposit over the left frontal convolutions, and in the other patches of necrosed bone of the vault with adherent and inflamed patches of dura mater and pia-arachnoid membrane.

It has seemed to me that our natives cannot be expected to be the subjects of general paralysis with their simple life, few or no worries, and the fact that there is no struggle for existence amongst them. In a country where there is no cold, but little indulgence amongst natives in alcoholic excess, where food and lodgings are cheap, and the least possible clothing required, a disease originating in anxiety, mental worries, and great excesses, is little likely to develop, notwithstanding the fact that the (?) preliminary disease be present.

November 16th, 1899.

SELF-INDICATING LOCKS.

From Dr. DONALDSON.

In answer to your inquiry, I have to state that the self-indicating locks in use here are a great success. The lock has the following advantages:—1. Indicates at a glance on entering a dormitory if the door of single room is locked. 2. Is noiseless. This advantage is great for night inspection of single rooms by night attendant. 3. If a patient is in bed in a single room the bolt can be locked *in*, so that it is impossible for another patient to turn handle, and thus seclude patient in bed. 4. If a single room be not in use by day the bolt can be locked *out*, thus preventing patients opening the door and getting into the single room. 5. When necessary for a night attendant to go into a single room to attend to a patient the bolt can be locked *in*, thus precluding the possibility of a patient in a dormitory locking attendant in a single room. The makers are C. Smith and Sons, Limited, Birmingham.

CANEHILL ASYLUM ;

December 4th, 1899.

COMPLIMENTARY.

PRESENTATION TO DR. ALEXANDER ROBERTSON.

One of the senior members of our Association, Dr. Alexander Robertson, lately retired from the staff of visiting physicians to the Glasgow Royal Infirmary, and was met by a representative group of past and present house physicians and nurses in the infirmary, Dr. John Ritchie in the chair. In the course of his remarks Dr. Ritchie expressed the great satisfaction which they had derived from their very intimate association with Dr. Robertson, who had taught them much that had been of the very greatest value in their respective professions. Dr. Robertson's pupils were to be found in all parts of the country. Many of them were, or had been, specially engaged in that department of medical study which he had made his own. One at least had a world-wide reputation, several were in consulting practice, and some of his nurses were in charge of important institutions. To them all the Glasgow Royal Infirmary would be no longer the same when Dr. Robertson left its wards, where he had been so long in active service, where as student, resident, or physician he had spent so many years of usefulness. Dr. Ritchie begged his acceptance, with their warmest wishes, of a silver salver as an indication of the sentiments of esteem and friendship which they cherished towards him as a teacher and a friend. Dr. Robertson, in returning thanks, referred

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to his long connection with the town's hospital and to his fifteen years' service in the Royal Infirmary. We join with Dr. Ritchie in his hope that recollection of Dr. Robertson will remain fresh and inspiring for many years to come.

PRESENTATION TO DR. C. B. BURR.

Dr. Burr, of the Oak Grove Sanatorium, Michigan, was entertained by a surprise party lately to commemorate the twenty-first anniversary of his connection with hospital work. Dr. E. A. Christian, of Pontiac, in a happy speech presented him with a loving-cup from his former professional associates. Dr. Burr's friends on this side will unite in their best wishes on this auspicious occasion.

PORTRAIT OF THE LATE DR. PAUL.

We are glad to draw attention to a presentation lately made to the Association. Mrs. Casberd-Boteler has given a framed engraving of a portrait of her father, our friend and treasurer, the late Dr. Paul, which has been hung in the room of the Association at Chandos Street. Due acknowledgment of this interesting souvenir will be made at the next general meeting.

OBITUARY.

REGINALD SOUTHEY, M.D.Oxon., F.R.C.P.Lond., late Commissioner in Lunacy.

Dr. Reginald Southey, whose death occurred rather suddenly on November 8th, at his country residence, Beltingham, Sutton Valence, had been in failing health for some time. As a member of the College Club he dined with some of his old friends only nine days before his death, and no one then present could have suspected the end to be so near.

Reginald Southey was born in 1835, being the youngest son of Henry Herbert Southey, M.D., D.C.L., F.R.S., F.R.C.P., and nephew of Robert Southey the poet. He received his early education at Westminster School, and in 1852 proceeded to Christ Church, Oxford. From here he graduated as B.A., with a first class in the Honour School of Natural Science in the year 1857. He pursued his medical education at St. Bartholomew's Hospital, reading with the late Sir William Savory and Mr. Henry Power, and in the year 1860 he passed the examination for the membership of the Royal College of Physicians of London. In this year, too, he was elected Radcliffe Travelling Fellow. In the following year (1861) he took his M.B. at Oxford, and immediately, in accordance with the conditions attached to his Fellowship, went abroad to continue his medical studies, working for a year in the hospitals of Berlin, Prague, and Vienna. In 1862 he travelled to South America, visiting Rio de Janeiro, Monte Video, and Buenos Ayres, passing the winter of 1863 in Madeira. In 1864 he was elected physician to the City of London Hospital for Diseases of the Chest, Victoria Park, and also physician to the Royal General Dispensary in the City, posts which he held until the following year (1865), when he was elected an assistant physician to St. Bartholomew's Hospital. In 1866 he took his M.D. degree at Oxford, and was in addition elected a Fellow of the Royal College of Physicians of London, being appointed Goulstonian Lecturer for 1867. For this set of lectures he chose as his subject the Nature and Affinities of Tubercle. In 1870, after unusually rapid promotion, he was elected as full physician to and teacher of clinical medicine at St. Bartholomew's Hospital, where he also delivered an annual course of lectures upon Public Health and Medical Jurisprudence in the Medical School. The latter lectureship he held for a period of fourteen years. He had the honour of being placed upon the Council of the Royal College of Physicians of London in the years 1878 and 1879, and from 1877 until 1883 he was physician to the Hospital for Incurable Children at Cheyne Walk, continuing on the Committee until the year 1888. He delivered the Lumleian Lectures in 1881 on Bright's disease, and in connection with this subject we may remind our readers that he was the inventor of Southey's tubes for