

method of carrying it out, and in the letter of April 23. There was no reason why his friend should die, suicide would have amply settled the whole account; but he had persuaded himself that their lives were bound up together.

The removal of the testicles, the apparently depressing effect of the operation, and the speedy occurrence of the crime after it, should suggest caution to the surgical psychiatrists who advocate the castration of inverts and sexual perverts generally. Such persons are frequently of unstable mental balance, so that the mutilation produces a depressing effect, while it does not remove the perverted tendency.

The case has some medico-legal interest. It recalls that of Alice Mitchell, a sexually-inverted girl of neurotic stock, who, a few years ago at Memphis, U.S.A., killed her former intimate friend, Freda Ward, when the latter became engaged to be married. Inverts, in spite of a tendency to mental irritability, are capable of a considerable degree of culture, especially in an æsthetic direction; they rarely enter asylums or even seek medical advice, and they are always liable to become centres of medico-legal interest. In this case, since there was a distinct history of insanity entirely apart from the inversion, no other termination could be expected.

The presence of so-called gynæcomastia—with tendency of the breasts to swell and become hard and red—may be noted. In a slight degree this condition has been found by Moll, Laurent, and Wey among inverts who were presumably congenital. In this case it seems to be fairly well marked.

There are various minor points of interest to which it is unnecessary to call attention, but which well illustrate a certain type of sexual invert.

OCCASIONAL NOTES OF THE QUARTER.

Rest and Exercise.

We have much pleasure in submitting Professor Meyer's communication on rest and exercise in the treatment of nervous and mental diseases. That experienced observer and veteran teacher of the University of Göttingen has been an honorary member of the Medico-Psychological Association since 1867, when his name was proposed for election as the first to introduce non-restraint principles into German practice. During the thirty years which have since elapsed Professor Meyer has consistently adhered to the enlightened

ideas which he then placed in the first rank of importance, and has enriched the science of medicine with many valuable works. We, therefore, honour him as a man well qualified to speak on this cardinal point. The debate so ably sustained at the last Annual Meeting by Drs. Clouston and Batty Tuke must deeply interest every physician charged with the treatment of the insane, as a practical question which has to be solved day by day in dealing with individual cases. Professor Meyer has taken up Dr. Clouston's concluding challenge, and has shown, as the result of ripe experience, that his theory and practice go hand in hand.

It seems to us that there are two chief reasons for placing newly-admitted patients in bed. In the first place we claim that it is best for the individual patient, that we thereby attain the best results for him; and in the second place that, insanity being an affair of medicine, the most searching medical examination is a necessity. We obtain accurate information from the nursing staff; we insure opportunity for intimate and exact reports from the medical officers. It cannot be doubted that the state of secretions and excretions, the action and reaction of vital processes, the condition of the organism in detail can be more minutely and more easily investigated while the patient is segregated under special observation. To what end are hospitals being built as indispensable and valuable adjuncts to our best asylums, if they are not to be conducted upon principles which have been tested and approved by the general physician? It is surely by the irony of fate that Dr. Clouston, who has used all the weight of his wide-reaching influence in support of the hospitalisation of the insane, entered his dissent from the routine treatment of putting patients to bed for a few days or weeks—a practice which directly induces in the minds of patients and staff the idea of medical care being requisite. But Dr. Clouston fully recognises that there are cases for whom rest in bed is imperative, although he speaks strongly against the routine practice. On the other hand, we must admit that the high hopes with which the Weir Mitchell treatment was ushered in have not been sustained throughout the intervening years. We cannot but agree, with Dr. Blandford, that it has frequently proved a most conspicuous failure where it has had a fair trial. It appears to us that the balance of evidence is against it, and that Dr. Playfair's resolution not to employ it in mental cases is the outcome of untoward experience. The

limits set on the medical treatment of insane patients are, however, by far too narrow already. We are bound in honour and of necessity to welcome every new departure, and to give our best endeavours to make it a success. Massage is undoubtedly of great value in dealing with constipation, with peripheral neuritis, and other conditions encountered in our special work; and it now remains for those who have already failed, or those who have not yet attempted the Weir Mitchell treatment, to apply it to the cases indicated by Dr. Batty Tuke as promising good results.

We must, as in all controversies, be careful not to push theory to extremes and not to confuse the issues by mere words. What is wanted at this stage is a careful summarising of proved results—a statement of cases in brief detail. We have been favoured with a temperate statement of beliefs, and a discussion on the principles of treatment. Will Asylum Medical Officers now add to these a summary of precise facts?

Holloway Sanatorium.

In drawing attention to the report of the recent inquiry by the Commissioners in Lunacy on this asylum, we must reiterate the fundamental principle of the Association of which this Journal is the mouthpiece, “the improvement of the treatment of the insane.” The general good reputation of our asylums is essential to the promotion of this principle, and if any one of them becomes an object of public suspicion or distrust the others are certain to suffer.

The more thoroughly and completely, therefore, that any public imputation against an asylum is inquired into, and the more promptly this is done, the better is it for the welfare of the insane.

While it is our clear duty to endorse any criticism or censure that we consider to be just, it is also our function to protect our members from the popular prejudice against asylums, inherited from a period of general ignorance and much inhumanity.

The soundly-thinking majority of the public is educated into a knowledge of the high standard of beneficence with which our asylums are now conducted, but the lower strata of the public mind, made up of cranks and faddists, to whom everything that is wrong, and an upper stratum,