cerebral disorders of childhood and advanced life. Passed the critical period of infancy, such children manifest cerebral excitement in the form of extraordinary intelligence, and, if they survive to maturity, astonish the world by their brilliancy.

Bulletin de la Société de Médicine Mentale de Belgique. 1883. This journal, and the Society, maintain their activity. Number 31 contains an important article of 43 pages on the Classification of Mental Disorders, by M. Jul. Morel, the President of the Association. He passes in review a large number of classifications, and ends in adopting, with certain modifications and additions, the principles followed by Guislain in his well-known nosology. Dr. Morel's article should be read by all interested in the classification of mental disorders.

Rapport à l'Académie de Médicine sur les Projets de Réforme Relatifs à la Legislation sur les Aliénés au nom d'une Commission, composeé de MM. Baillarger, Brouardel, Lunier, Luys, Mesnet, et Blanche, rapporteur. 1884.

This "Rapport" was read by Dr. Blanche to the Academy of Medicine on the 22nd of January. Among other matter it contains a flattering reference to Broadmoor, and the hope is expressed that France will soon have its Broadmoor also. Ten propositions close this carefully prepared address, which, coming from a mental physician of Dr. Blanche's experience, will no doubt exert much influence in the deliberations of the Senate on the important question of a change in the French Lunacy Law, which now excites so much interest across the Channel.

D. H. T.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held February 5th, 1884, at Bethlem Hospital, at 4 p.m., Dr. Orange, President of the Association, in the chair. There were present—Drs. S. H. Agar, A. J. Boys, R. Baker, P. E. Campbell, Fletcher Beach, J. E. M. Finch, J. R. Gasquet, W. R. Huggard, H. Lewis, H. Rooke Ley, C. Mercier, G. E. Miles, P. W. Macdonald, W. J. Mickle, J. H. Paul, H. Rayner, J. B. Spence, H. Sutherland, A. H. Stocker, D. Hack Tuke, D. G. Thomson, L. A. Weatherly, E. S. Willett, T. O. Wood, &c., &c.

At the commencement of the proceedings, the PRESIDENT referred to the death of Dr. Parsey, Medical Superintendent of the Warwick County Asylum at Hatton, remarking that Dr. Parsey had been President of the Association in 1876; and also that he had completed a longer term of service at one asylum than would probably fall to the lot of many then present. Dr. Parsey went to Hatton in 1852, being the first superintendent of that asylum, and everyone who had visited that asylum knew to what a reputation it had deservedly attained under Dr. Parsey's management. There was one respect especially in

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which the good work done by Dr. Parsey had often come prominently under his (the President's) notice, and that was in regard to persons charged with offences who were suspected to be of unsound mind. In a recent contribution to the Journal, Dr. Hack Tuke, in mentioning the various places where things were satisfactorily done, had occasion very particularly to mention Dr Parsey's county, recognising that the County of Warwick was especially fortunate in possessing an officer who made his experience available for the county magistrates and others in connection with the gaol. The President then proposed that a resolution of condolence should be communicated by the Secretary to the family of Dr. Parsey.

Dr. MICKLE, in seconding the motion, said that he had been under Dr. Parsey for some time, and had had the opportunity of becoming acquainted with his great ability and his very great kindness. He had learnt from that gentleman much that was now of great advantage to him, and he could testify as to the thorough manner in which Dr. Parsey had attended to his duties and the kindness he had always shown to his patients.

The resolution was unanimously adopted.

The following gentlemen were elected members of the Association, viz.:—E. B. C. Walker. M.B., C.M.Edin., Assist. Medl. Officer, County Asylum, Haywards Heath; Dr. Thomas Draper, District Asylum, Enniscarthy, Ireland; Dr. C. Theodore Ewart, M.B.Aber., C.M., Assist. Medical Officer, Fisherton House, near Salisbury; Wm. Milsted Harmer, F.R.C.P.Ed. Physician Supt., North Grove House Asylum, Hawkhurst, Kent.

Dr. SAVAGE read a paper on "Constant Watching of Suicidal Cases." (See Original Articles, p. 17).

Dr. RAYNER said that the question introduced by Dr. Savage was a very interesting one, both theoretically and practically. He agreed with Dr. Savage in a very great measure in regard to the watching of suicidal patients. He thought that they should not look at the mere prevention of suicide. If they were fortunate enough to escape suicides they ought to make themselves very happy in their good luck, but it was not a thing to pride themselves upon. Greater results would be obtained by treating the mental state upon which suicide depended, rather than the suicidal impulse. It was quite possible to develope and encourage a suicidal impulse. By too much attention this might be developed and cultivated just in the same way as refusal of food. In cases of simple melancholia, with suicidal tendency, he had found frequently that it had subsided with rest, just as in the case of refusal of food. When the patients had well rested and had begun to gain flesh he tried to get them up and out, and he relied a great deal upon the effect of fresh air. As regards the watching, the less the patient was irritated by the means adopted the better. In quiet cases he (Dr. Rayner) simply put the patient into a small dormitory of four beds in the Infirmary, which was not under constant but under frequent supervision. Beyond that, Dr. Rayner had no very special provision for suicidal cases, and yet he had been very fortunate.

Dr. LEY said that he thought that the majority of suicides did not occur from actively suicidal patients, but from those who had not been suspected. Patients could be as well watched in a single room with an opening through which the night attendant could see in as in an associated dormitory. Probably the reason why the Commissioners in Lunacy laid so much stress upon patients being watched at night was that they thought—and, he thought, very justly—that all patients should be watched at night, and that the number of night attendants should be increased much more than they were at the present time. A great deal was done in the daytime, but very little in regard to night supervision. Many bad practices might be remedied by a better supervision at night. With regard to the use of associated dormitories, there might be some difficulty in the case of a male patient, but women did not mind them half so much as men.

Dr. HACK TUKE enquired of Dr. Ley whether the bright light thrown into the

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room through the slit referred to had been found to interfere with the patients comfort or sleep.

Dr. LEY said not at all.

Dr. FINCH referred to the fact that the Commissioners' Report usually contained some reprimand that such and such a case had committed suicide, although he was to be "constantly watched." If what was thus implied by the Commissioners were actually carried out, it would make life perfectly miserable. With respect to light cast into a room through a slit in the door, he might quote the case of a suicide occurring where there was a very careful night-nurse, who went into the room every half-hour, and, although the patient had committed suicide, the nurse thought her still asleep. The patient had strangled herself with a portion of her night-dress, and when he (the speaker) saw her, although she had then been dead more than an hour, she had still every appearance of being asleep.

Dr. HUGGARD enquired as to the means of restraint referred to by Dr. Savage. He also referred to one of the answers to the Commissioners' circular, which stated that, in the experience of the correspondent, suicides were invariably at night. Was that the experience of most of the members? No doubt a great deal of watching did harm; at the same time little watching might be as objectionable, and might lead to suicides.

The PRESIDENT said that the object of any well-regulated system was that there should be adequate supervision without making the patient unpleasantly aware thereof. It was unquestionably desirable that the treatment should not impair the chances of cure, but a patient could not be cured if not kept alive. He was glad to hear Dr. Rayner say that he treated suicidal patients in bed. He had done that himself for many years, and his infirmary wards were, as much as possible, like hospital wards. So far from objecting to the recommendations made by the Commissioners in Lunacy in the direction of increasing the number of attendants on duty by night, he always hailed their recommendations with unfeigned delight, for he felt sure that enough had not been done in regard to night supervision. The patients who were sent to the asylum with which he was connected, were patients who required special watching, and, therefore, a larger staff was required. They had, therefore, at all times, twelve attendants upon duty during the whole of the night, those attendants doing no work during the day. They patrolled the ordinary wards at frequent intervals, whilst the infirmary wards were never left either night or day without someone on duty. The patients, therefore, did not think they were especially placed there to be watched as suicides. Any kind of watching which tended to impress this upon the patient was, as Dr. Savage had so well pointed out, injurious.

Dr. SAVAGE, in reply, said as to night supervision, of course the most perfect asylum would be that where watching was so automatic and well arranged as to be unobserved by the patient. He approved of the infirmary treatment if it could be a combination of the infirmary treatment with the single room treatment, and, at all events, he should be happy to try the effect of putting suicidal people to bed. The strong clothing to which Dr. Huggard referred was not a "straight jacket." The garment was—well, it was a combined garment, buttoned down behind—without gloves, which were not usually put on unless the patient endeavoured to gouge out his eyes or otherwise maltreat himself. The sheets were of the same strong material, so that, except with the aid of his teeth, the patient could not tear it. He had had several patients who had attempted to commit suicide just as they were beginning to mend, and there were many cases where suicide was not suspected until it took place. It was a question whether the more determined suicidal cases would not be more dangerous by day if as strictly watched by night.

Dr. GASQUET read a paper on "Some of the Mental Symptoms of Ordinary Brain Disease." (See Clinical Notes and Cases.)

The PRESIDENT asked in how many cases there had been a post-mortem examination?

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Dr. GASQUET replied in three of them ; he had mentioned that in which it was omitted.

The PRESIDENT enquired whether there were adhesions of the membranes?

Dr. GASQUET said there was an absence of adhesion or the usual physical signs of what was known as general paralysis. In reply to Dr. Savage, he said that the case of disseminated sclerosis was 52 years of age.

Dr. SAVAGE said that it struck him that that was rather an advanced age. The only case he had seen at Bethlem was that of quite a lad. The points were of great importance. Were they to have any touchstone which would enable them to say—"That is not a case of general paralysis?" In regard to exaltation of ideas, where the patients had a feeling of well-being, they seemed to live from moment to moment—he believed they had no memory of what they had been—but Dr. Mercier would, he hoped, give his view of what the basis of exaltation was in the two cases—the one who was degenerating and losing self-control, and the other who, with a sudden blow, as it were apoplectic, was at once reduced to that condition of restless exaltation. There was one patient then at Bethlem about whom they had doubts. Dr. Hack Tuke said—"Well, what right have you to consider this case one of general paralysis rather than one connected with arterial changes." My opinion was given in favour of general paralysis because of the rapid and complete recovery after each fit. I have had one general paralytic who, for a long time, although he was a doctor, did not appreciate that he was in any way paralysed, but when later he got distinct signs of paralysis, he shook his head and said—"Well, I am paralysed now!" and recognized the fact, although he did not do so before. At present they had been taking hold of the two ends of a stick and attempting to bring them together.

Dr. MERCIER said that in regard to delusions of grandeur associated with brain disease he might say that so far as he knew they were not able to give any explanation, but there was a clinical entity which they termed general paralysis, and in that clinical entity several definite symptoms were associated, but here and there they found cases in which one symptom or other was absent, and then there was another set in which the remaining (exaltation) was absent. Probably the cases quoted by Dr. Gasquet were cases of what the French called megalomania, and in ordinary cases of megalomania they would often find gross lesion of brain substance similar to what Dr. Gasquet mentioned.

Dr. HACK TUKE said that he could not help thinking that ideas of grandeur might be associated with some morbid condition of one part of the brain rather than another and not be merely a consequence of the loss of control exercised by the supreme centres in health. Inability to compare the present condition with the past—loss of memory—arose in cases of ordinary dementia ; but there was something special in cases of general paralysis with exaltation and of megalomania, and he thought that common to them all there might be some lesion locally different from that which took place in other cases.

Dr. MICKLE said he thought that the question raised by Dr. Gasquet as to the existence of delusions of grandeur had been decided in the affirmative. The existence of delusions of grandeur, simply defined as delusions of grandeur, would apply to a very large number of cases of insanity which had nothing whatever to do with general paralysis ; and even if they left out the systematized delusions of grandeur—even if they took into consideration only the delusions of grandeur of the same kinds as were found in general paralysis—they found them in a great many forms of brain disease. The very first case mentioned by Dr. Gasquet (multiple sclerosis), was, as regards its mental symptoms, the same as one of the very first cases of multiple sclerosis described in medical literature, which case had delusions of grandeur very much like those described. As regards the second case described, it struck him that the case, after all, was perhaps one of general paralysis, but of course in the absence of a post-mortem a definite conclusion could not be come to. With reference to the second question, as to whether delusions of muscular

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strength were to be associated with general paralysis, he thought they might answer that in the negative. Many cases had not only no delusions of muscular strength, but they had delusions of muscular feebleness. Many general paralytics had the idea that they were extremely small and feeble, and that their muscular power was less than it really was, and this sometimes with exalted delusions on other subjects.

The PRESIDENT adverted to the double sort of nomenclature running through the matter under discussion. In one case megalomania was spoken of, and in another general paralysis. One referred to mental symptoms and the other to bodily symptoms; and it must always be open to doubt whether the term "general paralysis" ought to be used to describe a definite form of mental disease.

Dr. GASQUET said that he did not think that Dr. Mickle had quite apprehended his second question, which was not whether general paralytics had no delusions of strength, but rather whether other cases, not general paralytics, who had delusions of grandeur usually exhibited no delusions of strength.

In the absence of Dr. Major, Dr. HACK TUKE read a paper which had been forwarded by that gentleman: "The Results of the Collective Record of the Causation of Insanity." (See Original Articles.)

The PRESIDENT said that they all regretted that Dr. Major was not able to be present. He had no doubt that some useful and interesting observations would be made. In discussing this paper, upon which Dr. Major had bestowed great industry, much might be said upon each individual point; but looking at the matter broadly, it was obvious that there were two distinct modes in which the preparation of the table might be undertaken. One method consisted in ascertaining as far as possible the number of instances in which any particular factor which might be regarded as a cause of insanity had occurred; then tabulating the results, then adding up at the end the number of cases treated, and then showing in how many cases certain factors were present. This might be termed the mechanical or self-registering method. The other method might be termed (as opposed to the first) the "human" method, and in pursuing this method it was intended that each person who made an observation should bring his own judgment to bear upon it. He supposed that was the method chiefly adopted, and he was sure it was one from which an immense amount of good might be expected. If no cause could be assigned one must say so: but if each individual observer would weigh all the facts and then record what he thought was the probable cause he felt perfectly certain, that taking into consideration the number of highly skilled observers, there must be a good result.

Dr. HUGGARD said that he must confess that he could not altogether agree with some of the conclusions which were drawn from the tables in question. Although the facts stated by the Commissioners were extremely interesting, he thought that drawing an inference was a much more complicated matter than appeared at first sight. The figures which Dr. Major laid before them in his appeal to the sceptic, did not appear to him to possess any cogency at all, and his conclusions from the frequency of the so-called causes, were open to question; in fact it would seem that the whole paper was really lodged upon fallacy, regarding the *post hoc* for the *propter hoc*. Causation must be arrived at from comparison and not from simple observation, otherwise, it was impossible to say which was the cause and which only an ordinary antecedent. He did not think the table could be called a collective record of causation; at the same time the paper was a very interesting one, and there was a good deal of suggestion in it, although it did not proceed upon a record which was calculated to lead to altogether trustworthy results.

Dr. MERCIER said that he could quite agree with what the President had said as to the industry bestowed upon the paper, but he must also agree with Dr. Huggard as to its value. He believed the conclusions given in the paper to be absolutely worthless, being founded upon data that were utterly untrustworthy, unreliable and invalid. To set down causes of insanity as they were

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set down in the table of the Association appeared to him an unwarranted assumption. "Antecedent circumstances" were as much as we could dare to say; contributory circumstances even we might venture to speak of, but certainly not of causes. What were the sources of the statements found in the tables? They were got from the statements of relieving officers, of patients' relatives and of the patients themselves. What was the value of a scientific conclusion founded on the statements of lunatics? All the statements as to cause were obtained from people who were unintelligent, uneducated, and had received no scientific training. It was characteristic of such people that they would find some cause or other for every occurrence, quite apart from any evidence of the existence of a causal relationship. Even educated people of some intelligence attributed changes in the weather to changes in the moon, when the most superficial observation would show that there was no connection between them. They had all heard of the gentleman who noticed an unusually large number of snails in his back garden in the same year that York Minster was on fire, and who discerned a causal relationship between the two events. He thought that the statements as to the causes of insanity found in their tables had a validity about equal to that of the case he had mentioned. The speaker then went seriatim through the table, showing the sources of fallacy that, in his opinion, vitiated each of the statements therein; pressing with special insistance upon the headings of Drink, Epilepsy and Previous Attacks. Dr. Major had laid stress upon the greater frequency of drink as a cause of insanity in males than in females. It might be so, but we could not safely infer it from the tables. One source of fallacy was the freedom with which men admitted the charge of intemperance as against the reticence of women. He referred to a case in which a woman, the keeper of a station restaurant, was admitted suffering from what was manifestly and unquestionably delirium tremens. She denied that she ever touched liquor; her husband denied it; her brother denied it; her sisters, and her cousins, and her aunts denied it; yet the woman was unquestionably and indisputably a drunkard. If pregnancy, lactation, and the puerperal state were true causes of insanity, how were they to account for the millions and millions of women who underwent their experiences without becoming insane. If epilepsy was a cause of insanity, what were we to say of those numerous cases in which the insanity precedes the epilepsy. When previous attacks were alleged as a cause of insanity, it was only the respect he entertained for the gentleman who drew up the table, that withheld him from calling the statement absurd. He might as well call yesterday's dinner the cause of to-day's. If a previous attack was the cause of a present attack, it would be equally reasonable to say that an initial attack was the cause of a relapse, or that an outbreak of insanity a fortnight ago was the cause of the patient getting worse now. In his opinion the proper treatment of this table of causes would be to convert it into a *tabula rasa*, and that they should substitute for it a table of antecedent causes probably contributing to the attack; but that they should not arrogate to themselves a knowledge of causes of insanity of which, as yet, they were almost wholly ignorant.

Dr. SAVAGE quoted Griesinger as an authority for the use of the word cause, although perhaps it could only be considered so in a slight sense of the word; and he thought it would be a good thing if they took Dr. Mercier's advice, and were more cautious in the use of the language they used in their tables. Possibly the tables might be improved. The word "cause" might be a mistake as it was at present used, and it might be better if they used the word "condition," but the word "cause" in a certain sense would have to come in. Even Dr. Mercier made use of it before he sat down, saying "antecedent causes."

Dr. HACK TUKE explained that the ætiological table adopted by the Association, was simply that already in use by the Lunacy Commissioners in their Annual Report. The Statistical Committee, while aware of its imperfec-

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tion, could not agree upon one so much better as to justify them in giving Superintendents of Asylums the trouble of preparing two tables, where one would suffice. In regard to the general question, he thought they were constantly confounding two things which were totally distinct. Take intemperance for instance. One question was, if a hundred males and a hundred females were subjected to the action of alcohol, in excess, would one sex be more liable to become insane under its influence than the other? The other question was (and the object in asking it was entirely different) were men or women more frequently made insane through intemperance? Their statistics showed that many more men went insane from this cause, or he supposed he must say, "contributory circumstance" or "antecedent condition," for they need not quarrel about the particular term used. But though men were more frequently made insane by drink than women, it by no means followed that this indicated the relative liability of the male and female brain to alcoholic insanity. It might only show that one sex was more exposed to the temptation to drink to excess than the other. He (Dr. Tuke) only mentioned this as one instance of the confusion of thought constantly fallen into. Both questions were important. If our tables should show in the future an increase of alcoholic insanity among women, it would be an important fact, having a practical bearing upon intemperance, for they would strive to remove as much as possible the antecedent condition. He (Dr. Tuke) had himself made some investigations on a tolerably large scale in 1857, as to the influence of intemperance on insanity, and he had placed it at about 13 per cent., at a time when 50 per cent. was frequently spoken of as the proportion. The tables of the Commissioners placed it at about 14 per cent., and some enquiries carried on at Wakefield, pointed to 15 per cent. Such an amount of uniformity in the results when independent and careful researches were made, showed that valuable and approximately correct conclusions were possible, and that was all he contended for. The other day, a patient was admitted into Bethlem Hospital, the cause of insanity assigned being the change in the weather. But do we find this cause put down in 14 per cent. of the admissions into our asylums? There is then a limit to absurd statements as to causes, and we must look to the broad results. When Dr. Mercier argued that in consequence of the loose statements about the influence of puerperal conditions in relation to insanity, they could not be accepted, this seemed, if he might say so, a *reductio ad absurdum*, for it was carrying scepticism to such an extent, that we were led to ignore one of the most certain causes of insanity. No doubt some of the criticisms made by Dr. Huggard and Dr. Mercier had force, and especially would it be desirable to collect statistics showing the degree in which the causes of insanity might be in full force without any of their supposed effects being witnessed, so as to avoid the *post hoc* fallacy. Still he (Dr. Tuke) was strongly of opinion that there was a great gain from this ætiological enquiry, and he had hoped that the sceptics would have been more convinced than they had been by Dr. Major's valuable paper.

The PRESIDENT congratulated the meeting upon the interesting discussion that had been provoked by Dr. Major's paper. They were especially indebted to Dr. Mercier for the spirit and life that he had infused into the discussion. Dr. Mercier had been very clear and decided in the judgment passed by him. He (Dr. Mercier) had no doubt at all that the table of causes should be a *tabula rasa*. The fact that the table provided under the heading "unknown," a haven of refuge for cases of insuperable difficulty, did not propitiate Dr. Mercier. Nothing would suffice short of an absolutely clear sheet. But when Dr. Mercier came to give his reasons, in some detail, for the heroic treatment recommended by him, it became clear that Dr. Mercier would himself become, in future, a most trustworthy contributor to the table. After enumerating the difficulties besetting the path of the observer, he gave us an instance, that had occurred in his own practice, in which the most ingenious attempts had been made by the relatives of his patient to deceive him as to

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the cause of her malady, but, in which, his skill and acumen enabled him to expose the intended deception, and to fasten securely upon a very definite cause. It was the case of the keeper of the station restaurant. Her sisters and her cousins, and her aunts had all protested that from the day of her birth she had never touched anything but the purest filtered water; and yet, when Dr. Mercier set himself to examine into the case, he tells that he had not a shadow of a doubt that the woman's condition was caused by drink. Now here was at least one good and thoroughly trustworthy observation. Let not, therefore, Dr. Mercier leave his table an entirely blank sheet. Let him, if he feels constrained so to do, place all his other cases under the heading "unknown," but let him at least place this one well observed case, boldly down in the centre of the sheet under the cause brought to light by his careful inquiries. By degrees other equally well observed cases will accumulate around this nucleus. The number of cases under the heading "unknown" will gradually diminish; and the table, instead of being a *tabula rasa*, will become, on leaving Dr. Mercier's hands, a valuable contribution to science. By the care taken in proving that one case that he had related, Dr. Mercier had shown himself to be largely endowed with the qualities of a good observer, able to draw a sound conclusion from the facts presented to him. Let not, therefore, his diffidence prevent him from recording his conclusions in the table for the benefit of others (laughter and applause).

The PRESIDENT then proposed a vote of thanks to the Treasurer and Governors of Bethlem Hospital for kindly allowing the use of the room, and begged Dr. Savage to favour the Association by conveying the vote.

The proceedings then terminated.

A Quarterly Meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, on Friday, 16th November, 1883. Present: Drs. Rorie (chairman), Blumer (New York), Clouston, Urquhart, Turnbull, Yellowlees, Ronaldson, Clark, McPhail, Mitchell, Ireland, Johnstone, Rutherford, &c.

Dr. CAMPBELL CLARK read a paper on "The Special Training of Asylum Attendants." (See Original Articles, Jan., 1884).

The CHAIRMAN stated that this was not a new departure. It was begun by Dr. Browne when physician to the Crichton Royal Institution nearly 40 years ago. He delivered courses of lectures to his attendants which were still well worthy of study by members of the specialty. Dr. Mackintosh at Gartnavel many years ago also instructed his attendants to take notes of cases, to observe the state of the tongue and pulse, to pass the catheter, &c.

Dr. CLOUSTON said that Dr. Clark in his able paper had awarded him too much praise. Dr. Browne was undoubtedly the first who moved in the important direction of giving systematic training to attendants. He however had written a paper on the subject, and had sent circulars to the Royal Asylums, which, having funds at their own disposal, were better able to initiate a scheme for the training of attendants, but it came to nothing. It had been reserved to Dr. Clark, a former member of his staff, to solve the problem by putting into practical form a scheme of which all must approve in principle, and many doubtless would put into practice. Dr. Clark had done him the honour to ask him to look over the papers written by his attendants, and he had seldom been more surprised than to find ordinary asylum attendants giving almost as good an account of cases of hallucinations and delusions and arriving at conclusions as sound as any ordinary medical attendant could have done. These papers were not speculative in character, but correct statements of actual fact. He mentioned as supplementary to Dr. Clark's paper that when reorganizing the female hospital at Morningside, he determined that all new attendants should pass through it, and be taught the nursing of the sick. For

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the first three months they were taught the nursing of bodily ailments and of acute mental diseases. The arrangement had worked well. It had now been in operation for a year and a half. It was found difficult to get the attendants to leave the hospital, the duties were so much more interesting that they thought it almost a hardship to go to the ordinary wards. The training of attendants he thought should begin in the hospital where they would learn to realize the individual necessities of the patients, by attendance on cases such as general paralysis, puerperal mania, acute mania, and other forms of insanity with obvious bodily symptoms—such as sleeplessness, deranged digestion, &c. They thus learned to recognize what was important to observe and to record.

Dr. RONALDSON said that he had recently given a lecture on "What to do in Emergencies," which was attended by many of his staff, and was followed by good results.

Dr. IRELAND said that he had read the essays written by Dr. Clark's attendants and had been much struck by the acuteness of observation they displayed. In practice it must be admitted that we all were benefited by hints from attendants, they often might observe things which the Medical Superintendent could otherwise know nothing of. General Washington, who was a man of sense and sound judgment, used to consult his staff as to what should be done in the exigencies of war, indeed he seldom originated his plans, but took the best advice and acted accordingly. Much benefit he was sure would result from the training of attendants. It had been begun by Dr. Browne, and continued by Dr. Mackintosh and other gentlemen, but never hitherto put into systematic form. This should now be done, and he thought that attendants should be encouraged to study, to answer questions, and to obtain certificates. Dr. Clark's suggestion that a manual or text-book be prepared was a good one, and should be set a-going.

Dr. URQUHART said that this question had been forced upon him owing to the copies of his asylum-rules having become exhausted. He had always felt that asylum-rules were unsatisfactory, so much so that he had commenced to write a short manual for the use of his staff. There was a question he might ask. Should the attendants be expected to study when off duty? Of one thing he was certain, that the old system of going round the wards with the matron and ignoring the attendant was becoming obsolete. Good attendants were much more valued and taken into the Superintendent's confidence than they used to be.

Dr. YELLOWLEES, though much impressed with the importance of the subject, was not so enthusiastic as Dr. Clark. He had tried lecturing and had not got such good results; true, he had not aimed so high. He considered that the best attendants were those who in the wards were open to instruction, and that very little good resulted from lectures. Direct personal, individual teaching afforded instruction more valuable. He had recently drawn up a code of instructions for his attendants. All who really cared for instruction studied them, and tried to work up to them; to those who did not, lectures would be of little avail. As a rule the attendants, like the whole asylum, took their tone from the Medical Superintendent. He was certain that most of the gentlemen present would rather train their own attendants than take them from other asylums, however highly trained they may profess to be. He agreed with Dr. Clouston in thinking that attendants should be trained in the infirmary, and that this gave them a medical idea which was of value, but he didn't think that any grand scheme of teaching and examinations would succeed. Each Superintendent would continue to work his asylum in the way best suited to himself. It was an important matter to have a staff of good nurses for outside cases, if it could be done without injustice to the institution.

Dr. HOWDEN said that he endorsed all that Dr. Yellowlees had said. He would not, if he could help it, take attendants, however highly trained and certified, from other asylums.

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Dr. RUTHERFORD was of the same opinion.

Dr. TURNBULL said that when the idea was first started he was not enamoured of it, but the more he thought of it, and having seen the papers, the more he was in favour of the carrying out of Dr. Clark's scheme.

Dr. CLOUSTON then moved, and Dr. URQUHART seconded, "That a committee of the medical officers of the asylums of Scotland be appointed by this meeting for the purpose of considering the questions of :—(1) The special training and instruction of asylum-attendants, and the best modes of doing so. (2) The preparation of a manual of instructions for nursing and attendance on the insane," which was carried.

A Committee was then nominated, consisting of all the gentlemen present, and of any member of the Association in Scotland who desired to join it. Dr. Clark to be convener.

Dr. J. BRUCE RONALDSON read a paper on "Murder during Homicidal Impulse."

Dr. YELLOWLEES said that although such cases were called impulsive, the acts were often prompted by delusions, and the result of them. When asylum-officials were attacked, there were generally motives. Doubtless if we could look into the minds of those patients we should see that there were delusions which overpowered them, and when we hear of patients asking that their hands might be tied to prevent them from doing injury, we have a proof of this. The risks which asylum-officers run are not fully realised.

Dr. HOWDEN said that he had a case recently transferred to the Criminal Asylum at Perth by appeal to the Home Secretary. He had attacked an attendant and fractured his skull, and had made several attempts on himself.

Several of the members mentioned similar cases.

Dr. HOWDEN read a paper, "Precautions against fire in Lunatic Asylums" (see Original Articles), which was followed by an interesting discussion.

The members afterwards dined together at the Royal Edinburgh Hotel.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Tuesday, 21st February. Present: Drs. Clouston (chair), Clarke, Robertson, Turnbull, Urquhart, Ireland, Yellowlees, Rutherford, Rorie, Love, &c.

George S. Pullen, M.B., Edinburgh, and John Love, M.B., Glasgow, were elected members of the Association.

The report of the Committee on the special training of asylum attendants was read as follows:—

"At a meeting of the Committee appointed at last Quarterly Meeting to consider the best means of training asylum attendants, it was resolved that a short manual of instructions be prepared, comprising :—(1) Simple physiology in its practical bearing on the insane. (2) The symptoms of bodily and mental diseases, which should be observed and reported. (3) The nursing of the sick. (4) The management and care of the insane. (5) The duties of attendants as servants of the institution.

"The following gentlemen were appointed an editorial Sub-Committee :— Drs. Urquhart, Turnbull, Clark, and Maciver Campbell, with instructions to prepare and submit proofs of a short manual of instructions to asylum attendants to the Committee.

"Convinced of the importance of the special training of attendants, the Committee hope that the manual may be useful as a means to that end, and invite reports of the results of such instruction as may have been given."

Dr. ROBERTSON moved, and Dr. IRELAND seconded, that the report be adopted and the Committee reappointed, which was carried.

A discussion on "Thought-reading" followed, and the meeting was adjourned, to meet in Perth at an early date.

The members afterwards dined at the Bath Hotel.

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A CORRECTION.

[It is requested that the following Table may be substituted for the Table printed at the foot of page 92 of the Thirty-seventh Report of the Commissioners in Lunacy to the Lord Chancellor.]

The following are the details of the average weekly cost:—

	County Asylums.			Borough Asylums.		
	£	s.	d.	£	s.	d.
Provisions (including malt liquor in ordinary diet) ...	0	4	4⅛	0	4	7⅛
Clothing	0	0	8½	0	0	9⅞
Salaries and wages	0	2	2¼	0	2	5¼
Necessaries (*e.g.*, fuel, light, washing, &c.)	0	0	10⅝	0	1	3⅛
Surgery and dispensary	0	0	0¾	0	0	0¾
Wines, spirits, porter	0	0	0⅞	0	0	0⅝
Charged to Maintenance Account:						
Furniture and bedding	0	0	4⅞	0	0	5⅞
Garden and farm	0	0	6½	0	0	6
Miscellaneous	0	0	3¾	0	0	7¾
	0	9	6¼	0	10	10⅜
Less moneys received for articles, goods, and produce sold (exclusive of those consumed in the Asylum)	0	0	3⅛	0	0	2⅞
TOTAL Average Weekly Cost per Head ...	£0	9	3⅛	0	10	7½

MEM.—The errors in this Table as published arose from displacement of type after return of a *correct* proof.—C.S.P.

MEDICAL JOURNALISM.

Development in this direction indicates no abatement of enterprise or ability. Dr. Richardson has shown that, in spite of increasing years and total abstinence, his natural force has not abated. "Animus hominis semper appetit agere aliquid," as Cicero says, and when the "something" is worth doing, it is a happy thing that such is the law of life. He has resumed a publication long since laid aside, and we have before us a new series of "The Asclepiad," a quarterly journal devoted to original research and observation in the science, art, and literature of Medicine. The remarkable feature of this serial is that all the contributions are by the same hand. This is laborious work. There is certainly the compensating advantage, however, that the Editor will never fall out with his contributors; will never wound their feelings by rejecting an article, and will never give offence by giving precedence of position to one article over another. Not the less, however, will he have to exercise judgment in the admission of his own writings, to be a just judge in his own cause (a rather delicate position), and as

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