

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN
AND IRELAND.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Royal Hospital, November 6th, 1889, the President (Dr. Newington) in the chair.

The following gentlemen having been duly proposed, were candidates for election:—William Gibbon, Senior Medical Officer, Joint Counties Branch, Carmarthen; George Stephens Pope, Assistant Medical Officer to the Retreat, York; Joseph Peeke Richards, Medical Superintendent Female Department, Hanwell Asylum; Charles John Sells, Honorary Medical Officer, Royal Surrey County Hospital, Guildford; Robert Vaile Skinner, Medical Superintendent and Proprietor, Periteau House Asylum, Winchelsea, Sussex; and Dr. Ireland Donaldson, Senior Medical Officer, Camberwell House.

The ballot having been taken, the candidates were declared to be duly elected.

The PRESIDENT—It will be in the recollection of members that at the last general meeting the Hon. Secretary was instructed to write a letter of thanks to Sir John Dorington, and to Dr. Farquharson, for the great aid they had accorded this Association in reducing the asperities of the Lunacy Bill in its passage through the House of Commons. Dr. Beach accordingly wrote, and the answers to his letters are as follows. (They were read.)

Paper by Drs. Dodds, Strahan, and Greenlees, on "Assistant Medical Officers in Asylums: their status in the specialty." (See Original Articles.)

The PRESIDENT—I am sure Dr. Strahan has read a most interesting paper, interesting, no doubt, to a great number here, who are in the position of assistant medical officers, and very interesting to those who have been assistant medical officers. I may say, I am very much interested in one piece of information contained in the table laid before us. I find that the gentleman who undertakes the duties that I had some fifteen or sixteen years ago, gets exactly double what I had, therefore we may hope that the spirit of progress is abroad, and that the status of the assistant medical officers will keep on improving. The point that chiefly strikes me in Dr. Strahan's paper is his differentiation between the duties of the senior and junior assistants. I think it is altogether wrong to call the senior assistant by that name; he should be called the deputy-superintendent, because it is not only that he has the higher duties corresponding with his larger experience, but he has absolutely to bear the responsibility of the medical superintendent when the latter is away. We know how very trying this is to men who are comparatively young in practise, and that very question of responsibility would alone, if I had much to do with the matter, induce me to make the position of the senior medical officer, or as he ought to be called, the deputy-superintendent, a more valuable one. As to the question of marriage, I am afraid Dr. Strahan's arithmetic will not serve him there. If the assistant medical officer is already underpaid it will not benefit him much to get his salary doubled if he has to keep two persons out of it. Under some special circumstances undoubtedly it will be a valuable boon, but I should take it, that it would be a dangerous experiment, because when a man gets married in a position of that kind he is very apt to stop where he is, and if he became married as deputy-superintendent there would be a considerable chance of this; he would be more bound by circumstances, his choice of action would be considerably limited, and he would not be able to move at as short a notice as he would were he unmarried. After all I am afraid it will be a very great question

of money whether the senior assistant medical officers may expect any very great increase ; at all events, we may be assured for a few years to come, until a better view of the duties of asylum officers is taken by the people, there will be some difficulty in the matter. There is one little point about increasing the number of asylums by lessening the number of patients in each. I think Dr. Strahan is perfectly right there. It will be a good way of increasing the number of offices, and, therefore, the number of officers, by increasing the number of asylums. It is a question that must come sooner or later. It has been debated on various grounds, specially on grounds of treatment, and also as bearing on the question of hospitals for the insane. This is yet another ground for debating the matter from our point of view. I am sure there are many here who have more to say than I have on the subject, and the meeting will be very glad to hear them.

Dr. IRELAND—I was very much interested in Dr. Strahan's paper, and I must say that his appeal was one which we all ought to listen to. At the same time, it struck me it was quite possible one might help the object itself, as it were, by criticizing his position. The object being to increase the emoluments and status of the assistant officers in asylums, it strikes me he has not exactly realized what he wishes. He, no doubt, establishes as a moral consideration that those gentlemen who do excellent work and who are extremely useful should be better paid. It is unfortunate that gentlemen who have such difficult and harassing work, both scientific and administrative, should get such small salaries. But the great majority of us have nothing to do with paying the assistant officers ; that is done by committees of different kinds, who look upon the question from the point of political economy, supply and demand. "Can we get good men for the money we offer ?" If they continue to get good men, and I rather think that they do, then the moral considerations will have very little effect upon their minds. All that could be done to meet that would be for gentlemen who are not satisfied to hold back, so that the number of competitors should be decreased, and their qualifications should not be as good as previously. This was done in the army. For a very long time the medical officers of the army were very much dissatisfied with their position, and they induced the junior members of the profession not to go in as candidates. Any advantage that the army got was certainly owing to understanding exactly that the Government wished to have the best men and would pay the price. I think Dr. Strahan should exhort those who are in the same rank with him to adopt that method, to point out the disadvantages of the position in such a manner that competitors would not come in. I think it is extremely likely that the service is one in which there would be a great deal of competition. If a man wants to go into the army there are a great number of considerations to be taken into account. He has to go to India, for example ; then he has to stand the risk of being killed and wounded, and he has to leave his country, which is felt to be a serious thing for a man. On the whole, there is a certain amount of hesitation in going into a service like that of the army, which hesitation I do not think exists so much with regard to the going into an asylum. Then the position of being an assistant in an asylum is very much of a lottery. A man serves a long time, a great deal longer than he used to do. I have known a few who have served for twenty-two or twenty-four years, and all these things have to be taken into consideration. Then as to the question of scientific work upon which a man's mind may be bent. He finds when he comes under the control of his committee that they do not care a rap about the scientific work a man does. They get him to do some definite work for them, to look after certain patients, and I do not think they care very much whether he spends the rest of his time in going to dinner parties or in looking at sections through the microscope. (Laughter.) Then as to medical officers being allowed to marry. I think myself that it is very hard that a man should have to spend twelve, fourteen, or sixteen years in a very responsible and difficult position and not be allowed all that time to marry. The President says he would, perhaps, get into

difficulties if he did marry, but I think they might be met in different ways. He might get a wife who was able to contribute a little of her own (laughter), and it would be very hard upon a man if in order to obtain this lady he had to give up his own salary, as it were. I have often thought myself one way of benefiting those engaged in the treatment of the insane, at least in the county and borough asylums, would be to make it into a service. This would be the only thing to make it anything like the position in the army and navy. A man goes into the army or the navy; he gets bad pay at first, but he knows he will get better afterwards, and then when he becomes older if he is efficient he gets promotion, and the finest prizes in the army and navy are within his reach. He looks forward to be an Inspector of Hospitals, an Inspector of Fleets. Now, I should say that in considering this matter there are a great number of very meritorious men who, having been shunted into small asylums, some how or other cannot escape from it; they do not succeed apparently in getting into the larger prizes of the profession. If it was possible to turn the whole service into a special one like that of the army and navy there would be not only promotion, but a man would be shifted from a small asylum to a large one, and the appointment of Commissioner in Lunacy would naturally follow at the end for a period of five years or so, one might think, to those who had fairly distinguished themselves in the service. I do not know whether this is practical at present, but it is the only way that I can see to make this specialty of ours a sure and safe one to go into.

Dr. GREENLEES—As one of the authors of the paper may I, on behalf of the assistant medical officers, say that one of our objects is to enlist the sympathies of this Association in this matter. We believe that the Association is capable of giving us great assistance. We also believe that we can do nothing without its assistance in a matter of this kind. We hope that they will kindly grant us that assistance.

Dr. SAVAGE—It always seems to me that this is one of the most important questions for the whole future of lunacy, and I am afraid I have looked upon it from rather another point of view. It seems to me a pity that there should not be more junior assistant medical officers, even if they are not paid at all, or paid very badly, so that a much larger number of men should have the opportunity of being resident at asylums for at least a year, even though they may not intend to devote themselves ultimately to the specialty at all. The fault seems to me that a great many men get there, and then they do not seem to care to move out, and then there is a mass of assistant medical officers, very many of whom have no real interest in their work, but still they stop on, having once got into it. I think it will be very much better if all our asylums have a very much larger number of officers, and I quite feel with our President, who says that the senior assistant would be much better if he were not senior assistant so much as deputy—if, in fact, the first two men were thoroughly well paid, the superintendent and the deputy, and the other men were not, they should be more numerous and more movable. One was struck many years ago in Vienna at seeing the way things were worked, for although I must say one saw things in the wards that were very much like mechanical restraint, yet one saw many points about medical supervision and medical treatment, with regard to which the practice is even now defective in England. For instance, what asylum is there in England where, at all events once a week, the medical officers and the assistant medical officers meet together, and have all the case books before them, and discuss each case upon its merits, and where a line of treatment is definitely fixed upon and worked out by the superintendent and his deputy, to be carried out by the assistant medical officers, just as the clerks in a general hospital would have to carry out the work? If something of that kind could be done it would have an enormously good effect in levelling up the superintendents. Of course, assistant medical officers are, many of them, enthusiastic in their work for a time, but unfortunately the pressure of work, or the desire for the acquisi-

tion of superintendentship, may be enough to prevent them from continuing in the work. The officers, be they superintendents or deputy superintendents, should work shoulder to shoulder, the one taking the place of the other. At the same time, it would usually be infinitely better if the deputy superintendent was the organizing head for the clinical work, as practically he is now, though not recognized to be such. In my opinion, I say, it would be a vastly better thing if a very much larger number of men went from hospitals to asylums only for a short time; and, therefore, I should be very much inclined to have assistant medical officers worse paid than they are at present, that is, the juniors, so that they should distinctly look upon it as a position to be held only for a year or two, in order to get experience in this department. In that case the superintendents would be able to select men who were thoroughly fond of that branch of the profession, and who were likely to elevate it. I feel the importance of the proposal, but I must say, having had the experience of a married assistant officer at Bethlem, one must see that it may have its advantages. It seems to me that there are certain assistant medical officers here who have enough at all events to begin life upon, and I should say that a man, if he marries the right sort of wife on £300 a year, the right sort of wife would pretty soon move him out of it—(laughter)—if it was not the best thing for him. There would be then two inclinations to move on, rather than one to stand still. I know that Dr. Needham feels with me that a married assistant medical officer may be a very great blessing.

Dr. HACK TUCKER—I should like to say, as a former assistant medical officer—perhaps the oldest in the room in that sense—that my sympathies go a long way with the authors of the paper just read. If it may be said to go in the direction of levelling up, I think the remarks of my friend Dr. Ireland would go in the direction of levelling down. On the whole, it seems to me a very sad state of things to have got to if we have to discourage men from entering into this special service with a view of being assistant medical officers, unless the market is really glutted already. If, indeed, there are now too many men, and there are likely to be for some time, then it is no use advising men to go in for this kind of work. I have myself advised several good men to go into it, and if we have got to the point at which one can no longer do this, I say it is to my mind a very serious thing. If we are agreed, as I suppose we are, that the salaries of assistant medical officers should be raised, every effort should be made to induce the County Councils to increase the salary of at least the senior assistant. Whether they will do it or not may be open to doubt. We can but try. Could not this Association do something? I suppose it is one of the practical objects of this movement to endeavour to urge the new committees in this direction. With regard to the point just mentioned by Dr. Strahan, the size of asylums, I suppose most of us would agree with him, though whether anything can be done practically by our Association I do not know. On the other point, that of endeavouring to increase the salaries of the senior assistant medical officers, by whatever name they may be called, I repeat that I think the Association might do something in the expression of an opinion. Whether this be so or not, I wish to express my sympathy with the intentions and objects of the paper.

The PRESIDENT—Have you any idea, Dr. Strahan, in what form the Association could afford the aid that you hinted at? Have you any resolution to bring forward?

Dr. STRAHAN—I do not know whether it would be wise to go so far at the beginning; it is a big movement, and heavy bodies move slowly. I do not think it would be quite wise to rush the thing by resolution. It is better to let it simmer a little while. Unfortunately there is not a county superintendent present to-night to give us his opinion on the point.

The PRESIDENT—Will a borough superintendent do as well?

Dr. WHITCOMBE—I have had the advantage of being colleague with two of the gentlemen who have been the authors of this paper, and, from my intimate

knowledge of them both, I am perfectly sure that they would not raise a grievance unless they had some ground for it. I had the pleasure of being a colleague with Dr. Dodd for many years, and as an able assistant and a man of great scientific attainments I can speak of him most highly. But I am perfectly sure, sir, that these gentlemen have not brought forward this paper with any idea of making their own case good by depreciating that of their junior assistants. I think, on the other hand, perhaps the idea is more that of levelling up to the superintendent than levelling down to the junior. Every labourer is worthy of his hire, so we are all taught to believe, and there is no doubt that assistant medical officers at the present time, and especially in large asylums, are considerably underpaid for the amount of work and responsibility that they have. As a superintendent, perhaps I might think assistant medical officers were very well paid, but if I look back to the time when I was an assistant myself for a number of years, I think the position of an assistant medical officer is anything but what it should be. Your suggestion, sir, that senior assistant medical officers should be termed deputy-superintendents is an excellent one, and I think a suggestion which it would be wise for this Association to put forward more than has been done. With it I think the increase of pay would go, but I cannot think that because the senior assistant or the deputy-superintendent should be well paid that a junior assistant should not be so well paid for his time and labour. When junior assistant medical officers have all passed their examinations, and look forward to gaining some little towards a livelihood, for a few years at first it is only fair, I think, that they should be paid £100 or £150 a year as junior assistants. My own position as an assistant was certainly not an enviable one, either as regards position or pay. Perhaps I am safe in saying the same even as regards the pay and position of a superintendent, but we have to "Rest and be thankful" for the small mercies we get. I am thoroughly in sympathy with the paper, and I think there is plenty of room for superintendents to improve the positions and remuneration of assistant medical officers.

Dr. HYSLOP—I have only had a short experience in lunacy, but it has been a rather varied one. When, as a young man, I have gone in for the science of the thing, and have taken much trouble in preparing specimens, I have been told, "It is all very well to talk about enthusiasm in sections. Wait till you have been married a few years and you won't be so keen about cutting sections. Now, for my part, I think that a man who has spent a great deal of money in joining the profession, and who has before he is entitled to pension to spend 21 years of his life as assistant medical officer, or deputy-superintendent if you will, having all the medical care on his shoulders—for really he has the responsibility—a man who resides in an asylum for that time should certainly be amply repaid. I know for myself, passing through different asylums, I was not content to stay in one, and, contrary to the advice of our President, who said it would be dangerous to experiment in getting married, I must say that I certainly was very glad when I saw that there was a possibility in such a post as Bethlem, where such a thing could be carried out. I believe there are only four or five asylums in this country where an assistant can get married. While not grumbling with my own position, for I fully appreciate it, I still wish to express my sympathy with others who have really not such fortunate experience.

The PRESIDENT—I am afraid this question is only a branch of a much larger one. The word "service" has been used with regard to the army and navy, and it has also been used incidentally in regard to the asylum superintendents; and it is a question whether, sooner or later, there will not of necessity be an asylum service. On that will depend many other things. The pension question is all part of the same thing, for if there was such a thing as an asylum service the pension question would be settled very shortly—it would smooth the way in every respect. Again, I will revert to the question of pounds, shillings, and pence. If the County Councils can get men to come for the money now paid, it

is their duty to the ratepayers to take them. The expression "market price," of course, is a fallacious one. It is often used, and it is said that an employer should only give the market value of service. What is the market value of service? Put up the Lord Chancellorship to bidding. Why, we could get hundreds of struggling barristers who would go in for £150 a year. That could not be taken as the "market value" of the Lord Chancellorship. And so it is with assistant medical officers. As long as they will go in for any price that is offered, the County Councils cannot be expected to raise the value of the post. There is only one way to influence the County Councils, and that is to show the necessity for valuable work at the hands of the people they employ, and that can only be done by hard work and by showing the value of, and the necessity for, the knowledge that is required towards fulfilling the duties and towards saving the ratepayers' money. This is the only way we can look at the question. Of course if our calling were a trade low salaries would very soon be stopped by striking, but as it is a liberal profession we cannot possibly put such pressure as that on. I will now ask Dr. Strahan to reply.

Dr. STRAHAN—I think we should be satisfied with the expression of opinion as regards the reception of our proposition. I do not know myself, being alone, so to speak, not having had the advice of any other assistant, whether it would be wise to conclude with any motion expressing the sympathy of the meeting with our proposal. I should like to say a word or two about what some speakers have said, especially Dr. Ireland's theory, about supply and demand, which has been spoken to by our worthy President. I think we can hardly work on that at all. I do not understand what ground we are to stand on there. If you take that principle we must apply it all round; we must apply it equally to superintendents. I do not know why one rule should apply to the young men and another to the old. Dr. Savage is perfectly correct as regards the moving population of juniors. I think it is very wise that men should have an idea of asylum work and the treatment of mental disease, which they could have by having a moving population, but I should keep the senior assistant or deputy-superintendent, or call him what you like. To have the work well done in asylums, as at present organized, you must have a man who knows more than the ordinary young man coming up from school. If things were carried out as Dr. Savage suggested—having clinical clerks and junior assistants at a reasonable salary, not intending to stay in the specialty at all, and having the cases talked out and discussed—that would give the man what we ask at once, that is a superior position to what he holds at present. If you take a man with 12 years' service—willing to take £1,000 a year as superintendent—and he makes a good superintendent the next week, he must have been a very superior assistant medical officer. Why should a man be kept at £120 or £150 a year for twelve or thirteen of the best years of his life in the hope of getting a superintendentship? If he makes a good superintendent he must have been previously a good man. You cannot apply a rule to one step in the same profession and not to another. As to supply and demand, all we can do is to make a Trades' Union of our own, but Socialism does not apply to the liberal professions unfortunately. Then as regards the cold water thrown on science, that is true; men enter the specialty with a good idea of working, but find the Committee throws cold water on them—the superintendent especially has a larger jug. Still, there is a lot of cold water going, and he gets a good deal. Under that treatment he generally cools down, and becomes a spoilt man, or if he has sufficient idea of going on with scientific work he leaves it. The present system is trying to make assistants a class of men who will simply walk round, do routine work, and nothing more. That is not for the benefit of the insane population of this country; it is not for the benefit of medical science or of ourselves as part of a profession. We are getting behind the other branches instead of keeping abreast of them, and the reason of it all is with us, this want of energy on the part of the assistants caused by the cool reception of any little work they do by superintendents, committees,

and others. I do not altogether approve of the County Councils, but I think there are men on them who would be inclined to increase the salaries of assistant medical officers in preference to giving a large increase to superintendents. I think that is one of the changes you might expect nowadays. It has not been at all strange to have superintendents jump £250, and in three years jump £250 more. That is a big jump, and I do not think County Councils will hop to that extent. I think they are more likely to give £50 to the assistant and not the £250 to the superintendent. Therefore, I should say with Dr. Tuke that County Councils will be more likely to give us the increase we require in preference to making a one-man show. I do not think it is necessary to conclude with any motion, but I thank the meeting for the satisfactory way in which they have received the paper.

The **PRESIDENT**—I think I can convey the thanks of this meeting to Dr. Strahan and his colleagues for the information they have given us, and I can assure him of the sympathy of every one of us. Some of us have criticized and heckled the matter, and have not perhaps looked at it quite in the way that he has; but I am sure I shall be right in saying that he has the sympathy of the Association, and that this will be shown in any movement that should be proved to be practicable. (Hear, hear.)

Paper by Dr. Baker on a "New Form of Urinal," etc. (See Original Articles.)

The **PRESIDENT** said Dr. Baker had done the Association yeoman service in bringing these things forward. They might appear to be so extremely small, from their highly scientific point of view, that it was perhaps very brave for a man like Dr. Baker to bring them forward; but they were all valuable, and it was these little matters which went far more towards success in the practical conduct of an asylum than a considerable amount of pathological knowledge. A fireguard of course was necessary, and it must be provided with a lock. They were so very jealous nowadays about mechanical restraint that even the mechanical restraint of a fireguard would soon be a delicate matter. It was an ingenious idea to hide the lock. The only little doubt he would have about the matter would be the size of the key, whether it would be possible to shoot with an ordinary sized key a bolt big enough to make it impossible for a patient to detach the wire guard from the fireplace. With regard to the urinal, he must disagree on one point. If Dr. Baker could make his urinal of glass, his standing point of glass, his trough of glass, his trap of glass, and his drain of glass, then he would be safe; but as sure as ever they got a lead gutter, a lead pipe, or any part of the passage of the urine, especially if it was at all covered up from daily washing, so surely would they get a horrible smell, not within a year or two, but within four or five years. There was only one place for a urinal, and that was right outside the house. He was anxiously seeking for a urinal that should be perfect, but had never come across one yet. The paving-stones were splendid; he had a little experience of the material for wall-covering, but not for paving. The inspection plate was also good. The little rubber boots were especially so. Everyone knew what a nuisance one person could make himself in a crowded room with a grating chair; but this contrivance would render it impossible. He hoped that at each of their meetings Dr. Baker's example would be followed, and some of these little practical matters brought forward.

Dr. **NEEDHAM** wished to bear testimony to the value of suggestions of this kind. They were very much indebted to Dr. Baker, and any superintendent or medical officer of asylums who would bring forward details of construction conducing to the completeness and easy working of an asylum. The device for locking the fireguard was very ingenious, but it appeared to him to be unnecessary. He had not used a locked fireguard for twenty-five years, and although he no doubt had as troublesome patients as anyone else, he did not get patients burnt to death. He should never think for a moment of using one. With regard to the urinal, he agreed that lead in any form was fatal. He had lately constructed some with the floors made of specially-constructed glass-plates made

to fit corners and grooved, so that the water trickled down, and round this was a copper pipe, perforated at intervals, which discharged water down all the grooves. That was rather better than lead, which became corroded and offensive through the action of the salts of the urine. With regard to the tiles, he thought that if a broken marble flooring was required it was better to have it laid down in the solid, so as to avoid the disadvantage of having joints. Although he admired Dr. Baker's inspection plate very much, he was not at all convinced that an inspection plate was necessary or desirable. Patients had a notion that they were subjected to the kind of treatment which the Inquisition was reported to have subjected its victims to by having an eye constantly fixed upon them, which made life simply unendurable. He had heard patients strongly express the feeling that they might be under inspection at times when they were not aware of it. If it was desired to inspect a patient, the best plan was to open the door quietly, but in a fair and open manner, and not to look at them through a key-hole. With regard to the shoes for the chair, nothing could be better. In making these objections, he wished particularly to guard himself against the idea of a wish to find fault. Dr. Baker, in bringing these things forward, was particularly anxious that they should be subjected to criticism, and in doing that he wished also heartily to thank him for his kindness in bringing these subjects before them.

Dr. HACK TUKE said he was much pleased with the urinal when he saw it at the Retreat. What the President said with regard to their requiring after all a urinal out of doors was really met by a plan of this kind, because they had through ventilation. The urinal was built as a projection from the main wall, and there was a through ventilation which really prevented the possibility of any odour coming into the corridor or rooms. He was very much pleased with the whole arrangement, and also with the fireguards, if it was necessary to use them. It was still found necessary to use them at Bethlem Hospital, and this kind of fire-guard would in some ways be an improvement upon that in use. With regard to inspection plates, there was a great deal in what Dr. Needham had said. There was that kind of feeling in many patients, and this had been so strongly felt at Bethlem that the superintendents had avoided using them.

Dr. BOWERS said that everyone who was interested in getting the most perfect urinal should go to the St. Pancras Hotel, where they would see what, he thought, was very much the best urinal he had ever seen. Instead of having three sides of glass, which was certainly open to the objection of joints, it was made circular, so that there was no joint. They had been up for two or three years, and there was no sign of any smell. The floor was made of concrete, hollowed out. It was very simple, and would no doubt be very much cheaper than Dr. Baker's urinal, the price of which (£18) would be almost prohibitory.

Dr. BONVILLE FOX, while admitting that for general use in an asylum inspection plates might have a very injurious effect, thought there was one class of cases in which they were of extreme value—he referred to extremely violent maniacs, who possibly had to be kept in padded rooms. When such patients were asleep it would be very difficult to open the door without awaking them, especially as the sleep might be more or less artificial, and certainly liable to interruption. He thought that the substitution of a door, opened very quietly and carefully, could not entirely do away with the value of a slide, which could be opened absolutely imperceptibly to the patient, and yet show those who were in charge that he was in the proper state and doing the proper thing, so that one's mind could be easy about him. As doing away with the liability to rouse a patient out of sleep, the inspection plates had a real use.

Dr. BAKER said he did not mean to imply that he had inspection plates in very extensive use. He had about a dozen with 160 patients. There were certain cases where it was a manifest advantage for the night-watch to be able to look into the room without the risk of disturbing the patient. With regard to the urinal, it had been in use for seven months, and there was not as yet the

very slightest smell. He believed if the angles were properly secured by copper plates with litharge filled in, there would not be the slightest sign of any permeation of urine. With regard to the lead base, a great deal depended on the proper gradient, and he hoped that the prophecy that in a few years' time it would become offensive would be unfulfilled. The marble slabs had not been generally seen in this country. They were made in Belgium. The pavement was very durable, and was not so slippery as some other forms of tile.

Microscopical sections were exhibited by Dr. Hyslop:—A vertical section of the spinal cord and a section of the cortex cerebri.

(a) Vertical Section of Spinal Cord through Internal Radicular Fasciculus of Clarke's Column, Anterior Horn, showing

1. Neuroglia network.
2. Radicular fibres.
3. Nerve fibres.

Stained with fuchsine.

(b) Section Cortex Cerebri, Paracentral Lobule, from case of Melancholia with Visceral Hypochondriasis, following sunstroke, showing

- (a) Spider cells (uppermost layers only).
- (b) Lymph corpuscles.

Fresh section, aniline stained.

SCOTTISH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Royal College of Physicians, Edinburgh, on the 14th November. Dr. Yellowlees (President-elect) occupied the chair, the other members present being Drs. Campbell Clark, Clouston, Ireland, Carlyle Johnstone, Keay, Mackenzie, Macpherson, Mitchell, Rorie, G. M. Robertson, Batty Tuke, jun., Turnbull, Watson, and Urquhart (Secretary). Professor McIntosh and Drs. Steele and Ireland, jun., also attended the meeting. Apologies for inability to be present were received from Professor Gairdner and Dr. Howden.

The minutes of last meeting were read, approved, and signed.

The following new members were duly elected:—

William Henry Barrett, M.B., C.M., Royal Edinburgh Asylum.

Frank Ashby Elkins, M.B., C.M., Royal Edinburgh Asylum.

LANARK DISTRICT ASYLUM.

Dr. CAMPBELL CLARK showed and explained the plans of the new Lanark District Asylum. He expressed regret that the members had not more time to look into the plans, as they would thus have been better able to judge of them than from anything he could say, and also that the architect had not been able to give him any notes to submit to the meeting. He felt some difficulty in saying anything at all, for, as they would see for themselves, the plans were out of the beaten track of asylum plans as one was accustomed to see them. Of course they were accustomed to hear a deal about model plans; but if they looked for anything to correspond with the ideas of model plans he was afraid they would be disappointed. He thought the best thing he could do was to go over the general features, and allow the members to look into the details themselves. They had a plan of the frontage, of the ground floor, of the first floor, and of the second floor. They all represent the north, south, east, and west aspects respectively. The central feature of the plan was the administrative. What was usually combined in the administrative were the commissariat offices and accommodation for the staff, the Board, and medical superintendent. The quarters of the higher officers were here broken up into halves—the male official block and the female official block. The female official block would largely accommodate the female staff; and in this way would come into use very