

Dr. TUKE—That is so.

Dr. CAMPBELL recollected a paper on this subject, written by Dr. Mackintosh some years ago, in which the statistics were tabulated, showing the results of the sub-cutaneous injection of morphia, and those results were not satisfactory.

Dr. Clouston adverted to both the two chief points in French practice remarked on by Dr. Hack Tuke. In the early part of his own professional life he had made large use of warm baths for cases of acute mania, and in some cases with very marked beneficial effects. Some of the cases he had so treated were, as he had reason to suppose, among the rare cases in which he could pronounce that a cure had really been effected. But, on the other hand, he thought the use of the warm bath was attended with very considerable risk; indeed, there was one case in which the patient actually died in his (Dr. Clouston's) presence while he was watching the treatment of that patient in the warm bath. The temperature of the bath was about 100 degrees, and the immediate cause of death was failure of the heart's action. He recollected two other cases in which there was syncope, but the patients recovered from it. He believed that the warm bath was a most valuable therapeutic agent; but the question was how to use it safely. The hotter the water, the greater would be the reflex action, and the consequent relief to the brain. But as to safety in applying this treatment, he was not aware that any rule had yet been laid down. In the second place, with regard to the use of morphia, he held a very decided opinion. He had used that treatment in one hundred cases or more, and often systematically, at regular intervals, weighing the patient each week, and ascertaining the temperature of the body, in order to know the precise effects of it on the nutrition and general bodily health. He had found only two cases in which the patients gained in weight, and really progressed towards a cure, under that treatment. In general, it was a mere temporary lulling of the excitement, and it tended to diminish the appetite, to interfere with nutrition, usually causing within a month a certain decrease of weight, beside other bad effects. For this reason he had an objection to the morphia treatment. They were all much obliged to Dr. Hack Tuke for his interesting paper.

Dr. SAVAGE read a report on a case of insanity in a woman transferred from the asylum at Peckham to Bethlem Hospital, who died of bronchitis soon after her admission, and who was found by post-mortem examination to be deficient in the structure of the uterus, being without ovaries. The report of this case is published in this Journal (page 450).

Dr. HACK TUKE said that he saw the case, and could testify that the description of the patient's personal appearance was not exaggerated.

A vote of thanks to the Royal College of Physicians for the use of the room to hold this meeting terminated the proceedings, but the members of the Association dined together at the Ship Hotel, Greenwich, in the evening. Several distinguished visitors dined with the Association, among whom were Dr. Risdon Bennett, President of Physicians, Sir Joseph Fayrer, Dr. Acland, President of the General Medical Council, &c., whilst letters of apology were received from the Earl of Shaftesbury, the Lord Advocate, the Chinese Ambassador, &c.

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#### APPOINTMENT OF DR. JOHN SIBBALD AS COMMISSIONER IN LUNACY FOR SCOTLAND.

Dr. Sibbald has been appointed to fill the vacancy caused in the Scotch Board of Lunacy, through the death of Sir James Coxe. The appointment was confidently anticipated in Scotland, and will give great satisfaction. Dr. Sibbald has acted as Deputy Commissioner for seven years, doing thoroughly the arduous work that falls to that office. A Deputy Commissioner is nearly always travelling, having to visit every lunatic and imbecile, either private or pauper, that is boarded in a private dwelling or kept at home, from Shetland to the Solway. To do the work well, needs great conscientiousness, some enthusiasm,

a good constitution to stand the fatigue, and much tact and firmness in dealing with inspectors of poor and parish doctors. He may be regarded, too, as the State paid peripatetic educator of those officials in regard to lunacy and its proper treatment. His work is undoubtedly important, unique, and interesting; but his position is, in many respects, anomalous, and the promotion to the higher dignity, more secure position, less unsettled and more responsible duties of Commissioner, is a reward which any man who is otherwise qualified and has done his duty well, as Dr. Sibbald has done, is fairly entitled to expect.

Dr. Sibbald graduated at Edinburgh University in 1854, and after three years residence in general and special hospitals, was for several years Assistant Physician to the Royal Edinburgh Asylum at Morningside under Dr. Skae, whence he went to take medical charge of the Argyll Asylum. He acted with Dr. Maudsley as editor of this journal, for two years 1870-72, but was obliged by the impossibility of efficiently performing the duties, both of Editor and Deputy-Commissioner at the same time, to relinquish that office. He was Morison Lecturer on Insanity to the College of Physicians, Edinburgh, for 1877.

#### THE LATE DR. THOMAS HOWDEN.

This most amiable young physician has been cut off in his prime. He was the non-resident Medical Superintendent of the Haddington District Asylum, to the duties of which office he devoted much time and thought. It is in all respects, as we can testify from personal inspection, most creditable to its officers, and demonstrates most certainly that a small institution of that kind for an agricultural county can be well and cheaply managed, without a resident medical officer. So small an institution could not possibly have afforded to secure the entire services of a man like Dr. Thomas Howden. His practice was a most extensive one; he worked incessantly, he was greatly beloved and trusted in, and he died suddenly in harness at the post of duty, his end being hastened by over-work. He was a gentle, silent, retiring, loveable man, who did his duty, and who will be greatly missed.

#### THE LAW OF THE FUTURE IN REGARD TO THE RESPONSIBILITY OF THE INSANE.

The following is an extract from the new Criminal Code Bill:—"No act shall be an offence if the person who does it is at the time when it is done prevented, either by defective mental power or by any disease affecting his mind (a) from knowing the nature of his act; or (b) from knowing either that the act is forbidden by law, or that it is morally wrong; or (c) if such person was at the time when the act was done, by reason of any such cause as aforesaid, in such a state that he would not have been prevented from doing that act by knowing that if he did do it the greatest punishment permitted by law for such an offence would be instantly inflicted upon him, provided that this provision shall not apply to any person in whom such a state of mind has been produced by his own default. An act may be an offence although the mind of the person who does it is affected by disease or is deficient in power, if such disease or deficiency does not in fact produce one or other of the effects above mentioned in reference to that act."

#### WITHDRAWAL OF THE COUNTY ADMINISTRATION BILL.

This Bill has been abandoned by the Government for this session. It was anything but satisfactory to County Asylum officials. Every effort should be made by every asylum official who can educate or influence his local M.P. to point out the hardships and injustice of its provisions, and the disastrous effect some of them will be likely to have on the welfare of the insane if they are carried into law.