

*Meeting of the British Medical Association, held in Cambridge, August, 1864.*—By GEORGE E. PAGET, M.D., F.R.C.P., Member of General Medical Council; Member of Council of Senate, University, Cambridge.

*The Plea of Insanity.*

The Capital Punishment Commissioners met on Friday and Saturday, the 10th and 11th instant, at No. 2, Victoria Street, Westminster, when Dr. Hood, one of the Lord Chancellor's Visitors in Lunacy, and Dr. Harrington Tuke were examined before the Committee in especial reference to the plea of insanity in criminal cases.—*The Lancet, March 18th.*

*The Asylum Case Book.*

Of the duties of the medical officer in an asylum, that of keeping the Case Book is not the least important, nor one whose performance affords him much satisfaction. A book containing within the compass of a single volume, or of one for each sex, complete records of all the cases actually under treatment, is probably a desideratum in most asylums. The prevailing plan of filling up successive books with more or less fragmentary accounts has many and constantly increasing inconveniences, and if a patient live many years in an asylum, the history of his case may ultimately have to be sought in detached notes, scattered through ten or twenty books. A striking illustration of this recently occurred in one large asylum where, on the occasion of an official visit, a view of the Case Book being requested, a small cartload of bulky volumes was placed before the dismayed visitors.

In addition to the inconvenience arising from the history of a single case being recorded in numerous detached notes in an indefinite number of books there is a more serious disadvantage in the loss of time incurred in turning over an immense number of unrequired leaves, in the periodical operation of posting from the daily note books and reports. Indeed, keeping the case book in the prevailing manner is an interminable and troublesome duty, hardly admitting of being performed in a manner to be of use for the purposes of study, even if the difficulties of reference be submitted to.

In one large asylum loose sheets are kept in each ward, the entries being made daily at the conclusion of the medical visit, and when the completed cases have accumulated in sufficient number, they are bound together in the form of an ordinary volume. This plan is obviously defective.