

definite subjects for discussion in the sectional meetings of the British Medical. The secretaries of our own Association may perhaps be disposed to adopt a similar course. We cannot say *fas est ab hoste doceri*, because we do not for a moment regard the former medical body as inimical. Quite the reverse. But it is clear that if all or nearly all the good papers are to be contributed to it instead of to our own body, the effect will be that the Medico-Psychological Association will become little more than a society for the transaction of business, and not what we all surely wish it to be, a great scientific association for the study of insanity, and for improving the treatment of the insane. Nothing short of this is worthy of the original aim and purpose of the founders of the Association.

In carrying out the further development of the views here expressed, it would be advantageous, in fact necessary, to extend the sittings of the Annual Meeting to at least two days. We invite suggestions through the columns of the Journal on the general question now raised as to the best mode of advancing the work and promoting the design of the Association of which this Journal is the organ.

The Brighton Meeting.

The selection of Dr. Clouston as President of the Psychology Section by the Council of the British Medical Association was a happy one. His address, which appeared to take its colouring from the name of the Section, in the special rather than the medical meaning attached to it, avoided the subjects which a practical asylum physician might have been tempted to dilate upon. It was thoughtful and suggestive, and will no doubt have been perused and studied with interest by our readers in the Journal of the British Medical Association. How or why the rule, or perhaps rather the custom, has arisen in accordance with which these sectional addresses may not be discussed we do not know. We suppose the idea is that a President, in taking the official chair, stands, like a clergyman, six feet above contradiction. Be this as it may, the address, although not discussed, was cordially received. We shall not depart from the regulation in this place any more than in the meeting itself, but proceed to say that the observations of Dr. Clouston at a subsequent meeting of the Section, in introducing for discussion "How may the medical spirit be best maintained in our asylums?" were of a most practical character, and were lucidly

made. It was not to be expected that any particularly novel features of hospital management should be announced, but the salient points in their relation to the subject of debate were enforced with a directness and a "definition of outline," which not only answered the immediate purpose in view, that of promoting discussion, but were calculated to animate those engaged in this special and trying department of medical work, and we regret that Dr. Clouston's remarks, being mainly extempore, will not appear in print *in extenso*. We should like to have seen them widely circulated in the exact form in which they were delivered. On one point, the drafting of all recent cases into an admission ward, as advocated by Dr. Clouston, and practised at the Royal Edinburgh Asylum, some difference of opinion appeared in the discussion which ensued, it being maintained that some patients, a sensitive melancholiac for instance, would suffer much mental pain from mixing in their first experience of asylum life with excited and even dangerous lunatics. We failed to catch the President's reply to this forcible objection, but conclude that a certain amount of classification takes place in the admission ward itself, and that care would be taken where the case is, on the face of it, in danger of being unfavourably affected by association with other recent cases, to secure sufficient separation.

The papers read at the Section on other questions gave rise to interesting discussions, in which Prof. Ball, of Paris, we are glad to say, took part. Most, if not all, of these contributions will appear in this Journal. It is sufficient to enumerate them here:—"The Influence of Hereditary Predisposition in the Production of Imbecility," by Dr. Fletcher Beach; "Experimental Dietetics in Lunacy Practice," by Dr. A. Campbell Clark; "Suicidal Tendencies in Congenital Imbeciles," by Dr. C. S. W. Cobbold; "The Use and Abuse of Seclusion," by Dr. J. A. Campbell; "On Alternations of Neuroses," by Dr. G. H. Savage; "The Relation of Marriages of Consanguinity in Mental Unsoundness," by Dr. G. E. Shuttleworth; "How can the Medical Spirit be best kept up in Asylums for the Insane," by Dr. S. A. K. Strahan; "On the Separate Care and Medical Treatment of Recent Cases of Insanity, either in Existing Asylums or in Lunatic Hospitals to be Established for that Special Purpose," by Dr. D. G. Thomson; "On the Alleged Increase of Insanity," by Dr. D. Hack Tuke.

Dr. Palmer, the Medical Superintendent of the County Asylum at Lincoln, exhibited some beautifully prepared sections of the brain and cord in the insane, and we are glad

be able to announce that the most typical of these will be tried for the Journal, and will appear along with explanatory comments by this excellent microscopist and most careful manipulator. Our only regret is that these preparations should have been utilized before in this way, owing, in fact, to Dr. Mer's modest appreciation of his own work.

Since the foregoing was in type we have received from a member present at the Section the following note on Dr. Clouston's observations on the maintenance of the medical spirit in asylums for the insane :—

‘The subject proved of great interest to the large number of members who were present, elicited the frankest expressions of opinion, and most valuable and helpful suggestions from the best workers who took part in the debate.

‘Dr. Clouston introduced the subject in an address of wide sympathy and practical importance. He approached it from the point of view of a physician who is engrossed in the treatment of his patients to recovery. Special attention was directed to the separate and individual treatment of recent and chronic cases. The general arrangements of the Royal Edinburgh Asylum in regard to this point were set forth by means of coloured plans. These were the adaptation of an old building to modern requirements, and were referred to as illustrating the means used to segregate the sick and feeble in detached hospital; the acutely maniacal and troublesome in ward fully supplied with experienced attendants, and furnished with adequate means of still further subdividing the cases according to mental states and indication of treatment. Dr. Clouston laid special emphasis on the training of attendants, they being first placed in the hospital wards and thence drafted to the main building. By so arranging their duties the attendants were impressed with the idea of medical treatment; they were trained to observe and report the varying states of the patients under their care, and they were led to recognize that the asylum is not merely a place for the detention of furious lunatics. The necessity of an increase in the number of assistant medical officers was also insisted on; and as a corollary an improvement of the position of the second in command. The increasing size of existing asylums and the multifarious duties of the superintending physician, together with the yearly decreasing rapidity of promotion, rendered such a suggestion necessary. The assistant medical officers

should be encouraged in their purely medical functions, and should have every opportunity and facility for observation and research extended to them. By raising their status, increasing their emoluments, and *enabling them to marry*, the service would be maintained at a high level of excellence.

“Dr. Clouston also insisted on the importance of the asylum physician continuing in contact with his brethren engaged in general practice. He would encourage them to visit asylums and to see the work done there. He would be hopeful that they would learn from the asylum medical staff, and that the gain to professional knowledge would be reciprocal. With this in view he would not impose any restraint on the medical officers of asylums seeing medical work outside the walls of the institution with which they were connected, so long as asylum duties were not neglected. Such restraints might be a hindrance in the way of the best possible work.

“The President was followed by Dr. Savage, Dr. Ball (Paris), Dr. J. A. Campbell, Dr. Hack Tuke, Dr. Urquhart, Dr. Outterson Wood, Dr. Needham, Dr. Campbell Clark, Dr. Lyle, Dr. Whitcombe, Dr. Aldridge, Dr. Deas, and a paper on the subject of the discussion by Dr. Strahan was read in his absence by the Secretary.

“It may be added that the many and interesting papers read and discussed at this successful meeting of the section of psychology afford proof that the medical spirit is at present maintained at a high level in our asylums, while the future, as forecast by Dr. Clouston, is full of promise.”

The Poole Murder Case.

Another example is afforded by this striking case of the singular condition of English law in regard to the responsibility of supposed lunatics who commit the crime of murder. In May last a pilot, John Gerrard King, shot Alderman Hamilton, Commissioner of Pilotage at Poole, with a revolver. Nothing had happened previously to cause any animosity on the part of King to Hamilton, but the prisoner called upon him in order to obtain redress for what he considered a grievance in connection with his office as pilot. Shortly before Hamilton met his death he and King were seen talking together at noon nearly opposite the Poole police-station. What passed is not known, but the prisoner was seen to shoot the Commissioner,