the will the patient had made was defective, in that it did not provide for his sisters. The old gentleman had sisters dependent upon him, and the brother suggested that a codicil might be made to provide for these sisters. He supported his wish by the fact that the Court had in apportioning the patient's income apportioned £100 a year to be divided among the sisters. He pointed out that the effect of the death of his brother under this old will would be that these sisters would be left practically destitute, and the patient's assets would go to his nieces—daughters of married sisters. The old gentleman was a simple dement, but he had remarkable intelligence when one could awaken it. The avenues of his senses were practically closed, he was nearly blind and nearly deaf, but he seemed to thoroughly understand what was said to him, and the circumstances under which he made this will, and other points which were to them and the solicitor unintelligible, he explained. He explained why certain conditions had been inserted in the will, and they were of a decidedly intricate nature, but he was perfectly clear, and they had interviews with him on the subject of the will, he believed on three occasions, the patient always manifesting the same intelligence. He grasped the situation with regard to the sisters, and said it was an omission, and that he would like to make a fresh will and correct it. His memory, however, was quite defective, and between the interviews he never once referred to the subject again. A codicil was drawn up, and he signed it, and the lawyer felt perfectly convinced that the patient thoroughly understood what he was doing, and considered the thing safe, in view of the fact that the Court of Chancery had already during his lifetime disposed of a portion of his income in the way he would be disposing of it in the codicil. He had no doubt if this old gentleman were not in an asylum, and he was one of those who at the present time might be out if his friends would look after him, there would be no likelihood of dispute. The case was a different one to that Dr. Morton had instanced. In this case they had, as it were, to open the man's senses; it was very seldom he made a remark unless he was spoken to, but he was tolerably intelligent when approached.

Dr. Fox remarked that he had had wills made at that asylum, but none that had been contested, all being on the face of them perfectly reasonable.

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*Notes on a Case of Fracture of the Fibula in a Melancholic Patient, with Remarks on Treatment in Fractures Generally.** By J. F. Briscoe, M.R.C.S., Westbrooke House, Alton, Hants.

The object of this communication is to draw from the members of the Association the modern treatment of fractures as adopted in institutions for the insane. It is obvious that the various plans, as practised in hospitals, must be considerably modified in asylums. For instance, to strap and bandage a case of fractured ribs, *secundum artem*, taxes any medical officer, unless the patient is quietly disposed and clean in his habits. However, with skill and a fairly docile patient, there should be little difficulty in the management of ordinary fractures of the bones below the elbows and the knees. From time to time one reads of

* Read for the author by Dr. Macdonald, at the Autumn Meeting of the South-Western Division.

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cases of fractures of the ribs occurring in asylums, remarkable autopsies being recorded. It is difficult sometimes to give a correct history of their causation, and, in consequence, much opprobrium has been unjustly cast on asylum officials. It is believed by not a few that there is a peculiar affection of the ribs in the insane causing them to fracture readily. It is said, too, that it is common in general paralysis. Dr. Christian has stated in the *Journal of Mental Science*, January, 1886, that he is decidedly opposed to the idea that general paralytics are more liable to fracture of the bones. He gives 250 cases, and says, "I can assure you, gentlemen, I have not come across a single case of fracture among them." But no figures of the kind can be relied upon unless verified by post-mortem examination. It is not uncommon to find in the mortuaries of ordinary hospitals and asylums, and in the dissecting-room, specimens of fractured ribs, the causation of which is unaccounted for. With our present pathological knowledge of the osseous system we must withhold our verdict.

I will narrate the case of J. C., æt. 68, a patient in Westbrooke House, suffering from chronic melancholia. She arose from her chair one morning, stumbled, and broke her left fibula in the usual place above the ankle-joint. At first I was inclined to believe it was a simple sprain, for no displacement or crepitus was elicited when handling the foot. To seek for grating is bad surgery, as we know, and gives rise to unnecessary pain. Two days after the accident, and when the swelling had subsided, a careful comparison of the two ankles was made. There was no doubt as to the solution of continuity, the patient complaining of local pain, over the seat of which was an oblique depression. Accordingly, the foot was put at right angles, and a plaster-of-Paris crinoline bandage applied. The patient rested her leg, ringing the changes, first on a chair, then on a hassock. On or about the seventh day she was allowed to take the nurse's arm, and also bath-chair exercise in the grounds. She made an uninterrupted recovery, and the "Sayre" was removed at the end of a month, being substituted by a soft-webbing figure-of-eight bandage. Although the patient is a feeble lady, with a cyanotic condition of the extremities, yet this fracture appears to have done well. Her mental state is benefited. She seems to have quite forgotten about an imaginary tumour in her abdomen, and has been much more sensible since the accident.

To be diffuse on the treatment of fracture in the insane is not the object of the writer of this paper. Personally, I am inclined towards immovable supports, such as gum and chalk, and, above all, the plaster-of-Paris bandage of Dr. Sayre, of

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New York. I should only adopt wooden splints in a quiet case; but in an extensive fracture of the thoracic walls I should sling my patient, all other things being equal, affixing a plaster jacket. In less extensive solution of continuity of the ribs I would favour a broad flannel bandage, with suitable braces to hold up the whole. In fracture of the thigh, below the neck, I can think of nothing better than a Sayre bandage to be extended figure-of-eight-fashion around the hips. To strengthen this support a convenient piece of metal or wood can be inserted between the layers of the plastered bandage. If there should be any doubt as to sores or abrasions arising from the use of plaster-of-Paris, hose should be worn next the skin, suitable cotton-wool pads being arranged over prominences; failing this, the splint must be eye-letted and laced.*

Discussion.

The CHAIRMAN said fortunately he had not had much experience in the treatment of fractures, but he had always used the ordinary means of a surgeon with the usual success. He believed his last case was a fracture of the forearm and he had considerable difficulty in keeping the patient still. He required special and constant attendance day and night, but he made a very good recovery indeed. He thought movable splints were really necessary in this case, for the patient very frequently got his splints loose and they had to be readjusted. It was rather new to him to hear—if he heard correctly—that there was any dispute about the liability of general paralytics to fracture of the ribs. He had personally seen many cases where ribs, not previously damaged, were most easily fractured at the post-mortem examination, and found to be mere shells containing an oily substance, rather than marrow, ribs that must necessarily have been exceedingly easily fractured if they had been subjected to violence.

Dr. BENHAM referred to a case of fractured leg which occurred under his care lately. The patient was of such a restless character that it was necessary to restrain him in bed, and two carefully padded leather bands were put round the wrists, with a ring at the end and tied at some distance so that the patient's hands could not be used to tear the dressings from the limb. He had a communication from the Commissioners in Lunacy, that having used leather bands of that nature he was quite going beyond their orders, and that only a bandage should be applied. What he did certainly gave the patient a very much easier time. The Commissioners in Lunacy had not visited them since that communication, and he was keeping the means of torture which he applied with a view of asking if they could suggest anything more suitable. With regard to the liability of fracture in cases of general paralytics, he had seen more than one instance where the ribs crumbled in the fingers. Very early in his asylum experience he had a case where nine ribs were found to be fractured on the post-mortem examination. As the question arose as to whether these ribs were fractured previous to admission it had to be thrashed out before a coroner and his jury. By referring to the many cases quoted in the past, it was shown clearly and convincingly that the ribs of the insane were liable to degenerate and fracture very easily. He pointed out how a fracture might easily be caused on the removal of the body from the place of death and could speak of one case where

* Paraffin wax bandages have been found very suitable in asylum practice. —ED.

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he was confident the fracture occurred after death. He thought a fact of this nature should not be overlooked. With regard to putting cases up in plaster-of-Paris, he might say that as soon as convenient he thought it was desirable to do so, but at the very first in fractures of the insane he would not advocate it.

Dr. MACDONALD said that, in the face of a most able contribution to a meeting in London, not two years ago, from the Pathological Laboratory at Rainhill Asylum, he should have thought Mr. Briscoe would have hesitated to quote Dr. Christian's older paper, especially after what was shown on the blackboard, under the microscope, and by the aid of the limelight by Dr. Campbell, all going to show and prove the degeneration of the bones of general paralytics.

OCCASIONAL NOTES OF THE QUARTER.

Sir John C. Bucknill.

The portrait of the late Sir John Bucknill, which forms the frontispiece of the present number, will forcibly recall to a large proportion of the members of this Association the personality of one who for many years held so prominent a place in their ranks.

The obituary notice of Sir John Bucknill in our last issue has fully recorded the eminent services which he performed in his various official and social relations, but we seize this opportunity of specially reminding the Association of the great work that he did for it when it was still a struggling organisation of doubtful vitality.

Such a record as this frontispiece is the very smallest expression of esteem and gratitude which we can yield his memory, and we must hope that the time may yet arrive when the Association's local habitation may admit of its gathering together, in the more artistic form of oil paintings or busts, the memories of those who, like Sir John Bucknill, have not only served it, but have added honour and dignity to its history.

Pathology in the London County Asylums.

The London Asylums Report of this year gives evidence that the Pathological Laboratory established at Claybury has borne good fruit, and gives promise of an even larger yield in the future.

The Medico-Psychological Association has already benefited from this new departure by the able demonstrations which its director, Dr. Mott, has given at two meetings in the past year; and we are glad to learn that full reports of

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