

estate for life or of a greater description, and shall extend to estates at law and in equity in possession or in futurity in any lands; and the word "possessed" shall include any vested estate less than a life estate at law or in equity in possession or in expectancy in any lands.

29.—The enactments in the schedule are hereby repealed.

SCHEDULE.—ENACTMENTS REPEALED in The Lunacy Act, 1890, 53 and 54 Vic., c. 5.

Section 9, sub-section 1, from "having" to the end of the sub-section. Sec. 10, in sub-section 1, the words "within the county and borough respectively" and in sub-section 4 the words "within the same" occurring twice. Sec. 13, sub-section 2, from "within" to "jurisdiction." Sec. 24, sub-section 6, from "that a pauper" to "asylum" where that word next occurs. Sec. 62. Sec. 99 the words "with a jury." Sec. 149. Sec. 246, from "subject" to "an asylum." Sec. 279. Sec. 338, sub-section 2, the words "in lunacy."

The Second Schedule, Form 13.

The Fourth Schedule, the references to "Dover" and "Maidstone" repealed as from the commencement of the Lunacy Act, 1890.

#### NOTICE OF NEXT QUARTERLY MEETING.

The next Quarterly Meeting of the Medico-Psychological Association will be held in London on the third Thursday in November (19th), at the house of Dr. B. W. Richardson, F.R.S., 25, Manchester Square.

FLETCHER BEACH, Gen. Secretary.

Darent Asylum, Sept. 1, 1891.

#### Correspondence.

##### PAROTITIS IN THE INSANE.

To the Editors of "THE JOURNAL OF MENTAL SCIENCE."

SIRS,—I have read with very great interest the cases reported by Dr. Hyslop of parotitis in the insane (Oct., 1890). As I am not aware that such cases in connection with asylum practice are referred to in any work on insanity, I am induced to give some account of them, based upon my 32 years' experience in two large county asylums. I have seen many patients with acute mania or melancholia attacked with acute parotitis, and these, as far as I can remember, were without exception persons whose health and strength had been impaired; they all obstinately refused food, and had to be fed by force. One attendant fixed the head by firmly grasping the face with both hands, whilst another attendant administered the nourishment by means of a spoon; in proportion as the patient struggled to release his head the attendant, of course, increased his pressure on the two cheeks, and this excessive pressure, in my opinion, set up an inflammation of the parotid gland, which the low vitality of the patient would tend to intensify and prolong; hence arose rapid, extensive, and deep-seated suppuration, sometimes with fatal œdema of the glottis. In all cases where deep-seated fluctuation could be detected the lancet should be early and freely used.

As a preventive measure, I, some years ago, instructed attendants, whenever they had to administer food by force, not to grasp the cheeks, but the temples, of the patient, in order to fix and steady the head; and after this plan was adopted, cases of parotitis became comparatively rare. Quite recently I have seen a case, in consultation, which was evidently due to the adoption of the older method of feeding, so that to it, as a cause, if not the *vera causa*, I think I am justified in attributing many of those cases of parotitis occurring in asylum practice. I hope others will be induced to give their experience in this