

to the upper surface. On washing away the pus on the right edge of the liver a darning needle, about two-and-a-half inches long, was found partially embedded in the substance of the liver, point downwards in the long axis of the body. Tubercles were present in the kidneys and spleen. The abdominal glands were caseous and enlarged.

This case is interesting as showing the length of time a foreign body like a needle can be in the abdominal cavity without causing death. It was probably inserted in the middle line, and, after wandering about, found a resting-place in the liver, point downwards. The death was due to tubercular disease, apparently concurrent with the abscess set up by the irritation of the needle. Attention might be drawn to the little reliance that can be placed on the statement of lunatics, their apparent immunity from pain, and the slight symptoms often shown in serious illness. Great difficulty was experienced in deciding whether her statements were the outcome of delusions or not. Dr. Tate has recorded in the *Journal of July, 1888*, a somewhat similar case, only in his patient a hair-pin was used and death occurred sooner.

OCCASIONAL NOTES OF THE QUARTER.

*The Good Asylum Chaplain.**

The Good Asylum Chaplain realizeth the importance of the trust committed to his keeping; he entereth upon the office in no mercenary spirit, but with the primary object of "ministering to the mind diseased," so far as the exercise of his own special functions is likely to do good. The Good Chaplain hath a sympathetic nature—one which magnetically attracts the sorrowful and the depressed instead of repelling them. A minister without magnetic sympathy hath no business in an asylum; he hath chosen a vocation for which the very word is a misnomer, for he hath no call, and the sooner he findeth other work the better for him and for the patients. If for filthy lucre he retaineth his office while not in touch with the insane—perchance even disliking

* Some years ago a distinguished mental physician, the late Dr. Isaac Ray, of Philadelphia, wrote some admirable sketches of the "Good Superintendent," the "Good Matron," etc., but did not include the Chaplain for the simple reason that this officer is not essential to asylums in the United States. We venture to paint the portrait which Dr. Ray omitted to give—[Eds.]

his duties—he is a fraud. The Good Chaplain enjoyeth his work; it is his daily joy; he carrieth with him an atmosphere of hope and cheerfulness which tendeth to inspire those with whom he cometh in contact with renewed faith and confidence. The Good Chaplain hopeth all things when his ministrations seem to be useless, or even repelled. He knoweth the waywardness, the suspicion, the aversion which may mark the inmates of an asylum. He maketh allowance for their behaviour and seeming rudeness. He considereth their distress, and not the irritation which it causeth.

The Good Chaplain regardeth it as a fundamental axiom that the false beliefs or the sense of spiritual desertion and the fear of impending damnation are the indications of physical disease, and neither the work of the devil nor the expression of Divine wrath. He is no exorcist, not only because the seventy-second canon of the Church of England forbiddeth a clergyman to attempt exorcism unauthorized, but because he hath learnt to regard the lunatic as the victim, not of demoniacal possession, but of a pathological state. And yet in a truer and higher sense, the Good Chaplain striveth to exorcise the unhappy patient of his fears and terrors by his ghostly counsel and kindly words of comfort and cheer.

Another fundamental axiom with the Good Chaplain is the duty of loyalty to the Medical Superintendent. He realizeth that their common object is the welfare and encouragement of the patient, and that although they approach man's dual nature from different standpoints, there is no occasion to clash; nay, more, that if they do clash there is great danger of the spiritual adviser doing a great deal more harm than good.

The Good Chaplain studieth the character and special circumstances of any patient to whom he may minister, and adapts his counsel thereto. For example, this might be materially and beneficially directed by his knowledge that intemperance had been an important factor in the causation of the attack of insanity.

The Good Chaplain in his sermons remembereth the peculiar class of persons whom he addresses, and escheweth all theological disputations; he is simple in his language, loathes affectation, is earnest in the manner and consolatory in the matter of his discourse. A son of consolation and not a Boanerges is the fitting occupant of the asylum pulpit. Simple and uncontroversial preaching is, however, not to be

confounded with monotonous platitudes, which are not only a poor compliment to the more intelligent patients, but are intolerable to that portion of the auditory which consists of the staff of the asylum. The model Chaplain is not only good; he is also a reasonable being, and doth not fall into the mistake of supposing that his utterances must be on a level with the imbecile element in his congregation.

The Good Chaplain, thus realizing his responsible duties and the sacredness of his calling, is saved from the deadly apathy which clotheth the *bad* chaplain as with a garment, allowing him to perform his work in a formal, perfunctory manner, to the discredit of his cloth, the contempt of the staff, and the detriment of the unfortunate inmates of the institution in which he holds an office of which he is wholly unworthy.

From such asylum chaplains, good Lord deliver us!

American Superintendents of Asylums and Politics.

If on a change of Ministry in England the medical superintendents of asylums—Broadmoor, for instance—felt uneasy as to their continuance in office, and one here and there had this uneasiness unpleasantly emphasized by dismissal from the post, astonishment and indignation would be excited. Happily politics have nothing whatever to do with the retention of office by the head of an English asylum, but Dr. Dewey has found that this is not the case in America.

The Illinois State Journal remarks that “a noticeable feature is Governor Altgeld’s declaration that ‘I appointed in Dr. Dewey’s place Dr. Clevinger,’ when the law provides that these officers shall be appointed by the trustees, who alone have authority to make such appointments.”

A system which winks at dismissal from the post of asylum superintendent on political and not moral grounds, is keenly felt to be unjust and intolerable. With the affairs of other countries than our own we are not concerned, except so far as they involve injustice and wrong to the medical profession, and more particularly that branch of it which embraces psychological medicine. On this ground alone do we feel at liberty to criticise the action taken by the Governor of the State of Illinois in deposing, as he has done, Dr. Dewey from the office he had so efficiently and humanely filled as Medical Superintendent of the well-