The SECRETARY then read the following letter from Dr. Clouston:—

Royal Asylum, Morningside, Edinburgh,
23rd July, 1883.

DEAR SIR,—Will you allow me to bring before you the suggestion of a respectful petition to the Lord Chancellor by the Medico-Psychological Association, that his Lordship, in making the higher Lunacy appointments of the kingdom, such as the Medical Commissionerships in Lunacy and Lord Chancellor's Visitor in Lunacy, should bestow them on members of our profession who have devoted special attention to the subject of mental diseases, and have a recognised reputation in that department of medicine.

Some of the reasons that might be adduced to his Lordship for this step, on the part of the Association, are the following, viz. :—

1. The Association contains by far the greater number of medical men who have specially studied mental disease in the United Kingdom, and consists of over 400 members. It may therefore be regarded as having by its position some justification to look after the interests and fair claims of that department of medicine.

2. This department of medicine has enormously increased in importance and numbers of late years, there being now over 500 medical men engaged in it, wholly or in part.

3. It is a difficult department, having to do with obscure questions most important to a very helpless class of society; and the practice of it has many things specially disagreeable and trying to those who follow it. It is most important for the insane, for the future progress of medicine, and for society, that some of the very best minds in the profession should be attracted towards its study.

4. The prizes and rewards of successful work in the department are not many or very high, and the appointments referred to have been always considered in that category. To attain them has been the incentive to good work among many in the past. To see them conferred on men who have done no work in the department acts as a discouragement to those who have entered it, and will prevent good men entering it in the future. The teachers of the subject in the medical schools have already much difficulty in inciting the best men to take up the subject.

5. Those who have to be directed and advised by the holders of such appointments would have far more confidence in, and pay more respect to, the opinions of men who had devoted special attention to the subject of mental diseases, or who had practical acquaintance with the management of the insane. Many of the insane in whose interest those appointments are made, would also have far more confidence in such men.

I am, Dear Sir,
Yours faithfully,
T. S. CLOUSTON.
Lecturer on Mental Diseases in the University of Edinburgh.

Professor W. T. Gairdner,
President of the Medico-Psychological Association.

The reading of this letter was followed by loud applause.

The PRESIDENT said that he was sure they all appreciated the very chivalrous motives with which that letter had been sent to the Association, and he had only to make a very short proposal, namely, that it should be received and entered on the minutes.

This course was adopted in silence, and the morning meeting was brought to a close.

AFTERNOON MEETING.

Dr. ORANGE, the President, read letters from the following noblemen and gentlemen expressing regret at not being able to be present :—The Right Hon. Sir W. Vernon Harcourt, the Earl of Shaftesbury, the Earl of Rosebery, Dr. Mierzejewsky, Dr. Motet, Dr. Foville, Dr. Blanche, and Dr. Ritti.

The PRESIDENT then read his Address, which is printed at page 329 of this Journal (Original Articles, No. 1).

Dr. BUCKNILL said that it was a most agreeable duty to him to propose a vote of thanks to Dr. Orange for the admirable address to which they had just listened. It was one of the most interesting addresses he had ever listened to, and he thought he should carry with him the general consensus of the opinion of that meeting that it was one of the most able, if not the most able, of the addresses which had been delivered before that Association. It was the result of Dr. Orange's great wealth of material for observation, of his very great diligence in making use of that material, of his great common sense, and of the peculiar subtlety of mind which had enabled him to grasp successfully and to deal with the difficult questions bordering upon metaphysical study which were inextricably involved in that most important question of the responsibility—or,

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he would rather say—the irresponsibility of the insane. Dr. Orange occupied a very useful, high, and important position. He did not know that any man in the specialty occupied a more arduous and more useful one, not only in the management of that great institution which was under his care—so successful and humane as it was—but in the use he made of the materials which it afforded for knowledge; not only in the way they then experienced, but also in the more frequent and practical and responsible way in which he was called upon by the Government to exercise it, when they were asked to review the action of courts of law, and practically to decide upon the fate of the unhappy fellow-creatures whose state of mind he had to report upon to the Home Secretary as to whether Her Majesty should exercise the prerogative of mercy. Dr. Orange had exercised that function with undeviating skill, diligence, and ability, and his services to the community and the Government, had been such as it would be very difficult to overrate. Dr. Orange had referred to the Lumleian Lectures in the year 1878, but his modesty had prevented him from saying how much of the material for those lectures had been sought for under his guidance at Broadmoor, nor had he stated the very wise advice he had given to that lecturer on the most intricate and difficult questions which arose, but he (Dr. Bucknill) knew well that obligations of the lecturer to Dr. Orange were extremely great in both those respects, and if ever the Lectures should be published in a separate form the lecturer owed it to Dr. Orange to acknowledge that great help. He would not further detain them from the discussion he trusted would follow, but would move—that the best thanks of the meeting be given to Dr. Orange for his admirable address, and that the Association were also delighted to see him in his present state of health after the perilous accident which had befallen him.

Dr. NUGENT, in seconding the motion, said that he cordially coincided with the opinions expressed by the President in regard to the question of Criminal Lunatics. He had drawn a clear distinction as to the characteristics of criminals, and ordinary insanity. There were difficulties, no doubt, and great difficulties, connected with the distinction which should be recognized between criminality and responsibility in persons who committed crimes. In his own department in Ireland he judged of every case upon its individual merits, looking to the antecedents of the person, and other attendant circumstances. If a person at Dundrum had committed an offence and was recovering, the length of his detention would depend upon whether he had shown a malicious disposition during the time of his treatment. Judgment was formed upon the conduct of the person in the institution. The number of lunatics discharged during the last fourteen years was 82, and he was happy to say that of all those cases there had been no case brought back convicted of any offence since discharge.

Dr. RAYNER then put the motion to the meeting, and it was carried with applause.

Dr. ORANGE could only say that he felt that the terms used by the proposer of the vote of thanks were altogether in excess of the circumstances of the case or of his merits. He had also to thank the Inspector and Commissioner of Control of Asylums in Ireland for the kind manner in which he had seconded the vote, and to tell him how very much he had learned from the early reports of Dundrum Asylum, which, as those present knew, was established before Broadmoor. The object of his somewhat disjointed address was rather to provoke discussion by the members of the Association, and he would therefore not detain them with any further remarks of his own, but would simply thank them all very heartily for the manner in which they had received the vote.

Dr. HACK TUKE said that he remembered that the late George Dawson, when lecturing on Shakespeare, said that he had often differed from him, but he had found in every instance that the great poet was right and he was wrong. In the present instance he thought that any difference of opinion from Dr. Orange was also almost certain to be wrong. In almost everything Dr. Orange had said, he (Dr. Tuke) for one united, and he thought that the way in which he had brought forward Sir James Stephen's work would be of great use. He thought they ought to congratulate themselves that an eminent jurist like Sir James

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Stephen had discussed subjects of interest to medico-psychologists in the way he had. The admirable tone of his remarks ought to be a model to themselves. He (Dr. Tuke) was not quite so sanguine as the President as to the manner in which the legal test would be interpreted by other lawyers. The way in which Sir James Stephen interpreted it was so wide and liberal that it seemed to include almost everything they wished; but, seeing that the opinions of the Judges were before the minds of great lawyers previously, such as Lord Chief Justice Cockburn and Mr. Justice Blackburn, who understood them to speak in a much narrower sense than Mr. Justice Stephen read them, he could not but fear that other lawyers would understand them in the same sense. If the President could really convince the lawyers that by a "knowledge of right and wrong" was not meant what everyone had thought it did mean up to the present time—and was synonymous with absence of self-control—then the battle between medical men and lawyers was practically at an end. The test of responsibility really amounted to this as now explained:—That every one who had not the power of self-control had not at the particular time a belief that the act which he was committing was wrong for him to commit. Well, of course it may be said that if a man knows he cannot help doing a particular thing, he would not think himself culpable. That seems a truism. If that were the reading of the law, then the two things were indeed synonymous. But he could hardly think this was an interpretation which the Judges would sanction. There was a reference made to Baron Bramwell in the case of Dove, who was tried at York for poisoning his wife. Having himself been present at that trial, he (Dr. Tuke) must say that the impression produced at the trial was that the clear-headed Baron believed the legal test to be simply that of the knowledge of right and wrong. As he (Dr. Tuke) understood Mr. Justice Stephen, he wished to interpret the existing text thus:—It is the deprival of the power (in consequence of mental disease), of judging the moral character of the act committed. Mr. Justice Stephen, however, found that this did not entirely embrace the whole question, because, in one paragraph he says—"No doubt, however, there are cases in which madness interferes with the power of self-control, and so leaves the sufferer at the mercy of any temptation to which he may be exposed; and if this can be shown to be the case, I think the sufferer ought to be excused." Therefore that was supplementary to the new reading of the old test. They still had the vexed question of self-control to consider. Therefore he was afraid there was a great deal for medical men to do in regard to placing the matter in a just light. He happened to meet yesterday with an admirable address delivered by the President some years ago, and Dr. Orange then put the matter exactly in the way that he (Dr. Tuke) should have liked to put it. Dr. Orange said, "Indeed, the mode in which this test has been explained by some writers is such as to make the knowledge of right and wrong equivalent, to all intents and purposes in effect, to the power of refraining from the act in question; that is to say to the power of controlling conduct." (That was almost anticipating Sir James Stephen's chapter.) "I do not, however, think that the want of knowledge that an act is wrong in the ordinary sense, is by any means the same thing as the want of power in consequence of mental disease to refrain from doing it," &c. Then, a little later on, he said, "Such an opinion appears to be based upon this manner of reasoning—I believe the accused, from his history and from my examination of him, to be insane; I know that insane persons constantly do commit acts as the result of their insanity, which, at ordinary times, they know to be wrong; I assume that they would not commit such acts if they knew, at the moment when thought was passing into action, that the act was wrong; and I therefore arrive at the conclusion that the accused did not know that the act committed by him is wrong. That is to say" (Dr. Orange put it very forcibly) "instead of ascertaining as a fact, in the first place, whether the person knew right from wrong-in order from that fact to deduce the presence or absence of legal insanity, this method reverses the order of things, and ascertaining in the first place by some independent method, that the person is insane, it argues that because he

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is insane, therefore he cannot distinguish right from wrong as a sane man would." Then Dr. Orange said, "Surely it is better to abandon this obsolete test than to apply it thus." Dr. Hack Tuke continued to say that his fear was that, in attempting to retain the old test and apply it with the larger interpretation now proposed, there was still considerable danger of punishment being inflicted in cases in which there was a loss of self-control from cerebral disease, but a knowledge of right and wrong in the estimation of the judge charging the jury. It seemed a pity when the late Lord Chief Justice had admitted the force of our contention, that we should change our own minds.

The PRESIDENT, in inviting further discussion, said that he had to thank Dr. Hack Tuke for the very tender manner in which he had dealt with him, as indeed he was bound to do, inasmuch as he (Dr. Orange), like many others, was among Dr. Tuke's disciples, and had learned from Dr. Tuke's writings much of what he knew in regard to the question of derangement of mind. Dr. Tuke had done him the honour to quote from an address which he had given in 1876, but Dr. Tuke would perceive, if he examined the passage again, that the interpretation assumed to be put upon the words, "knowledge of right and wrong in respect to the very act with which he is charged," against which he was then endeavouring to contend, was by no means the interpretation which Mr. Justice Stephen had adopted. In the passage that Dr. Tuke had quoted, he was referring to what he thought was the mode in which some writers had at that time attempted to apply the words, and if time had permitted he would have given chapter and verse. The point he had in his mind when writing that passage was the supposition that a person might know the difference between right and wrong both just before and just after the commission of an act, but that just at the instant of the passing from thought to action he lost the knowledge that the act was wrong. This was quite a different thing from saying that a person who laboured under a delusion and who committed an act as the result of that delusion was as much unable to rightly estimate the moral quality of the act as he was to estimate rightly the character of his delusion. Much error had crept in from imagining that acts were sudden, when, in reality, they were premeditated. In the case mentioned by Lord Blackburn, to which he had referred, his Lordship had, in recounting the case, spoken of the woman as having killed her child "suddenly," but, as he had explained, it proved upon inquiry that the act was not done suddenly, but that it had been premeditated. It was, therefore, not when thought passed over into action that the loss of control occurred. The poor woman did control herself to a very large extent. She told her husband that she had had a good night, and that she felt better, simply to induce him to go to his work, and to leave her alone to carry out what she had been thinking over all the night. Few of the acts of that description were sudden, but they were usually the outcome of deranged thought. He had said that the interpretation adopted by Mr. Justice Stephen was very different from what he (Dr. Orange) had in his mind when he wrote the address quoted. But that was only a sign of growth. He hoped none of them stood absolutely still, and never had reason to modify opinions which they held ten years ago. He was glad, in this connection to be able to quote Lord Chief Justice Coleridge who, in a recent trial, when speaking of the application of the common law, in the way it was applied years ago, said: "It is to forget that law grows, and that though the principles of law remain, yet (and it is one of the advantages of the common law) they are applied to the changing circumstances of the times." That was certainly the case in regard to the application of the principles of the common law to the question of insanity. Many of the opinions of the Judges had been based upon medical opinions and medical statements of supposed facts which had, perhaps, afterwards turned out to be incomplete facts; and therefore it was not to be wondered at that the explanation of the common law had undergone some modification, *pari passu* with the modification, and, it was to be hoped, improvement, that had occurred in the medical treatment of persons of deranged mind during the last half century.

Dr. YELLOWLEES said he did not rise to differ, but only to ask a question.

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They were in great danger of getting metaphysical in this matter, and of fighting over words. Was the suggestion made by Dr. Orange one which could be of any practical importance? He himself had always felt that their legal friends insisted upon having a man either absolutely mad or quite sane. Now did they not note and see every day the graduation of disease? Was there not a graduated degree of responsibility, and ought there not to be some graduation of punishment? Did they not often see cases where they could say, "No, that fellow does not deserve the utmost penalty of the law, but he does deserve some." Was there any reason why they should not be enabled, through a recommendation of jury, to graduate the penalty according to the graduation which undoubtedly the disease implied?

The PRESIDENT said he had formed a very definite opinion upon that matter, which was not in favour of the proposal that there should be graduated punishments for persons of varying degrees of insanity. He had come to the conclusion that one ought to make up one's mind upon the point—Is this person or is he not in such a condition mentally as to be liable to be punished according to law? He did not think that a graduated punishment would be advisable in any way. What they had to ascertain was just like ascertaining any other condition by a medical examination; and it was necessary that the examination and the diagnosis should have reference to the particular point in question. A patient might be insane, but he was not received into an asylum until he was certified. He was either a fit subject for an asylum or he was not. The same with regard to an inquiry *de lunatico*. The person was either to have the control of his property or not. It must be one thing or the other. Then again a person may make a contract or he may not make a contract. The contract must be void or not void, and it should be thus with regard to the question of the legal responsibility for a criminal act. He could mention a case in which just what Dr. Yellowlees suggested was done; the case of a man in 1862, who shot a woman with whom he was cohabiting, and then attempted to kill himself. The verdict was given in the following terms:—"Guilty. Very strongly recommended to mercy by the jury in the belief that although at the time responsible for his actions, he was labouring under great excitement, and also on account of his previous good character; the jury were unanimously of opinion that he had a belief that there was something improper between the deceased and someone in the house, and that though responsible for his actions, yet he was under a delusion about the young woman." Although the man was insane, the jury trimmed, and the result of that was that the man was not hanged, but was sentenced to penal servitude for life, which in practice meant twenty years. He was received into Broadmoor at the expiration of twenty years from the date of his sentence, and had then become a complete lunatic. For fourteen years he was going down hill, and it was not till after that period that he was sent to the insane ward of the prison. What could have been the good of torturing him during those fourteen years that elapsed between the date of his sentence and the date at which he became too utterly demented to be fit for any further penal discipline?

Dr. YELLOWLEES said that they would have to take some definite action with reference to the two resolutions of the President. He thought good ought to come out of it in this way. The medical officers of the prisons ought to be persons who would recognise the presence of insanity. In the case quoted by the President, the rider to the verdict had the effect of saving the man's life. He had the very strongest feeling as to the wisdom of the resolutions proposed by the President, and he thought the meeting should now proceed to consider them, and, if they thought fit, to adopt them.

Dr. CAMPBELL asked who had the sanction of the appointment of the medical officers of the prisons.

The PRESIDENT replied the Secretary of State for the Home Department.

Dr. CAMPBELL said he thought that it would more fully meet with the wish of the Association if the prosposal were modified to say that skilled advice on the subject should be called in. He did not think they need insist that the

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prison medical officers should be skilled exceptionally in that subject. They might just as well say that because cases of midwifery occurred at the prisons that therefore it should be required that the medical officers of the prisons should have special knowledge of the obstetric art.

Mr. WALLIS said that it was a case of almost daily occurrence that some knowledge of the sort was necessary for prison surgeons, because those surgeons were frequently seen to mistake cases of insanity both ways; either recognizing persons wrongly as insane or not insane. That showed that some special knowledge would be very advantageous to the prison surgeons, and he thought the resolution read would meet that want.

Dr. BUCKNILL said that he was inclined to agree with the observations made by Dr. Campbell, because he thought that such a useful knowledge of psychological science as would enable prison surgeons to make successful diagnoses of the different cases, was not so easily obtained that they would be able to obtain it. He remembered when he was the medical superintendent of a county asylum being very frequently called upon to go to the county prison to give his opinion as to the sanity or insanity of prisoners, and he thought some arrangement might be made by which the benefit of the advice of the medical superintendents of the county asylums might be made available.

Dr. HACK TUKE said he entirely supported the motion in this way—that the surgeon in charge of the gaol should have sufficient knowledge of the disease to detect and diagnose the disease, which otherwise might entirely pass without his noticing it. It was different with an obstetric case, because although a prison surgeon might perhaps have to treat that, there would not be the same difficulty in diagnosis.

Dr. BUCKNILL asked if the President would think it worth consideration that the superintendent of the county asylum should be substituted for the neighbouring doctor in the council of three.

The PRESIDENT pointed out that the superintendent was already mentioned. His proposal was:—"The medical officer of the prison, the medical officer of the county asylum or hospital for the insane in the neighbourhood, and a physician of standing in the town where the prison is situate." With regard to the other resolution, it was only a suggestion, putting forward a motion for the consideration of the Association. The necessity for some knowledge might be supported by the writings of a prison surgeon of considerable eminence in Scotland, who said:—"From large experience among criminals I have come to the conclusion . . . . that the principal business of prison surgeons must always be with mental disease; that the number of physical diseases are less than the psychical; that the diseases causing death amongst prisoners are chiefly of the nervous system; and, in fine, that the treatment of crime is a branch of psychology."

Dr. GOVER said he should like to mention that there were two classes of prison surgeons, those who gave their whole time to the service and those who only gave part of their time. Those who gave the whole of their time were first employed as assistant surgeons. Every candidate for that post had to go up to a medical board, and a satisfactory knowledge of mental disease was one of the subjects of examination. That was only a comparatively recent arrangement. He thought that that would ensure sufficient knowledge on the part of those who gave their whole time to the service, and who gave their time as assistant surgeons, afterwards being promoted. As to the other class who gave only a part of their time, they were generally persons in practice in the neighbourhood of a prison which only required the services of a medical man during a part of the day, and the prisons of that kind being small, there were not many criminals there to pick and choose from. He thought it would require serious consideration to frame the proposed resolution. He could not agree with the statement which had been read that nervous diseases formed the greatest proportion of the diseases which the prison medical officers had to deal with.

The PRESIDENT said that he was not aware that what Dr. Gover referred to had been commenced. It seemed to be an advance upon the hitherto existing

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state of things, and he thought that the plan would be found to answer, and that the amount of knowledge would be gradually increased, and would, in time, become sufficient for the purpose. Originally he said nothing more than that it was very desirable that the medical officers of prisons should possess a certain knowledge of mental disease, and in that Dr. Gover really seemed to concur.

Dr. BOWER said he should like to call the attention of members present to the system in force in Norway where in each of the four large public asylums there are what they call "observation wards" where prisoners suspected of being, or professing to be, insane are placed for a term of three months or less, so that the medical superintendent may be able by constant observation of the prisoner to pronounce authoritatively on his sanity or insanity. This would obviate the necessity of visiting surgeons of prisons having a special knowledge of mental disease.

Dr. YELLOWLEES said that he would propose the first resolution in reference to the prison medical officers. It simply said that it was very desirable that they should have a knowledge of insanity. He thought it extremely desirable that men having to do with prisons should know something about insanity.

The PRESIDENT said that now that Dr. Gover had told them that it did form a subject of examination, the expression of feeling already elicited would be sufficient.

Dr. YELLOWLEES then proposed the second resolution, as set forth in Dr. Orange's address.

Dr. HACK TUKE seconded the resolution, which he considered very important. He would lay considerable emphasis upon the words "as soon after the commission of the crime as possible." As regards the provision for three consulting together, he should be inclined to hesitate about that, because he thought the two first-named would be amply sufficient to carry weight in a court of law, but he knew it was felt by the President and some others that public opinion would not favour such a conclusion. The public would say that the officer of an asylum would be sure to make out that a man was mad, and therefore the opinion would not carry weight. It was therefore suggested that the third should be a physician of standing in the town, who would be supposed to have a less knowledge and no prejudice in favour of persons supposed to be mad. He believed that the practical effect of the resolution would be to prevent a large amount of provoking cross-examination which occurred under the present system. Practically, an opinion given by three competent medical men would carry so much weight that it would probably be conclusive. He felt very strongly upon this subject, and had read a paper some time ago upon "Experts and Criminal Responsibility" in which he urged some steps similar to these being taken. He then referred to both the points, and he was very glad to see them being put in the form of resolutions by the President.

Dr. GOVER asked Dr. Tuke in what cases would an examination be necessary?

Dr. HACK TUKE said that might be left to the discretion of the magistrate at the time. Mr. Flowers had told him that if there were some circumstances on the face of the case which suggested insanity he asked the police surgeon to examine the prisoner. He said he would be extremely glad if he could ask some one who had a more complete knowledge than a police surgeon might have. Then, there might arise circumstances afterwards which would necessitate such an examination. He would like to know the opinion of the President as to who would appoint these examiners.

The PRESIDENT replied that it would be either through the solicitors of the Treasury or the Public Prosecutor. No doubt some suitable mode would be discovered for doing it. Something similar was done and always had been done in very important cases where public attention was directed to the case, and it was only extending and systematizing a plan which had always been acted upon in the more notorious cases.

After some further discussion the resolution was agreed to, and it was resolved as follows.—

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That prisoners suspected of being mentally deranged should be examined by competent medical men as soon after the commission of the crime with which they are charged as possible, and that this examination should be provided for by the Treasury in a manner similar to that in which counsel for the prosecution is provided. It is suggested that the examiners should be the medical officer of the prison, the medical officer of the county asylum or hospital for the insane in the neighbourhood, and a medical practitioner of standing in the town where the prison is situated; that the three medical men shall, *after consulting together*, draw up a *joint* report, to be given to the prosecuting counsel; the cost being borne by the public purse, inasmuch as it is useless to tell an insane man that the burden of proving himself insane lies upon himself.

The PRESIDENT stated that Dr. Cassidy had been good enough to exhibit several instruments of restraint which had been used in former times at the Lancaster Asylum.

A vote of thanks was unanimously accorded to the Royal College of Physicians for the use of the room, and the proceedings then terminated.

The members of the Association afterwards dined together at "The Ship" at Greenwich.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION, JULY 31ST TO AUGUST 3RD, 1883, AT LIVERPOOL.

SECTION G. PSYCHOLOGY.

The meeting of the Psychological Section was held under the presidency of Dr. T. L. Rogers, of Rainhill, and was for the most part well attended. Four meetings of the Section took place, and at each, in addition to miscellaneous papers, a special subject was introduced for discussion.

The "abstracts" sent in by the authors of papers, and of their speeches by some of the speakers, not being available, the following is merely an incomplete summary.

On Wednesday afternoon Dr. ROGERS opened the proceedings by the delivery of his very interesting Presidential Address.* Taking for his subject "General Hospitals and Hospitals for the Insane," he compared the respective rise and progress of the two classes of institutions, showing that up to recent times, at all events, the comparison was anything but favourable to the latter. He proceeded to point out the essential differences between asylums and general hospitals, and to remark on the limits within which the purely *medical* treatment of the insane might be beneficial, alluding also to the duties devolving on the asylum physician in consequence of the involuntary character of most of his patients. In conclusion, some good practical hints were given as to the indications for sending insane patients to be treated in an asylum, and reference was made to the social statistics of insanity.

A vote of thanks, proposed by Dr. PAUL, and seconded by Dr. SANKEY, was unanimously accorded to Dr. Rogers.

Dr. YELLOWLEES then introduced a discussion on the "Employment of the Insane." He advocated the discriminate occupation of lunatics in some well-selected form of industrial work as tending to promote recovery, or, in less favourable cases, as counteracting the tendency to mischievous excitement. He reprobated, however, indiscriminate so-called employment of patients merely for the purpose of swelling the statistics of nominal workers, pointing out that there could be no possible advantage in sending a patient to "shiver under a hedge" if it were impracticable or inexpedient to induce him to take part in field labour.

The discussion on this subject was sustained with considerable spirit, amongst the speakers being Dr. Rees Philipps, Mr. Cassidy, Dr. W. H. O. Sankey, Dr. Paul, Dr. Murray Lindsay, Dr. Savage, Dr. Shuttleworth, Dr. Bower, Dr. F. A. Jelly, Mr. Mould, Dr. Ireland, and Dr. Rogers, the general consensus of opinion being in accord with the remarks of Dr. Yellowlees. Amongst the points suggested were the introduction of musical drill as a recreative employment for

* Reported *in extenso*. "Brit. Med. Journ.," August 4th, page 232.

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