ceal some crime, but that now he was of a different opinion, at least in regard to St. Hans, because, without asking anyone's leave, he had walked about, and could have spoken to many patients if he had been able to understand their language.

"Dr. Helweg says:—'Here at Aarhus the industrious, quiet patients, capital workmen, among whom escapes are rare, have to pass through three or four locked doors to go to and from their work.' Here in St. Hans the same class of patients (about 120) need not go through a single locked door. These patients pass their leisure in a large finely-wooded garden, surrounded by a low, light railing, to which the doors are not locked, neither the one leading to the ward, nor the one leading to the field. As to escapes? Of course a patient does escape occasionally, but not more frequently than from the mixed asylum, and these escape from the wards which should be the safest, by reason of locked doors and a large number of attendants. It is well known that a lunatic's cunning and perseverance render him more difficult to guard than a sane man. I have had patients whom I could not prevent from escaping, until, fairly wearied out, I have transferred them to an open ward, where he had every opportunity to escape, and this confidence formed a chain he never tried to break. In England the open-door system is struggling to prevail; indeed, one English superintendent demands that an asylum should have no lock whatever, a proposition which only an Englishman could make. A Danish physician (not in asylum-practice) advised me to strive to attain so far that no lunatic should be sent to an asylum against his wish, and only the absolutely dangerous lunatics should be detained against their wish. We all agree that this would be very desirable, and I do not doubt that in the not far distant future this hope, somewhat modified, will be fulfilled. We all demand liberty for ourselves and fellows, and, as far as possible our insane should enjoy it."

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, on Friday, 18th May, at 5 p.m. Dr. D. Hack Tuke presided, and there were also present:—Drs. A. J. Alliott, D. Bower, T. J. Compton, W. Clement Daniel, Bonville Fox, S. Forrest, J. Fenton, G. G. Gardiner, W. R. Huggard, O. Jepson, W. J. Mickle, F. Needham, H. H. Newington, W. Orange, J. H. Paul, W. H. Platt, H. Rayner, W. H. Roots, G. H. Savage, H. Sutherland, H. M. Sutherland, D. G. Thomson, C. M. Tuke, E. S. Willett, &c.

The following gentlemen were elected members of the Association, viz.:—

J. Wiglesworth, M.D.Lond., of the Rainhill Asylum; W. H. Macfarlane, M.B., Medl. Supt. of the New Norfolk Asylum, Tasmania; Robert Blair, M.D., Woodilee Asylum.

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Dr. SUTHERLAND read a paper "On Prognosis in Cases of Refusal of Food." (See Original Articles.)

Dr. HACK TUKE, in inviting discussion upon the paper, remarked that although the main subject was the prognosis in cases of refusal of food, yet the other points to which Dr. Sutherland had referred—the mode of administration, the cases in which it should be given, &c.—were points upon which practical men present ought to be able to give most useful hints.

Dr. GARDINER said that the refusal of food might be from two causes—from excessive obstinacy, or from some disordered condition of the stomach itself. Of course, in the first case it was absolutely necessary that the patient should be fed till he became better, and the obstinacy was overcome. As regards a disordered condition of the stomach, all nervous cases suffered more or less from dyspepsia, which sometimes arose from the injudicious use of alkalies. In certain cases the administration of alkalies was absolutely necessary, and they had all experienced the value of alkalies; but they must be always conscious of the fact that in cases of low nerve-power, the administration of alkalies would tend still further to lower the vitality. At the same time, they could not do without them. In the treatment of feeding-cases, he made it a great point to determine whether there was flatulency in the stomach. They could not always tell by touching the stomach, but there was an appearance which at once determined the presence of flatus, viz., a distension of the stomach: they would notice a kind of pyriform distension arising from the ensiform cartilage, and extending three or four inches down. It was the object of everyone to avoid feeding cases. He had often contented himself with the passing of a tube down, for the passing of the tube was frequently followed by a large expulsion of wind, quite enough to blow out a candle. That was plain proof that the stomach was pre-occupied—that it was so distended with flatulency that the patient had lost all desire; or even if he had the desire, his repugnance to increasing his pain would be so great that he would refuse food on that account. He would, therefore, strongly urge the passing of a tube three times a day, and encouraging the patient to take simple food, such as milk. And here he might say that he was in the habit of preparing his milk by suspending in it a lump of suet the size of an egg in a piece of muslin, and boiling it for ten minutes, which made the milk richer and more sustaining than milk alone; besides which the greasy nature of the milk would be more grateful. He had, in cases of acute dyspepsia, given milk of this kind with great benefit. But, having ascertained that the intestines and the stomach were loaded with flatus, what course was to be adopted? Of course, there was extract of belladonna, small doses of aloës or aloïn, &c. They had to increase the peristaltic action of the intestine by which the flatus might be discharged. The various mineral waters might be given with very great advantage, but they were too strong—too gross a remedy—to be given in delicate cases. He had found a single teaspoonful of carbonate of magnesia, given in a tumbler of warm water, do much good.

Dr. H. H. NEWINGTON said that he had found the sex to be the greatest aid to the prognosis. Many more incurable cases arose in the male than in the female. It would seem that when a man did take to refusing his food he did it with some object, whereas a woman would do it with no object at all—perhaps simply hysterically—and often after a time would give in. As regards the administration of food, people were too prone to administer the old round of beef tea, egg and milk, &c., leaving out lime juice and other things.

Dr. RAYNER considered that they ought to pay due attention to the mental condition as well as to the mere physical state. They should endeavour, for instance, to find out whether a man refused food simply in obedience to an hallucination—as the result of an hallucination of taste—or whether he had some illusion dependent upon the physical condition of his stomach—or whether it was simply an abeyance of appetite as in melancholia—whether it had been

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from actual anæsthesia of the nerves of the stomach—or whether it was the refusal from hysteria or from senile causes. All those considerations appeared to be of as much importance in forming prognosis as the physical conditions which had been dwelt upon. In regard to Dr. Sutherland's point as to the loss of flesh, he (Dr. Rayner) had had several cases which had become emaciated to the last extremity, and yet recovered. He remembered a woman at Bethlem who had been fed with the stomach pump for three years, and who for eighteen months of the time had certainly been a mere walking skeleton, and yet she recovered. Then again, where Dr. Sutherland had contended that the prognosis was bad when the patients gained flesh under the treatment, he could certainly call to mind cases of this kind which had recovered completely. Of course, as regards those slight cases which give up their refusal after they have been fed once, there could be no doubt that the prognosis would be good, and that their refusal was not founded upon a very firm basis. Dr. Newington's suggestion that the refusal of men was more stubborn than that of women was certainly borne out by his own experience. When he went from Bethlem to Hanwell he could not help being struck by the difference in regard to the food-refusal cases amongst the pauper insane, as compared with what he had been accustomed to at Bethlem. This difference was very striking, and he had no doubt that it was due to some extent to the degree of education—the more educated brain—when it did have a delusion—adhering to the delusion more firmly. With reference to the treatment of cases of refusal of food, he had a very strong feeling that rest in bed was one of the most potent elements of success in the early stages. He did not mean to say that if a patient had been refusing food for a long time, and had established a thorough habit, that this would have much effect; but in ordinary cases rest had a most important influence. He always took it that mere refusal of food indicated rest; and he had found the remedy so successful that he had been to a great extent able to do without the stomach pump.

Dr. HACK TUKE—How do you treat patients with acute excitement where you cannot possibly get them to rest in bed?

Dr. RAYNER—In such cases we get the nearest approach to rest, by absence of light and sound, and the use of a padded room.

Dr. SAVAGE said that to give a prognosis from one symptom was scarcely a scientific way of doing. In the case of a patient refusing food simply because he was suffering from phthisis—if the refusal were associated with some morbid feeling associated with phthisis, the prognosis would have nothing to do with the refusal to take food. Taking, too, what he called "aldermanic" cases with "herring-gutted," he should not like to say that one class of case was more curable than the other. The point of giving alkalies was noteworthy. There were a great many cases who refused to be fed because they could not, or would not, retain their food. No sooner was it passed into the stomach than it was returned. Immediately the operator passed the tube he received in his face the vilest smells. Their old attendants said, "You can never do any good with that case. You should have smelt what came out of their inside. They are rotten inside." He would be inclined in such cases to try some antiseptic, washing out the stomach first. In cases of prolonged feeding, he thought that many of the hysterical cases, having been got up to a certain weight, ought to be told that they would not be fed. Certainly, good sometimes resulted from refusing to feed. There was a mathematical master, a patient at Bethlem, who had got to like being fed, and actually used at last to mix up his own food; till one day, when the patient had got everything ready, Dr. Savage told him he should not be fed any longer, and that he would have to wait until he could feed himself. The patient only waited twenty-four hours. A great many patients were fed too long. At Bethlem they made a point of varying the feeding as much as possible, feeding sometimes by the nose, sometimes by the bowel, sometimes by the spoon, and

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then neglecting them for a time. He was sure that the insane were very plastic, and got readily into habits. They would be very glad, as far as the Journal was concerned, to have cases in which organic disease had been found as the cause of the refusal to take food. They rarely got such cases. Perhaps once a year one would get a case in which they might think they could trace the cause. He had only once seen cancerous disease in this connection. He had seen ulceration of the duodenum associated with gall stone. It would be extremely important to get a well-marked case in which organic disease, such as cancer, was the cause. He would also like to know whether anyone there had tried the artificial foods—say peptonized foods.

Dr. MICKLE said that the conclusions Dr. Sutherland had drawn would be borne out by the experience of the majority of those present. There was one point in the paper which he had particularly noticed. He had understood Dr. Sutherland to say that the prognosis was bad if the patient increased in weight. He must say that that was not in accordance with his own particular experience. He remembered one case in which a patient refused food, and had to be fed. In three weeks the patient had gained eleven pounds in weight (and in all these cases it was very important to frequently weigh the patients). He (Dr. Mickle) said "I shall go on feeding you till you are so fat you cannot move." The patient immediately ceased refusing his food, and got on well. There was many a general paralytic who refused his food, but ceased to do so immediately after a good aperient injection. The condition of functional or of organic disease of the intestines or stomach was one that was not at all uncommonly present, whether in cases of general paralysis or in other cases. He had met with several cases in which organic disease existed. This brought them to a fresh point, viz., that in those cases where there was such functional or organic disease, there was no use in putting a large quantity of food into the stomach and expecting the damaged and diseased organs to do the usual amount of work. The food should in those cases be extremely digestible. It should be varied. Potatoes and lemon juice ought to be added to it. In his own practice he was accustomed in all cases, where there was such functional or organic disease, to peptonize part of the food by the method of Dr. Roberts, of Manchester; not peptonizing all the food, but giving partly peptonized and partly unpeptonized, thus giving the organs some work to do, and also affording to the blood vessels and lacteals a sufficient supply of nourishment.

Dr. HACK TUKE asked Dr. Mickle what form he was specially referring to in the case of organic disease.

Dr. MICKLE replied that he referred more especially to ulcerated and inflammatory conditions.

Dr. B. FOX said he should like to know whether Dr. Sutherland had any experience in regard to the presence of diarrhœa. As respects organic disease of the stomach causing positive refusal of food, he supposed that the statement might be almost received that nearly every lunatic was dyspeptic, which condition might in one case cause mere disinclination to the food, and in another case absolute determination to resist all food at all, therefore it was a good thing if they could adopt any plan by which this could be rectified. He had occasionally seen instances in which it had been done. Sometimes the condition had been one of chronic dyspepsia, in which the acids and nux vomica had done good. As regards Dr. Sutherland's very interesting propositions, he should like to know whether his cases were quoted as instances, or were they the cases on which his propositions were founded? He thought that the increase in weight was not an ominous sign, but rather the contrary. Surely it was an indication that absorption was taking place. He presumed Dr. Sutherland meant superabundant gain; the extraordinary amount of fat that certainly did become accumulated. He would like to ask Dr. Sutherland if he would not modify his statement that mere gain of weight was bad.

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Dr. HUGGARD quoted a case which had an important bearing upon the subject under discussion, though it was of even greater interest from various other points of view. A lady between 40 and 50 years of age had an attack of melancholia, accompanied with cataleptic tendency. She refused her food from the belief that it was poisoned, and on several occasions it was necessary to use the stomach-pump. At this time the speaker, impressed with Dr. Hack Tuke's paper on hypnotism, and Tamburini and Seppilli's experiments on the same subject, had recourse to this agent. The dangling of a bunch of keys for a few minutes before the patient's eyes brought on the hypnotic sleep. While in this state any idea suggested was believed, and commands were obeyed. She was ordered to eat, and she ate. She was ordered to drink, and she drank. She was ordered to go through various quick movements, and she did so. She was told that she was the happiest mortal in the world, and was desired to laugh. Her face lighted up; an unaccustomed smile came upon her lips; the croaking noise of unwonted and almost forgotten laughter was heard, which soon, however, with practice, softened into more natural sounds. Hypnotism was employed, off and on, for a week, and was then discontinued lest a habit should be formed. But during the employment of this measure, marked improvement was observed, which had since continued, and now the lady was convalescent. In this case a new device was adopted to compel the ingestion of food. But more than this, an opportunity was afforded of reaching and exciting to action long disused nervous channels. Dr. Savage had asked a question as to the use of artificial foods. He (Dr. Huggard) had seen an account given of peptonized foods by an Italian observer. That gentleman found them very valuable for forced feeding, but expensive.

Dr. MICKLE said there was no exceptional expense in peptonized food. It could be obtained at very little expense. It only cost a few shillings beyond the cost of the food. A few shillings' worth of the material would last a good many days.

Dr. HACK TUKE said that there was an article in the Journal several years ago on nutrient enemata by Dr. Needham who was present, and he should like to know whether he had still recourse to them frequently.

Dr. NEEDHAM said that he had. It was a serious business to begin feeding. In a considerable number of cases, however, the stomach was in that state that it was extremely irritable, so that there was retching and ejection of the food; or the stomach was in a filthy condition, and could not possibly digest it. In such cases he thought it important to sustain the patient by nutritive enema, 4ozs. of strong beef tea, with a small quantity of whisky six times a day. He had found no difficulty at all, the patient being held down, and using a short elastic tube and a 4oz. enema syringe.

Dr. HACK TUKE asked Dr. Needham if he found that mode of feeding more or less easy than feeding by the mouth.

Dr. NEEDHAM said it was easier; but of course he would use it in those cases in which there was a difficulty in feeding by the mouth, and where retching would take place which would not go off.

Dr. HACK TUKE said they had had a very interesting discussion. The remark had been made that the lunatic was frequently dyspeptic. Unfortunately dyspepsia was not confined to lunatics. In many of the cases in which there was an excess of flatus in patients, that condition might have existed before they became insane. Very likely in many sane persons if a tube were introduced into the stomach there would be considerable expulsion of wind. His own impression of Dr. Sutherland's paper was that the prognosis was too unfavourable. He could not but think that the patient who refused his food was in rather a poor way. If he lost flesh, Dr. Sutherland told them the prognosis was bad. If he gained it was also bad. So, what could the unfortunate patient do? However, the author's remarks must not be taken too literally. He quite agreed with Dr. Savage that they should not be guided, as regards

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prognosis, by one symptom only. He would now call upon Dr. Sutherland to reply.

Dr. SUTHERLAND said that, first with regard to Dr. Gardiner's remarks, it was quite true that refusal of food did very often arise from physical causes, but they must not go to physical causes only. They must also take into consideration the mental causes of the refusal of food before they determined whether they were to feed him or not. In reference to another physical point, they might say that the patient's breath was an indication. If the breath had the peculiar smell indicating that the coats of the stomach were decaying, there was no time to be lost. He himself always carefully watched them for twenty-four hours. During that period he would be guided by the condition of the pulse, and by the previous history of the patient. Dr. Newington had suggested that they were not to feed by routine. He thought that a very powerful man might be shamed by constantly feeding by the rectum. He would, however, like to recommend pearl barley as being a good thing, through the nasal tube. It dissolved in the hot beef tea, and in that way they might get a good food. Dr. Rayner had told them that they ought to ascertain the cause. He did not think that he could be accused of not having ascertained the cause, as would appear from his investigation of the case where there was the obstruction, but it was quite impossible in a paper like the present to take every point. As regards Dr. Rayner's case of emaciation which recovered, that, he thought, must have been an exceptional one. Several speakers had remarked upon his point that if a patient gained flesh it was unfavourable, but it was only so with regard to the patient's recovery of mental power. Of course a fat patient was much more likely to live long than a thin one. As regards Dr. Savage's rather severe criticism with respect to his (Dr. Sutherland's) taking the refusal of food as the one symptom only, he wished to say that he took refusal of food as the subject of his paper because he wanted to find out by prognosis whether such and such a course of treatment was warranted or not. Of course, taken by itself, it was insufficient; but he thought it was a good sort of peg or stand-point on which to found his remarks. Dr. Savage and others must remember that private asylum proprietors were placed at a very great disadvantage with regard to statistics. They had not so many patients to try their experiments on, and they had cases of a different class to deal with. He would not say that one life was more valuable than another, but it was quite certain that if a patient died in a private asylum there was a great deal more said about it than in a public asylum. Dr. Savage had spoken of a man who seemed rather to like being fed and wished to be fed. He himself had a lady patient whom he had to feed with the mouth tube, and she liked it very much. On the second occasion he attempted feeding with the nasal tube, but it did not succeed. He passed it down, but could not get it to the stomach. However, it had such a good effect upon the patient that she recovered. He quite agreed with Dr. Savage as to varying the feeding. As to Dr. Needham's remarks, undoubtedly injection by the rectum sometimes had a good moral effect. With regard to Dr. Fox's cases of diarrhœa complicated by food refusal, he had himself had such a case —a lady whom he had to feed artificially, but she died. He had used sulphate of copper pills, a very good remedy. Dr. Fox had asked him whether the propositions were taken from the cases or the cases from the propositions. He might say that the propositions were taken from the cases, but they were typical cases. As regards Dr. Huggard's statements, he had a hysterical case at the present time. Dr. Needham had said—Do not feed too soon. He quite agreed with that. As to violent cases, that was a most difficult point. The most violent case he had had was that of a general paralytic, complicated with phthisis. He could not feed him by the nose. He tried by the rectum, but the attendant got it in his face. Then Dr. Hack Tuke made some remarks agreeing with those of some other speakers, that was to say, with regard to his

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founding a paper upon one symptom. His object in so doing was to find out, if he possibly could, some indication for feeding, although, as he had said before, it was impossible to take one point like refusal of food as either indication for treatment or prognosis. However, he hoped, if only from the discussion which had been elicited, that they had had some fresh light upon the subject.

Dr. HACK TUKE having expressed the thanks of the meeting to Dr. Sutherland for his interesting paper, informed the members present that arrangements had been made for their dining together at eight o'clock. He suggested that it would be desirable that an opinion should be elicited as to the best time of the day for having their quarterly meetings. Probably those who were present would be more likely to give an opinion next time, but if there was any gentleman present who thought there had been an error made in fixing five o'clock as the time of meeting, and who wished to propose any other time, he hoped he would do so. No member responding, the meeting adjourned, Dr. Tuke remarking that the present occasion would be regarded as an experiment.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Wednesday, 18th April. There were present Drs. W. W. Ireland (chairman), Clouston, Yellowlees, Wallace (Greenock), Alexander Robertson, Carlyle Johnstone, Clark, Rutherford.

Dr. CLOUSTON read a paper on "Senile Insanity."

Dr. IRELAND said that it was needless to take up time in praising the paper which had just been read. They all thought very highly of Dr. Clouston, and this would add to his reputation. He had derived much instruction from the paper; but as their time was short enough for their programme, he would only refer to a few points which seemed to him to have been passed over. He had not Dr. Clouston's opportunities for studying senile insanity, but like him he took a kind of pathological interest in such forms of senile derangement as were met with in the world. He wondered that there was no reference to the moral degeneration of old age. It was long before he noticed this himself, having been in early youth prepossessed in favour of senility by reading a paradox called Cicero de Senectute. What first opened his eyes was a passage where Sir James Paget, in his Hunterian Oration, spoke of "those forms of senile degeneration in morality against which all men growing old need to guard." None of us liked to go, and we could not stay here without becoming old, and so he had an uneasy feeling that he might pass into that mental stage which would render one liable to having papers written upon him, but he would not suppress his conviction that Paget here spoke the truth. There was a saying "that the good die young." However this might be, the verse of Burns sometimes occurred to him—

> O! why has worth so short a date,
> When villains ripen grey with time?

Before that, he had been much perplexed by the behaviour of some old men, but after reading the passage quoted, the truth dawned upon him. They all knew that there were many good old men, but as years went by there were hardening and demoralizing tendencies which made some worse in old age than they were in youth and middle life, and which might culminate in insanity. He thought senile derangement was often accompanied with well marked changes in the handwriting, and he had collected and compared specimens of this kind of degeneration in the writing during several years. Dr. Clouston had referred to some races who aged rapidly; among these he would place the Ceylonese and the Bengalis.

Dr. ROBERTSON—I think the whole paper very instructive and valuable. Dr. Clouston has brought out by his statistics, very forcibly, the striking fact that

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senile insanity is by no means so incurable as is by many supposed. The recoveries were under 75 years of age, but there were cases even above that age. This corresponds with my own observation. While he spoke I was reminded of a case of mania which occurred last year in a man of 76; he was sent to Greenock Asylum and brought back recovered after six weeks. He is now in a state of ordinary senility, and is an inmate of the poorhouse. In reference to the opinion that the occasional appearance of increased misery in certain aged melancholiacs was indicative simply of organic uneasiness or pain, and did not show that there was a corresponding mental state, I would venture to express a doubt, especially as a tendency to suicide was stated to have been manifested. It could not be easily established that there was not an actual increase of mental suffering in these cases, while the paroxysm lasted, though it seemed to have been of short duration.

Dr. YELLOWLEES—I have always felt interested in this type of insanity, as it is one of those forms which can be definitely separated from the mass. Evidently the vascular changes and the insufficient nourishment are the essence of it. The recurrence of the attacks is specially interesting. I have under my care, at present, a lady over 70, whose friends, by my advice, tried to manage her at home, but utterly failed. She is extremely restless, refuses food, has delusions of poisoning, and requires to be fed by the tube four times a day. She has been twice insane since she was 60, and recovered on both occasions. This makes the prognosis more hopeful in the present attack. [This patient, we learn, recovered perfectly within a month.] Recovery in senile insanity is interesting from the statistical side. I take a different view from Dr. Clouston of what constitutes recovery. I must be able to certify patients sane before I class them as recovered. Normal senility is surely different from normal mental health. The articulation in some forms of senile insanity resembles that of general paralysis. The bone compensation for brain-atrophy is unquestionable and very interesting.

Dr. ALEX. ROBERTSON read a paper "Recovery from insanity of seven years' standing; treatment by electricity."

Dr. IRELAND was glad to listen to a paper on therapeutics which he regretted was a rare thing at their meetings. It seemed most disappointing to think that so little new was done in this direction, when they knew that the brain was readily acted on by drugs, and that through the application of cold and heat as well as electricity they could so readily influence the circulation within the cranium. He remembered at a former meeting of the Association, held in the same room, hearing the results of Dr. Robertson's experience in the use of cold and hot applications in nervous diseases. It had been proved by experiment that we could, by passing the continued current through the brain, cause contraction of the capillaries, and with a greater strength cause their dilatation. He thought that this was owing to the direct action of galvanism upon the brain, though it was possible that by acting upon the sympathetic nerves we could influence the cerebral arteries. He had himself entertained great hopes of electricity as a therapeutic agent in insanity, and had made some experiments both in imbecility and insanity. He would have published his experiments, but they were incomplete, and he never succeeded in achieving a success like that of Dr. Robertson.

Dr. CLOUSTON said that his experience of the therapeutical value of electricity had not been great. Dr. Inyasevsky, a Russian, medical officer of the asylum at Kazan, in Eastern Russia, was recently at Morningside and spoke of his experiments. He had an apparatus for measuring the current. He found that the weaker currents were most effective, and rarely used above five cells. He had the greatest faith in the efficacy of this treatment, particularly in its stimulating influence in cases of melancholia and stupor, as the result of his extensive experience.

Dr. ROBERTSON, in reply, said that he did not attempt to theorize on the action of the current, whether that were through the sympathetic on the vessels, or directly on the tissue of the brain. He did not try to estimate the amount of the electricity; this is tedious and difficult to do correctly. He simply increased

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the strength of the current till the patient felt it unpleasant, her feelings being his guide. He found that in the early stage of treatment a current from 15 to 20 cells could be borne, but latterly one of ten cells was sufficient.

Dr. CAMPBELL CLARK read "Notes (a) of a case of insanity following alcoholic excess and lead poisoning, (2) of three cases of phthisical insanity."

Dr. ROBERTSON said—In reference to the first case I doubt if we can distinctly attribute the mental symptoms to the presence of lead in the system. There was no doubt a blue line on the gums. Perhaps the slight ptosis may have been caused by the poisonous action of the lead, but even that, as well as the mental symptoms, may have been due to alcohol, for it was stated that the patient had been of dissipated habits for years. Still possibly the lead may have had something to do with the causation. In reference to the second group of cases it seemed to him that the cases submitted by Dr. Clark did not correspond very closely with Dr. Clouston's description of the symptoms. He understood that to be a state of depression with delusions of suspicion and occasional outbursts of irritability, but in Dr. Clark's cases there was sometimes exaltation with grandiose delusions, similar to those of general paralysis, and this was unlike what Dr. Clouston had described. About this phthisical mania he felt still in a state of uncertainty. He had certainly met with cases which quite corresponded with Dr. Clouston's description, as he understood it, associated with chronic phthisis, but he had met with other mental disorders, and particularly acute mania along with that condition, so that he did not feel sure that phthisical insanity could be regarded as a definite form of mental disease.

Dr. CLOUSTON considered Dr. Clark's three cases to be good examples of what he had described as phthisical insanity in 1863. He had observed the exaltation described by Dr. Clark in some cases. There were the suspicion, the outbursts of irritability, unsociability, dementia, and the pathological condition—brain anæmia. It is essentially a brain anæmia, with a reflex disturbance of constitutional function from the diseased lungs.

Dr. YELLOWLEES—The term phthisical insanity has been much misapplied and greatly misunderstood. It must not be confounded with ordinary insanity with phthisis. I have always restricted the term to a certain class of cases in which the mental symptoms seem to be originated by the lung disease and to vary with its progress. Such patients are whimsical, wayward, uncertain, irritable, unsocial, suspicious, and liable to impulsive outbreaks. Brain irritation, rather than brain anæmia, I think the pathological condition.

Dr. CARLYLE JOHNSTONE read a paper "Cases of exophthalmic goitre," and exhibited some interesting pathological specimens.

The members afterwards dined together at the Grand Hotel.

THE SENTENCE ON JOSEPH GILL.

At the Assizes at Leeds in April, Joseph Gill was tried before Mr. Justice Kay on an indictment charging him with assaulting with intent to murder Mrs. Fox-Strangways. Although the plea of insanity was not set up, strong medical evidence was given to show that the prisoner was not fully responsible for his actions, and that by reason of his mental condition he was entitled to consideration in the verdict, and the sentence of the Court. It was, no doubt, from this feeling that the jury found Gill guilty of only unlawfully wounding. To the surprise of most, if not all, including we have reason to believe, the jury, Mr. Justice Kay sentenced him to penal servitude for five years.

Dr. Ball, of York, and Dr. Baker, the Medical Superintendent of the York Retreat, had previously attended Gill on account of his mental state and gave evidence at the trial; on two occasions he had attempted suicide. He formed a foolish, but it would seem, not criminal attachment to the prosecutrix, and the letters from her read in court showed how large a share she had in leading him

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