more rapid in its progress, have probably dated the origin of the malady only from the entrance of the patient into an asylum, and not from the first appearance of its symptoms. The valuable paper of our President deals so much with statistics, that it is difficult to speak upon it without the actual figures. On one interesting question I understood him to say that the proportion of males to females is about four to one. I have found it at Hanwell to be much more than this, and the cases there were in the relation of at least eight to one. I agree with Dr. Browne in thinking this disproportion of great importance in the study of the malady. On what it depends, in the present state of our knowledge, must be a matter of conjecture only. Almost still more extraordinary is the fact that while men in the higher ranks of society are especially liable to the attacks of general paralysis, it must be very rarely that women of the same class suffer from it, for in a practice of twenty-five years, and in a life time spent among the insane, I have only seen one case of general paralysis in the rank of a gentlewoman. Dr. Crichton Browne will remember visiting this lady with me about seven years ago. There are several physicians present whose experiences we should like to hear on this subject. It is a fact, as far as I know, perfectly inexplicable, except on a theory the exposition of which may as well be delayed till the fact itself is more definitively proved.

Concerning recoveries, Dr. BOYD stated in reply that recoveries sometimes take place in general paralysis, and referred to cases given in his paper. Cases 1 and 3 were discharged recovered, but after several months both relapsed. Case 4 has quite recovered from the paralysis, but is still in a state of dementia, in the asylum. The proportion of males to females was as 4 to 1.

On the motion of Dr. TUKE, seconded by Dr. BLANDFORD, a vote of thanks was proposed to Dr. Boyd, and carried unanimously.

The meeting then adjourned.

Appointments.

RUTHERFORD, JAMES, M.D. Edin., F.R.C.P. Edin., has been appointed Medical Superintendent of Argyl District Asylum, *vice* John Sibbald, M.D., appointed Deputy Commissioner in Lunacy for Scotland.

DOUGLAS, W., M.D., L.R.C.S. Ed., has been appointed Deputy Superintendent of the Criminal Lunatic Asylum, Broadmoor, *vice* Wm. Orange M.D., M.R.C.P.L., promoted to Resident Medical Superintendent.

GELSTON, R. P., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Assistant Resident Physician at the Clonmel District Lunatic Asylum.

MARSH, J. W., M.R.C.S.E., late Resident Clinical Assistant at Bethlehem Hospital, and formerly House Surgeon at the London Hospital, has been appointed Assistant Medical Officer at the Lincoln County Asylum, *vice* W. Douglas, M.D., L.R.C.S. Ed., appointed Deputy Superintendent of the Criminal Lunatic Asylum at Broadmoor.

MURIE, J., M.D., L.F.P. & S. Glas., has been appointed a Resident Medical Officer at the Bethnal House Lunatic Asylum, Cambridge Road, *vice* C. Davidson, M.R.C.S.E.

LYLE, T., M.B., C.M., has been appointed Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne.

WICKHAM, R. H. B., L.R.C.P. Ed., F.R.C.S Ed., Assistant Physician to the Royal Edinburgh Asylum, has been appointed Resident Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum, *vice* H. G. Stewart, M.D, L.R.C.S. Ed., deceased.

WEATHERHEAD, Mr. J. F., has been appointed Assistant Medical Officer to the City of London Lunatic Asylum, Stone.

https://doi.org/10.1192/S0368315X00229058 Published online by Cambridge University Press