The CHAIRMAN said it struck him that the term Kalmuc was a very objectionable term. He thought there was nothing marked about the Kalmuc, and there was no reason for nicknaming an idiot by calling him a Kalmuc. He thought this uncalled-for term should be departed from. Why did they call such an one a Kalmuc? The idiot is no more a Kalmuc than any other human being.

Dr. FRASER—It is so called on account of the form of the eyes and the size of the head.

IMPULSIVE INSANITY.

Dr. MACLAREN read a paper on "Impulsive Insanity."*

The CHAIRMAN said he thought this was a very interesting paper, and he would be glad to hear observations upon it. His own idea was that it was a case of epilepsy—a variety of epilepsy—and was one of those to which criminal insanity belonged, and he asked whether the lady had been under any treatment at all.

Dr. MACLAREN replied that she seemed to have been greatly over-drugged.

Dr. CLOUSTON said his idea was that it was most closely allied to epilepsy, but not quite that disease. There were many of the features of the case that made it very analogous to what was called automatism. Looked at from a physiological point of view the case was one of automatic and unconscious cerebration. On the previous day he had met the lady walking with two attendants. They had each hold of one hand, and seemed to be somewhat afraid of her. He told them to let go her hand and she would walk with him. She walked round the asylum grounds perfectly well except on passing a heap of manure, when she ran towards it and tried to take hold of the spade that was in it. He afterwards asked her why she went to the manure. "Well," she replied, "I never can pass a heap of manure without an impulse to go to it, because when I was a girl I denied Christ." He asked "How?" She said, "Because when I was once told some good thing had to be done, I made an excuse and would not do it. I went out after I had said so, and I thought that as I had denied Christ I would take to very low work to make up for it, and the first thing that I saw was some dung, which I at once began to spread." It appeared that her pastor had quoted a particular passage of Scripture with reference to the meaning of denying Christ, and she had never passed a heap of dung ever since without having an impulse to go and spread it, thinking at the same time of that passage, and repeating it aloud. This was certainly an automatic action of the brain, or, as some physiologists would call it, a reflex action, and illustrated the morbid brain-working which resulted in those impulsive acts, described by Dr. Maclaren. I believe she had been heavily drugged by bromide of potassium, chloral, and other drugs. Since she came to Morningside she had got scarcely anything of that kind; nothing but fresh air and food, and in some respects, she was better in regard to her mental state, but these impulsive attacks came on, and during each of her conditions the very same association of ideas and reflex acts occurred. In the one case she was conscious, and in the other unconscious, which was very interesting as regards the mode of action of the higher centres of the brain, that being entirely independent of what is called consciousness. He thought the paper was very interesting and well written.

Dr. CAMPBELL said that there were many people who believed that hæmatoma was caused by injury. Now he would like to know Dr. Maclaren's experience on that subject in regard to what he had seen at Morningside. He directed attention to the occurrence of impulsive acts the result of masturbation.

Dr. MACLAREN said his opinion was that it might occur independently of injury.

LUNACY ACTS.

Dr. SKAE then read "Remarks on Lunacy Acts (Scotland)," by Dr. Rorie.

The CHAIRMAN said it was a great practical inconvenience to certify every-

* See "Medical Times and Gazette," Jan., 1876.

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body to be insane after they had been three years in an asylum, and he thought it was a piece of unnecessary legislation.

Dr. SKAE thought the tendency was more and more now-a-days to find out that the insane, instead of being put into an asylum, might, to a great extent, be properly treated at home, and that perhaps would increase as a knowledge of insanity spread among the people. He would look with apprehension to the probability of everybody who is insane being put into an asylum, as they would not know where to stop (laughter).

Dr. CLOUSTON said, with reference to paralytics and other broken down specimens of humanity of that kind, that it might be a subject of consideration whether it was a philanthropic and merciful thing to have them sent to asylums. He said that on coming to Scotland he was struck with the extreme licence given in regard to the release of patients. He could not realise, when he came here, that while the placing of a pauper lunatic in an asylum required the sanction of the sheriff and two medical men, the discharge of that lunatic was scarcely provided for at all. There were no legal documents and no formal procedings by which they should regulate the matter. That struck him as being a very anomalous thing in law. He thought the annual certificate was a useless form, whatever was the intention. He did not think that many Superintendents of asylums gave much consideration in going over the cases, but certified them as a matter of course. The only benefit the regulation had, was that it gave them a handle in regard to inspectors of the poor, so that they could say that they were unable conscientiously to certify certain cases.

A YEAR'S EXPERIENCE OF THE DISUSE OF AIRING COURTS.

Dr. SKAE then read a paper by Dr. FRASER, on "A Year's Experience of the Disuse of Airing Courts."

The CHAIRMAN said he had never found any inconvenience from the use of airing courts. His asylum was very near a large town, and his grounds were only 40 acres at the outside. He never experienced any difficulties in connection with the use of the airing courts; the deaths were very few, and he adhered to his present arrangement. He had no "airing court diseases."

Dr. IRELAND said, with reference to Dr. Fraser's experiences, that the question might arise whether there were no patients for whom airing courts were necessary. There might be patients who would do better out of the courts, but were there none who would do better in them? If so, he did not see why superintendents should pull down the walls of their airing courts.

Dr. HOWDEN, Haddington, said he had never seen a case in which the airing courts were really required, and the walls of his airing court would be taken down in the course of a day or two. He had no cases of general paralysis.

Dr. CAMPBELL said he thought that those in a state of paralysis and acute excitement were safer in the courts than they would be otherwise.

Dr. ANDERSON said he had abolished airing courts to a considerable extent, and made them rather to resemble gardens. He would like if the courts were altered so as to be as much like gardens as possible, and be open from the Asylum, on the principle of there being greater freedom to the patients in that way.

Dr. CLOUSTON had not quite abolished the airing courts, but he thought the less they could use these courts the better, except as gardens, and for certain exceptional, acute, and excited cases. He thought that if the airing courts were of such a kind that the inmates could sit and enjoy themselves in them on a warm day they would be pleasant and good things; but he thought the old system of airing courts in some asylums was very objectionable, and led to many of the results which Dr. Fraser had mentioned. Since he came to Morningside he had greatly diminished the use of airing courts, and abolished them altogether for the higher class of patients. During the months of

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