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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to renew relations which had been broken off for five months. The motive for the assault was not proved. Probably some groundless ideas of jealousy entered his mind, and in fact originated in its morbid condition. A petition has been prepared and signed for presentation to the Secretary of State for the Home Department, for the purpose of obtaining a substantial mitigation of his punishment. Dr. Baker has addressed a letter to the "York Herald," in which he says "Gill had in July, 1882, attempted suicide, was depressed and sleepless, and was in such an unstable mental condition that we thought it necessary to engage the services of a young doctor to live with him and watch over him. We pleaded with him most earnestly to break off his connection with Mrs. Fox-Strangways, insisting that we thought it necessary for the maintenance of his mental stability that he should do so. A letter of piteous pleading was sent to the lady to ask her to help us by ceasing all correspondence with him. For a time he followed our advice, but then there came a time when Mrs. Fox-Strangways, disregarding our appeal, found out Gill's place of retirement, and soon had him again travelling the certain road to mental and moral ruin. Then came the sorrowful catastrophe—this poor, weak, deluded, semi-insane man stabs the woman who had lured him back again (after an absence of nearly six months) from his retreat at Harrogate, to her own house at Scarborough. Surely, bearing in mind his mental instability and the provocation he had received, the verdict of the jury was a just and righteous one. But when the judge passed sentence, his words were the personification of sternness; verily, others besides the medical witnesses, when they heard the terrible sentence of five years' penal servitude, went away exceedingly sorrowful. As a member of the priesthood of medicine, whose mission in life it is to attempt to minister to minds diseased, I ask, is it possible, in this enlightened nineteenth century, that this poor weak-minded man is to work out this hard sentence?"

We hope that Sir Wm. Harcourt, after inquiry into this painful case, will feel justified in advising Her Majesty to comply with the prayer of the memorialists.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Annual Meeting will be held at the Royal College of Physicians, Pall Mall East, London, on the 27th of July, 1883, under the presidency of Dr. Orange, at 10.30 o'clock. The Council will meet at 10.

H. RAYNER, Hon. Sec.

Hanwell, June 15, 1883.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FIRST ANNUAL MEETING, LIVERPOOL, JULY 31ST, AUGUST 1ST, 2ND, AND 3RD, 1883.

SECTION—PSYCHOLOGY.

President . . .	Thomas Lawes Rogers, M.D., Rainhill.
Vice-Presidents . .	George Henry Savage, M.D., London.
	David Yellowlees, M.D., Glasgow.

The next annual meeting of the British Medical Association will be held at Liverpool, on Tuesday, July 31st, and the three following days. In the Section of Psychology, in addition to the usual papers, the following special subjects have been selected for discussion:—

1—The Employment of the Insane. Introduced by Dr. Yellowlees.
2—Bone Degeneration in the Insane. Introduced by Dr. J. Wiglesworth.
3—Cerebral Localization in relation to Psychological Medicine. Introduced by W. Bevan Lewis, L.R.C.P.
4—General Paralysis. Introduced (if time permit) by Dr. J. W. Mickle.

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