mitted to work?" Referring to those who, in undertaking the duties of this appointment, "take great credit to themselves for bringing to the Commission a freedom from prejudice derived from primitive innocence in all that relates to asylums and the insane," Dr. Bucknill incisively adds "as if ignorance were the parent of impartiality!"

There are various ways, however, of marking the feeling which has arisen in our ranks. It would be easy to write a hot and bitter article; it would also be easy to state forcibly, though in the baldest terms, the obvious reasons why this appointment has caused widespread disapproval, we were about to say, indignation succeeding to astonishment; but instead of pursuing either course, we shall follow the example of the Annual Meeting of the Association itself. The members felt, and, as individuals, were not slow to assert, that a glaring injustice had been committed, but they deemed it more dignified, as an Association, to exercise self-restraint, though smarting under the sense of the wrong which had been done their members, and to maintain absolute silence, satisfied that it would be understood that while silence meant assent to the protest contained in the letter addressed to them by Dr. Clouston, it did not mean assent to the justice of the appointment. If, then, we err in thinking that on this occasion silence is golden, we do so in the good company of the Association, by whose "authority" this Journal is published. Speech is indeed but silvern, when protest, however just, would be futile. Now, as in the days of Homer—

> "The man who suffers, loudly may complain,
> And rage he may, but he shall rage in vain."

The Catastrophe at Southall Park.

It is rarely indeed that so sad and fatal an occurrence as the calamity at the Southall Private Asylum occurs to bring home to those who have the charge of the helpless and insane the added risk they incur of loss of life in the event of fire. Little is known of the circumstances immediately attending the fate of the victims of this fire, but it redounds to Dr. Boyd's credit that when he perished in the flames in the early morning of the 14th of August, he was returning to look after the security of his patients, after having seen his daughters to a place of safety, by which they escaped from the house. Much has been said as to the deficient precautions taken against fire in this and

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other Private Asylums, including the means of escape. Although in the present instance it would seem that these precautions were insufficient, it is doubtful whether, had they been otherwise, the result would have been different, for such was the rapidity of the conflagration, and the character of the building, that we believe nothing would have saved it from destruction. Of this we are assured by a member of the Fire Brigade who was present, and by a medical man who, among others, hastened to the scene from the neighbourhood. Few of the partitions between the rooms of the house were of brick, and they therefore burnt rapidly. Many private asylums are, we suspect, similarly constructed, being old mansions, chosen, in part, for the attractive appearance they present, as well as for their general comfort. In view of such a catastrophe, it becomes incumbent on the proprietors of asylums to take every possible precaution against fire, and we are glad that the jury at the coroner's inquest demanded an adjournment in order to ascertain whether the Lunacy Commissioners had had their attention directed to so important a matter.* Nothing is known as to the origin of the fire at Southall Park. The kitchenmaid stated at the inquest that she was awakened by some one screaming, and by the cook calling "Fire!" On going downstairs she found the place full of smoke. Dr. Boyd's room was on the second floor. To this she proceeded, and aroused him, and he immediately inquired after his family and the patients. At that time the fire was chiefly in the lower part of the house and under the dining-room. There had been a fire in the grate in the servants' hall, but when the servants retired to bed it was very low. The cook was left to shut up the store-room, but she would not require to carry a candle for that purpose. The above witness had been nine years in the establishment, and she was not aware of any alteration in the heating apparatus. The cause of the conflagration is therefore a mystery, and will no doubt remain so. In addition to the death of Dr. Boyd, his second son, Mr. William Boyd, two patients and the cook lost their lives. It is fortunate that two of Dr. Boyd's daughters were

* Since this article was in type the following verdict of the jury at the adjourned inquest has been given, after hearing Mr. Frere as a witness for the Commissioners:—"Death from injuries received in jumping from the roof of the building during the fire," with the following rider:—"The jury unanimously record their opinion that the laws which give power to confine lunatics should provide sufficient means for their protection from fire, and that the Commissioners in Lunacy should have exercised greater vigilance in causing adequate provisions to be made at Southall Park." Is it possible that the author of "Gehenna" was on this jury?

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from home, and that some of the patients were having a change at the seaside.

The sympathy of all, more especially of every member of the Association, has been excited, and the deepest regret experienced, in consequence of this terrible event.

Dr. Boyd was esteemed by all who knew him. His kindness of heart and his evident sincerity of expression made him many friends, and we should not suppose he could have had any enemies. He would often go out of his way to render a service to those who had no claim upon him. He was not a showy man; his abilities were not of the kind which are regarded as brilliant; but he was a hardworking, plodding man, having a definite aim before him. Hence his studies and writings are united by a common bond, and are not mere disjointed essays. His contributions to the pathology of insanity are well known; and his statistics of the insane, derived chiefly from the Somerset County Asylum, are of lasting value, on account of the large number of cases he had at his command, and the scrupulous accuracy with which they were prepared.

Dr. Boyd contributed a paper (on Cholera) to the first number of this Journal; to the second and third volumes, articles on Convulsions, Cretinism, and Epilepsy; to the fifth one, on the Necessity of the Study of Insanity; to the seventh, a contribution on the Causes of Death in Male Patients; to the ninth, the Results of 2,000 Cases at the Somerset Asylum; to the tenth, Cases of 1,000 Female Patients; to the sixteenth, his Presidential Address on the Care and Treatment of the Insane Poor, as also a paper on Puerperal Insanity; to the seventeenth, the Statistics of Pauper Insanity, and Observations on General Paralysis and the Spinal Cord; to the nineteenth, a paper on Tumours of the Brain; to the twenty-sixth, a short paper on the Cure and Care of the Insane, read before the Annual Meeting of the Association in 1880. In the first and second Reports of the Somerset Asylum he insisted on the presence of lesions of the spinal cord in general paralysis, as well as those in the brain itself. He studied the relations of general paralysis and glosso-pharyngeal paralysis, pointing out their pathology.

Among contributions from his active pen to other journals may be enumerated the following:—"On the Weight of the Brain at Different Ages and in Various Diseases," read at the British Medical Association, 1875; "Tables of the Weights of the Human Body and Internal Organs;" "Vital Statistics;" and on "The Pauper Lunacy Laws."

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When President of the Association in 1870, the Address he delivered was of the practical character which might have been expected from him. In it he strongly advocated the greater use of workhouses (as at present conducted) for the insane.

It was, no doubt, as the resident medical officer in the Marylebone Infirmary, that he first acquired the extensive knowledge he possessed of morbid anatomy. He was, indeed, never weary of referring to this period of his life, and the lessons there learnt, both in pathology and the treatment of the insane in workhouses.

We are indebted to a former colleague of Dr. Boyd (Dr. Culpeper) for the following reminiscences:—"He was the Lecturer on the Practice of Medicine at the old Charlotte Street (W.C.) School of Medicine, and at that time the Resident House Physician, Marylebone Infirmary. The School had but a very short existence, and when I became a resident pupil of Dr. Boyd's at the Infirmary, June, 1842, the School had terminated its existence. Dr. Boyd held no appointment in England after he left Dublin till he was appointed an out-door assistant medical officer to the Marylebone Infirmary, which he held for some time; his colleague was Dr. Bernard. He succeeded Dr. Clay as resident house physician. Dr. Boyd was so modest and retiring in his nature that he was almost passed by in public; and I suppose those who are writing about him knew but little of the inner man, but I can say from the most intimate acquaintance with him since June, 1842, that he was unselfish by nature, entirely free from jealousy, envy, or affectation, steady to the good old lines of his Dublin and Edinburgh teachers, but always ready and willing to listen to his juniors, of any degree, in any matter for the advancement of practical knowledge. His post-mortem rooms, wards of the infirmary and workhouse were always open to medical men, and in those old and sleepy days of professional inertia, he was not slow in seeing what would in time bring forth fruit. I may be permitted to say that in August, 1842, a youth of 18 years, of fair and slender build, was admitted into the Infirmary, and for want of a bed in the medical wards he was sent to the surgical ward till a place could be provided for him. On examination I found that he had a very severe attack of malignant scarlet fever, and so hot and parched was his skin that I thought it must be something quite unusual, and with that impression on my mind I determined to see how the case would terminate, and began by taking the temperature of the body (106°). I need not say that

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clinical thermometers were not then in vogue, nor in use, as a means of diagnosis. He kindly cautioned me against the risk of contagion; but when he saw that I was engaged with his room-thermometer, he went into the matter as earnestly as I had begun, and when I gave him my crude and ready views of the subject he readily embraced them, and the next few days we were devising all sorts of plans for a grand course of researches on the temperature of healthy and diseased conditions of those that we had to treat. We, after some consideration, devised that we would make three series of observations—(1) physiological, (2) pathological, (3) chronic cases, the usual residents of such establishments. Such was our determination, and then our troubles began as regards the kind of thermometer to be used. After numerous trials, mishaps from crying babies and restless children, we had them made by Negretti and Zambra, and we set to work upon the above plan, beginning from the nursery, mother and child, about 14 days old, and carrying it up to the infants', boys', and girls' school, to about seven years of age, finishing up with our first series. We made conjointly 700 observations, consisting of temperature in two places, pulse, respirations, and all other states of the individual, which we called the general state or condition. All these were done in spare time, and a most careful registry made of every case. We did not do very much in our other series, for our time did not permit; one of the cases Dr. Boyd has published, and no later than last July 9th, 1882—the last day that I spent with him—he put the report of the case before me. I left the Infirmary soon after these cases were finished, and I believe he did not proceed with the research. On his coming to London from Somerset he renewed the request that we should finish up the matter, but want of time and other matters prevented me from doing so, and I considered that our crude and imperfect set of experiments were not in accordance with the scientific instruments now in use. I did not see that our labours would be appreciated. He did not see that the present system of thermometers, made specially for the purpose of clinical observation, would clash with our imperfect beginnings. If time had not been in the way, on my part, I should have gladly helped in the second part of the matter, namely, the condition of health, &c. of 700 children, from birth up to seven or eight years, in an over-crowded workhouse under the most unfavourable hygienic conditions. This I could have carried out well, for he gave me the entire management of the three grades of schools in the establishment, so that the record

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would have been most correct. I fear these papers are consumed, unless he may have left them in the archives of the Marylebone Infirmary. Such is a short and imperfect account of the doings of an earnest and hard-worker in the profession. I, the last of his pupils, and, I believe, the last but one of his numerous colleagues, have only to lament the loss of my first patron and my first friend, from whom I always received ready support, and many kind proofs of his interest in my welfare. His conduct through life deserved the hearty commendation of all those with whom he had to do. One word more. I, who have done so much work with him, and know so much about his quiet professional ways and views, so far as it is possible for one person to know another, must say that it reflects no great credit on the disposers of State benefits, who do not appear to be guided in their appointments by the fitness of the individual, that he should not have been long ago put into a place which he could have filled with advantage to those for whom he had laboured so long and so arduously. This would have been a fitting place for him, and would have suited the bent of his inclinations, which were studious and official, rather than those of the ready man of the world. With this I conclude a hurried note of a man with whom I so much regret, I shall never have the pleasure of recurring to those old times which he always delighted to talk over with me."

In the capacity of Medical Superintendent of the Somerset Asylum for twenty years, from its opening in 1848, he was beloved by the patients and officers of the asylum, and implicitly trusted by the Committee, the management of the institution being very successful. He opposed lavish expenditure, and we have heard him lament that so extravagant a sum should have been spent upon the asylum chapel after he left.

In their 20th Annual Report the Committee thus refer to Dr. Boyd's resignation:—"The Committee will part with him under the recollection of twenty years of uninterrupted harmony and entire confidence, during which they have observed his thoughtful care of the patients and for the improvement and enlargement of the asylum, whereby the county property has been much increased in value, while the expenditure has been kept below the average of other asylums."

Dr. Boyd was an unobtrusive man, and it was sometimes difficult to induce him to express his opinions in public even on subjects upon which he was well qualified to speak. This was not in consequence of his holding his own opinions lightly. He had very decided views, as, for instance, in regard to the

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treatment of lunatics in our large county asylums. In visiting him very shortly before his death, the conversation turned on the recoveries of insane patients when he was a young man and at the present time. He stoutly maintained that Lord Ashley's Act of 1845 had proved a curse instead of a blessing, and that the percentage of cures had declined in consequence.

In the melancholy death of Dr. Boyd, our specialty has lost an admirable example of devotion to the arduous work of his profession; and his career has shown, once more, the possibility of pursuing to an advanced period of life, with unabated interest, if with diminished vigor, the investigations undertaken in early manhood.

To the surviving members of his family we offer our profound sympathy, and doubt not that at the next quarterly meeting of the Association—if not before—the feelings of the members will be embodied in an appropriate resolution, followed, we should hope, by some lasting memorial to one who was beloved in life and lamented in death.

PART II.—REVIEWS.

Les Hystériques. État Physique et État Mental. Actes Insolites, Délectueux et Criminels. Par Dr. LEGRAND DU SAULLE. 1883.

It is an easy and pleasant task to review a book in which there are few, if any, faults to expose, but where all that is said is in the way of praise and commendation. Such, on the whole, is the case in the present instance. This large book, of more than 600 pages, records the experience and observation of 30 years, and it is not surprising that Dr. Du Saulle expresses considerable satisfaction at the great advance of knowledge which has occurred in that time. He must remember very well the hopeless ignorance of the profession in former years as to the true nature of hysteria, and it has been largely through the work of French physicians, notably M. Charcot and M. Richer, and now through Dr. Du Saulle, that this ignorance has in great measure been dissipated, and that we now possess some rational ideas as to the disease. He by no means would suggest that we have yet learned all that can be discovered as to its nature, but he believes that we are now on the right track, and that by perseverance in our present methods of re-

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