The professor explains all the appearances after injury to the brain as the result of inhibitory action resulting from the wound. When the spinal cord of a dog is cut through, the hind legs, bladder, rectum, and erectile power seem to be quite paralysed.

(*To be continued.*)

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting was held at Bethlem Hospital on Friday, 28th April, the President, Dr. D. Hack Tuke, in the chair.

Dr. W. M. Young, of the Suffolk County Asylum, was elected a Member of the Association.

The PRESIDENT referred to the attempted murder, on the 16th March, of Dr. John P. Gray, Superintendent of the Utica Asylum, N.Y., as reported in the "Utica Morning Herald," from which it appeared that on the evening in question, a man entered Dr. Gray's office and deliberately fired a pistol shot at him, wounding him badly in the face. Dr. Gray was, however, going on favourably, and, it was hoped, would make a good recovery. The Council thought it only fitting that some reference should be made to it at this meeting, and that this Meeting of the Association in London should express their feeling upon the matter. Dr. Gray was well known as the medical superintendent of the New York State Asylum, and as an expert. He had, in fact, only just returned from Washington, after paying attention to the new phases of the Guiteau case. Dr. Gray was also the editor of the "American Journal of Insanity." He was personally known to many on this side the Atlantic from his having visited England a few years ago. He (the President) concluded by proposing the following resolution:—"That this meeting of members of the Medico-Psychological Association desires to express to Dr. Gray, of the Utica Asylum, N.Y., their deep regret that his life should have been endangered by an assassin, and their congratulations on his escape, with the hope that he may long be preserved to perform the duties of his office."

Dr. SAVAGE said that it would be quite unnecessary for him to say more than that he had great pleasure in seconding the proposed resolution. He knew Dr. Gray to be an enthusiastic representative of their branch of the profession; a man who had done thoroughly good work; and one had a strong fellow-feeling for a man who, while doing his work, suffered through the malice of an insane person. It had always seemed to him (Dr. Savage) surprising that more of them did not get injured by patients.

The Meeting thereupon unanimously adopted the resolution.

Discussion was then resumed upon the question of

INSANITY AS A PLEA FOR DIVORCE.

Dr. SAVAGE said that there were three or four points of special interest under which the question of divorce and insanity could be considered, and, as it happened, three or four cases had recently come under his notice in which the question was whether insanity should be a bar to marriage. The first class was represented by two cases. In one a woman had been married to a man and had not allowed the marriage to be consummated because she felt that she

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was unnatural, unlike other people—she was, in fact, suffering from ordinary emotional insanity of the melancholic type. She had a disturbance on the emotional side which had been frequently seen. She declined to allow her husband to have connection with her, and he separated from her and instituted a suit for divorce; and after a very short consideration the judge decided that the contract had never been completed, and that therefore there was nullity of marriage. In another case, the insane person was a man who, on the day of his marriage, heard a voice from heaven telling him he was not to touch his wife, and he obeyed it. Other voices told him to refrain from food, and in consequence of that he was sent into Bethlem. It was probable that, in this case also, a suit would be entered for nullity of marriage. In those two cases the whole thing was simple enough. A contract had been attempted to be entered into by people who were not capable of contracting. The law had already decided that persons of unsound mind could not enter into a contract, and if it could be proved that they were of unsound mind at the time of marrying, the marriage was null and void. Take a second class (they had an example at Bethlem) where the marriage had been consummated, there had been no children, and there was evidence that some time after marriage the patient became insane, and he was now an incurable lunatic. That case was a kind of connecting-link between those of the first class, where the marriage had not been consummated, and where it was not divorce but nullity of marriage, and those cases which they had further to consider. In these intermediate cases lawyers might say that the insanity had been condoned by consummation of marriage. In the third class, of which they happened at present to have no example, a person might be undoubtedly insane as revealed by subsequent evidence, but he may have married and begotten children, and then the plea of insanity might be set up. As far as he knew, a case of this sort had not been tried, but it was a difficult question whether the law under any circumstances should consider that as a plea for divorce when one or more children had been born after it was well known that one of the contracting parties was insane after the contract was entered into. They had then in the hospital a lady who had been found guilty of adultery, and her husband obtained a divorce from her. She had two or three children, and belonged to a very good family. He (Dr. Savage) was convinced from evidence got from herself and her friend that that unfortunate woman was insane when she committed adultery. In that case it seemed to him to be just, if, on the one hand, insanity was to be a bar to marriage, that it should also be a bar to divorce. Many of his friends, when speaking quietly of this case, had said, "Well, your ideas seem very strange. On the one hand you hold out the prospect of future legislation to allow confirmed incurable insanity to be a plea for divorce, and on the other hand you would make insanity a bar to divorce." Well, it was so, but he saw nothing inconsistent in it. It was not simply the question of husband and wife. The woman was displaced and disgraced. The children were disgraced as well. If that woman had been decided to be a lunatic and the divorce case not proceeded with, she would have been shown to have been a lunatic, and that would have been stigma enough thrown upon the children; but in this case insanity and adultery were both visited upon the unfortunate woman, when the insanity was the only fault or failing. One felt great hesitation in even raising such a question, and he only did it because he thought that in the pursuit of truth one must not mind contingent dangers. He knew that the plea of insanity had been, as it were, torn to shreds—that every ruffian who ought to have been hanged was attempted to be got off on the plea of insanity. It was admitted that crime and insanity were allied. He would be the very last in the world to wish to see divorce cases barred by this frequently; but there were some cases in which justice should step in, and in which there should be a bar to the divorce in consequence of the undoubted insanity of the delinquent. It was unnecessary for him to speak of the many cases of erotomania, such as the case he might refer

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to of the wife of an officer left in England, he being in India; if a woman like that got insanity, she was almost sure to get wrong. The only other question, and that most worthy their discussion, was the question whether any forms of insanity, and what forms of insanity, should be considered as those to enable the procuring of a divorce. It seemed extremely hard, certainly, that men or women should be tied to mates who were incurably insane; but, on the other hand, people would say that it was certainly hard that a man or woman should be tied to a mate who was incurably bad-tempered, incurably paralytic, suffering from some terrible skin-disease or chronic asthma, making day and night hideous. He would then ask the opinion of those present, ought or ought not any forms of insanity to be considered as sufficient ground for divorce? And, in the next place, who ought to judge of that? And, in the third place, what forms of insanity ought to be so considered, and whether it was possible to consider the question as one which was not a mere problem of pathological policy, but one of practical utility. He did not believe that civilization had sufficiently advanced to allow such a statement as he suggested. He thought it would be better for a certain number, but as it would be for the minority, and as the legislation was to be for the majority, he was inclined to think that at present they were not in a position to recommend divorce on any plea of insanity; but he should like to hear the opinion of those present on some or other of the points he had suggested.

The PRESIDENT said that the two broad questions put before them by Dr. Savage for discussion were as to the effect of insanity prior and subsequent to marriage. He would suggest that, in the first instance, members had better direct their attention to the effects of insanity before marriage or at the time of marriage, and afterwards consider the other question of the effect of insanity subsequent to the marriage as a plea for divorce. The two questions were totally distinct.

Dr. SEATON said that he had thought a great deal upon the subject, and it was clear to him that there could be no difficulty in coming to the conclusion that insanity should be a cause of divorce. Not only should it be a cause of divorce where it could be shown that one of the individuals was insane before marriage, but he thought it should be so in any case of insanity; and his reason for it was the authority of the Church itself. He would just read that which was familiar to most of them as to the reasons for which marriage was instituted, The Church said—First it was ordained for the procreation of children, secondly, for a remedy against sin, and thirdly for the mutual society, help, and comfort, that the one ought to have of the other. He would now give a case illustrating his view. A gentleman, a medical man, married a most talented lady—both young. In that case he should probably have Dr. Savage with him, because unquestionably the lady was of unsound mind, although it was never admitted, and her family accordingly took every possible means to conceal her eccentricities from the gentleman. However, she bore four children, and of the four children there was only one that did not give positive evidence of being tainted; and ultimately her conduct became so extraordinary that she was obliged to be placed in an asylum. Now, in a case like this, the considerations failed in every particular. The procreation of children was a positive wickedness, because it was simply bringing insane children into the world. Then, as a remedy against sin—continency was admitted to be a gift, and marriage to an insane wife defeated that consideration; and as to being mutual helpmates, that failed also. Wherever it could be shown that the insanity was incurable the husband or wife should be entitled to a divorce. There was no difficulty in making provision for the children, or for the maintenance of the wife. Surely, if necessary, the legislature could devise means of protecting the children. He remembered that when he was a young man, cases were submitted to him for his opinion as to whether, in such and such a case, the disagreeable symptoms manifested would not subside if the woman was married, and he must say that,

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on more than one occasion, he suggested that it was exceedingly probable, but he would most certainly not make such a suggestion now, having seen the consequence. He thought it scarcely possible to doubt Dr. Savage's first point, that where it was proveable that insanity existed before marriage that that should be a plea for divorce, and he thought it ought to be so in any case for the reason he had given, namely, that the objects of marriage, as laid down by the Church, had wholly failed.

Dr. SAVAGE asked who would be made the judge in such cases, and Dr. SEATON replied that there would be the same mode of inquisition as at present; if necessary, there should be fresh legislation.

Dr. GARDINER said that he perfectly agreed with Dr. Savage's concluding remarks, viz., that the time had not yet come when the question of divorce occurring after marriage could be legislated on. The subject was in a very undefined state, not only as regards their own profession, but also with the judges and the legal authorities of the country. All law had a beginning, and no subject was ever legislated on at first perfectly. Legislation was attempted and then improved upon, until a nominally perfect system was obtained; and if legislation should take place upon that subject, he thought that it should commence in this way—that a petition being served on a person, if she (because in the majority of cases it would be by a husband upon a wife), if she were unable to reply to that petition, and if, again, the friends should be indisposed to reply, then, under these circumstances, he thought the inquiry might be safely held, and a due authority allowed to adjudicate in the matter; but, even here, he would not allow such a trial or proceeding to take place until the patient had been insane for at least ten years, and certified to in a proper certificate.

Dr. WILLETT referred to a well-known case in which insanity was pleaded. Almost immediately after the marriage the husband left his wife, quite a young girl, and went abroad. She was left entirely to her own devices, and during that absence she was said to have committed adultery with several persons. Some few months afterwards she was confined, and then confessed she had committed adultery. He was asked to give evidence, but declined. He was of opinion that she was of unsound mind, and that it was a case produced by extreme excitement, brought on by having married a man who had failed in his duties and left her, and that it would ultimately prove that she would become demented, which came true. They obtained a divorce almost directly.

Dr. RHYNER suggested whether, in that case, it was not possible that the insanity might have resulted from the mental stress of her having committed herself in such a way, or was the adultery the result of insanity.

Dr. WILLETT said there was no insanity in the family.

Dr. WEATHERLY said that he happened to have been lately travelling in Saxony, and had inquired into the state of the law there, as the President had referred to it at their last meeting. Ten years ago the law was simply monstrous. It allowed the insanity to step in in this way:—If any medical superintendent of any asylum or connected with an asylum gave a certificate to say that such and such a person was of unsound mind, and not likely to recover, that was thought quite enough to allow a divorce to take place. The law was now altered somewhat, but not very much. In Saxony it now stood that in the event of any person wishing to get a divorce on the ground of insanity, the insane person must be sent to a state asylum, and must remain there for three years. At the end of that time, if the medical superintendent chooses to give a certificate to say that it is a chronic case, the divorce is allowed. After coming from one of the asylums, he was talking with some friends, and learnt from them that an instance of the fallacy of that law had recently happened. A gentleman married a young wife, and within a short time after the marriage she became insane. He asked the lawyers' opinion, and they advised that she should be sent to a state asylum, and after the three

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years the certificate was given. They then transferred her to a private asylum, and she was there for another three years. In the meantime the gentleman had got engaged to another girl, and the marriage had been arranged to take place, when he received a letter from the superintendent of the private asylum to say that his wife was much better. She very rapidly recovered, and he had to drop the engagement with the other young woman, and marry the first one again. Looked at in the light of this case, were they capable of judging as to incurability? If not, he thought the insanity should not be a plea for divorce.

Dr. RAYNER said that where the insanity of one of the parties was unknown to the other it certainly appeared to him that it should form a fair subject for divorce. Where, however, a person knew that he was marrying an insane person, he thought it was quite a question whether the marriage should not stand on that ground. The law allowed a person who had hallucinations to make a will, and to commit other legal acts, and he did not see why the law should not permit such a person to legally marry. They all knew of a case not long since of a gentleman who manifested his insanity to the world, and who was afterwards married; and he might of course have convalesced since or remained insane, but it would be very unfair if, after several years of cohabitation, his wife were to turn round and plead insanity as a ground for judicial separation or nullity of marriage.

Dr. BOWER said that in one case which had been referred to, and which was that of an unfortunate member of their own profession, he had been certainly of opinion that the man was insane before marriage, and if there had been any action taken at the time, their opinion would have been pretty strongly expressed upon the point (it was simply between Dr. Tuke and himself), but they thought the man would get well. The case turned out badly instead of well, and the time went past for any inquiry, the facts were obscured, and after the lapse of a few years certainly no law court would have received them. Referring to insanity and other diseases as a bar to marriage, epilepsy appeared to him to be a subject presenting itself to one's mind.

Mr. C. M. TUKE said he should like to mention a case. It was that of a gentleman now suffering from the very acute form of general paralysis, who managed to get married before a registrar without, it is alleged, having shown any symptoms of mental disorder at the time; and this only occurred four days before his certificates were signed, and some time after his mental state was quite well known to others about him. This was a great hardship, because the marriage was very detrimental both to himself and his family. He was now, after a short time, suffering from all the acutest symptoms, and perfectly incoherent. The remedy in this case seemed to be to apply for a writ *de lunatico inquirendo*. They would have to bring forward evidence of the mental symptoms before marriage, for it seemed that this was necessary even in so clear a case; and then, of course, after that, the regular proceedings in the divorce court would have to be taken in order to annul the marriage. The case was very much like that which Dr. Savage spoke of at the last meeting, the only difference being that the gentleman could not be put in the witness box, and would have to be represented by his committee. In regard to Dr. Savage's suggestion as to what forms of disease would be most likely to stand as a plea for divorce, perhaps general paralysis would seem to be the most important.

The PRESIDENT said he thought there was a general concurrence of opinion in favour of Dr. Savage's views so far as he had expressed any definite opinions, and on the second branch of the subject, that of the effect of insanity subsequent to the marriage, there appeared to be, with the exception of Dr. Seaton, the same agreement. They certainly had not at the present time arrived at a state in which they could carry out a similar law to that in force in Saxony. Having at the last meeting entered at some length into

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the question, he (the President) would not say more than that the meeting was much indebted to Dr. Savage for having brought the subject forward (applause). The President said it was announced on the agenda paper that Dr. Weatherly would bring forward a resolution that "Single Cases of Lunacy in Private Dwellings should be better supervised," but before this subject came forward he would remark that on considering the subject in the council it had been felt that it was hardly one upon which that meeting, the quarterly meeting of the Association, could very properly pass any formal resolution. They could not properly commit the whole Association to any particular course, and therefore it should be brought forward, if brought forward at all, at the annual meeting. At the same time it was a subject which might very properly be discussed at the present meeting, and he would call upon Dr. Weatherly to introduce it.

Dr. WEATHERLY said that he felt sure that lunacy reform was what they were all continually striving after, and it seemed to him to be one of the great faults of the present day that instead of starting that reform themselves they left it to be started by outsiders, by persons who knew nothing about it, and who endeavoured to bring about reforms which scientific men were in duty bound to oppose. It seemed to him that if there were distinctly necessary reforms in regard to lunacy, it would be better that those reforms should be started amongst themselves, and that the general public ought to know it. Now it seemed to him that the resolution he had intended to propose was a most necessary one. They had all of them read the long discussion which recently took place in the House of Commons. Proper supervision was allowed to be a most essential thing, and if this was the case in regard to asylums, it was, unfortunately, more so in regard to the treatment of the insane in private dwellings, for if there could be gross cruelties or anything which really required searching inquiry in asylums, surely it was much more likely to be the case in private dwellings. What supervision was there at the present time in regard to private dwellings? The Commissioners were required to come down once in six months, but they did not always do that. He had had a patient in his care for ten or twelve months, and no Commissioners had seen that patient at all; therefore their supervision was really and truly next to nothing. In regard to the other supervision—medical visitation—namely that a medical man should visit the patient once every fortnight, in many cases the Commissioners allowed that visit to be at less frequent intervals. He had to sign a book, which book was fuller than it used to be, but he was chosen as a friend, either the medical man of the family, or the brother practitioner of the medical man, and it was certain that unless he saw anything very wrong indeed he would not say anything about it; and therefore many persons totally unfit to take charge of lunatics could do so at the present day. He mentioned his views, and held that if it were necessary for a person to obtain a license for taking two patients, it was undoubtedly necessary for a person to hold a license for one. He trusted that the Association would agree with him in saying that greater supervision was absolutely essential in regard to single cases of insanity. No one would deny that considerable good was done in private care in many cases, and that there might be some chronic cases who might be happy in private treatment; and then again there might be many cases in private treatment that ought to be in public asylums. He trusted that the Association would support him when he brought his resolution forward at the general meeting, as he certainly should.*

Dr. SEATON said that there was a great cry for lunacy reform; but there

* Dr. Weatherly's paper read at the previous meeting was not printed in the Journal, having been published by him in a separate form under the title of "The Care and Treatment of the Insane in Private Dwellings." Griffith and Farran, St. Paul's Churchyard, London, 1882.

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was this remarkable fact which seemed to have been entirely ignored—that, in the exhaustive inquiry of Mr. Dillwyn's Committee, there was not proved one single case of abuse of the laws, not one case of ill-treatment. Notwithstanding this, the cry still went on, and they let it go on.

Dr. WEATHERLY remarked that the Commissioners had often admitted the facts he had mentioned. Lord Shaftesbury had written him several letters on the subject, and quite agreed with him that there was a great need for reform in regard to private dwellings.

The PRESIDENT said that although the members were no doubt well acquainted with the state of the law in regard to visiting single patients, he would just recall their attention to the fact that in the Act of 1845 a private Committee was appointed, in reference to which it was said, "It shall be lawful for any one member of the said private Committee, on the direction of such committee, or of any two members thereof (of whom the one member aforesaid may be one), *at all reasonable times* to visit every or any unlicensed house in which one patient only is received as a lunatic." The appointment of a private Committee was rendered necessary by the strong feeling which at that time existed against anything like inspection of houses where there was a single patient. In the Act of 1853 (16 and 17 Vict., c. 96), that private committee of Commissioners was abolished, and how were its functions to be performed? A clause enacted that all the powers vested in, and all the provisions of the former Act applicable to the said private Committee, or one or two members thereof, shall be vested in and be applicable to the Commissioners, or one Commissioner or two Commissioners as the case may require. Now, the former Act having declared it to be lawful for the private Committee of Commissioners to visit single patients at all reasonable times, the same lawfulness—neither more nor less—applies to the Commissioners. It is simply lawful, and no particular time, as "six months," was specified. Perhaps Dr. Weatherly could refer to something more definite?

Dr. WEATHERLY said he was perfectly certain he was right as to the Commissioners visiting once in six months. It was in the Act, though he could not cite it just then.

Dr. BOWER said that he had last year read a paper before the South Midland Branch of the British Medical Association upon the subject of non-pauper lunatics, and he then looked into the law very particularly as regards the point in question, and the result which he then asserted was as follows:—"Our supposed lunatic may be placed under certificate, as a single patient, in the unlicensed house of a medical man or layman. (No medical man can receive into his house, under payment, any non-certified lunatic without rendering himself amenable to law.) The Commissioners in Lunacy have the power, but are not bound, to visit these patients; and the magistrates have no power of inspection, nor, in fact, any jurisdiction." At the end of the paper he said, criticising Mr. Dillwyn's Bill, "This Bill might fitly order the compulsory licensing and inspection of houses where single patients (on account of whose maintenance money is paid) are detained, whose case it entirely overlooks, and which, being unlicensed and practically unsuspected, remain open to abuse; and it might empower the Lord Chancellor to appoint deputy or assistant Commissioners to undertake that duty, as is at present done in Scotland, with the best results."

Dr. WEATHERLY referred to the paragraph at page 107 of the 35th Report of the Commissioners in Lunacy, where it was stated, "This leaves as patients to be regularly visited by members of this Board 313; namely, 120 males and 193 females." He believed it was once in six months.

The PRESIDENT said that although it was not in the Act, the Commissioners might have made the rule themselves.

Dr. WEATHERLY observed that if that was the case, it strengthened his argument.

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The PRESIDENT said that his own feeling was that it would be a great pity to have a license for one patient, because it would have the practical effect of increasing the difficulty of placing patients under private care. As regards supervision, he was of opinion that more compulsory supervision of single cases might be desirable, and that a section like that which he had read was extremely lax in merely saying, "it shall be lawful," without specifying any definite time. He supposed that the reason was the strong prejudice to which he had already referred against the visitation of private houses from the desire of avoiding publicity.

Dr. GARDNER said that he could not quite approve of the remarks as to the want of supervision. He had had considerable experience with private patients, and he thought that the supervision at the present time was excellent and efficient. As a matter of fact, within the metropolitan area Commissioners did visit private patients once in six months, and they not only visited but made a report to the Board, which report was copied and sent to the friends of the patient. He could not see how they could have anything more effective than fortnightly visits of a medical man, which, in the case of many medical men receiving patients, and who were personally known to the Commissioners, were sometimes arranged for every three months instead of a fortnight, but of course that was only where they were thoroughly known to the Commissioners. There were a great many patients who could be better treated in asylums, but there were also many who were better treated out of asylums. In a case well known to the family physician, who knows the family history, and who knows more than any stranger can know of the disposition of the patient, that medical man would be able to treat the patient better than a stranger. Then, again, remember the enormous expense already attending the treatment of private patients. There were some people who, to avoid publicity, would wish to have their friends treated privately. As it was, the expense was very great. There was not only the charge of the medical man for detention, but there was the charge of visiting by the medical officer, and there was also the charge for extra attendance and nurses. His own feeling was that the present restrictions were ample, but if anything should in future be thought necessary to be done, the question of expense should certainly enter into consideration.

The PRESIDENT said that he thought there was a great distinction between the actual visitation which took place and that which the law required.

Dr. GARDNER—Quite so; but the Commissioners having the power of regulating their own proceedings, I do not think they are likely to visit less often.

The PRESIDENT—But in some cases it has been mentioned that they have not always carried out that rule.

Dr. GARDNER—I have not myself known it in the metropolitan area.

Dr. WEATHERLY said that his house was licensed one year, and he had only had one inspection by visitors. As regards Dr. Gardner's observations as to expense, he might say that not long ago he (Dr. Weatherly) was asked to take a lady patient whom it was wished to remove from an asylum. He consented to do so. It afterwards transpired that when the proprietor of the asylum, who was receiving £800 a year, heard that it was intended to place her under private treatment at £450 per annum, he said, "Well, then, I will take her at the same money," and she remained there.

Mr. C. M. TUKE remarked that the fact that the Commissioners did visit, decidedly pointed to the fact that they admitted such an inspection to be desirable.

Dr. WEATHERLY said that in the Commissioners' Report a little while ago, they said that they were utterly unable to visit single patients properly. He hoped that at a future time there would be inspectors, or sub-inspectors, who would be able to do the work which the Commissioners were not able to do now. He had upheld private treatment, but in doing so he pleaded that there

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should be better supervision. A washerwoman could take a patient now; any one could. It was perfectly wrong.

The following papers were then submitted by Dr. Bower and Dr. Boyd.

Dr. Bower's paper was "On Employment in the Treatment of Mental Disease in the Upper Classes." (See Original Articles.)

Dr. Boyd's was "On the Laws relating to the Admission of Pauper Lunatics into Asylums," and, being short, we subjoin it:—

In a medical point of view the Pauper Lunacy Laws have done more harm than good, by overlooking the prompt treatment *primarily* required for the recovery of patients in a state of delirium, and of making it *secondary* to the legal question of insanity and custody in an asylum, a question which cannot always be so readily determined. In the meanwhile, as several days are permitted by the Act to elapse before the relieving officer of the parish is required to remove the patient to the asylum, and no adequate provision is made for the immediate treatment, the case may have fallen into a hopeless state as regards recovery, and, from the annual reports of public asylums, this sad event very frequently happens.

Judging from my experience of several years in the treatment of recent cases of insanity in the Marylebone Infirmary, and my subsequent experience in a county asylum, I believe the recoveries of acute cases would be double if the delay required in obtaining the order of admission to the asylum were not necessary. To effect this desirable object, I suggested that the certificate of the parish doctor should alone be sufficient for the reception of the patient for immediate treatment in the asylum, and that the subsequent detention there should afterwards be determined on and sanctioned by order of one of the Visiting Justices, merely reversing the present plan by placing the patient *primarily* under medical treatment with the best prospect of recovery, leaving the legal question, *secondarily*, as to detention for after-consideration. This proposal, made at the annual meeting in 1880 of the Medico-Psychological Association, met with unanimous approval.

The certificate of the parish doctor for the admission of a patient to the county or borough asylum should state as fully as possible the facts observed, and ascertained by him from others, relative to the history and mental state of the patient; the fee for the medical certificate should be paid by the clerk of the asylum, and charged by him to the union.

Public asylums originally intended as separate hospitals for the treatment and care of insane paupers, distinct from sick paupers, and placed altogether on a distinct and more liberal management than the comparatively stingy arrangements under the Poor Law for the sick in workhouse infirmaries, has had the effect of making the asylum the desired haven of all paupers who can by any possibility be transferred from the workhouse. Under the Act this transfer is frequently made by the workhouse officials themselves, the order of

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a magistrate not in all cases being required. Asylums have thus gradually become, after many successive additions, virtually workhouse infirmaries for their respective counties, and can no longer be considered hospitals for the cure of the insane, their great size and number of inmates rendering them past the management of one individual, who, in many instances, is unable to recollect the names, much less the cases of all his patrons. The acute cases, whilst in a curable stage, are utterly lost sight of in the crowd of incurables amongst whom the lot of the curable is now cast.

My friend Dr. Manley, of the Hampshire Asylum, has suggested that instead of making an addition to that immense establishment in the Isle of Wight, patients should be provided for near the workhouse, and that both institutions should be placed under one superintendent, by which means the risk and expenses of a passage to the mainland would be saved, a most desirable object also for friends who may wish to avoid even so short a sea passage.

The enormous expenses entailed on ratepayers from the constant enlargements of pauper asylums would be lessened, and a better classification of cases obtained, by utilizing for chronic cases some workhouses and prisons, where available.

The workhouse officials having in many instances got the troublesome aged and helpless paupers transferred to asylums, it would be much better if medical relief as a whole were placed under the same visitors as asylums and workhouse infirmaries, entirely under their control—the sick and insane poor under one management.

There is no just reason for making a difference as regards expense in the treatment of the sick and insane pauper. Both should be treated with equal liberality; of the two indeed the sick pauper is likely to become the more useful member of the community, and ought at least to be as well cared for as the insane, which has not been the case.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Wednesday, 8th May.

There were present: Drs. Ireland (chair), Gairdner, Campbell, Clark, Fraser (Paisley), Carlyle Johnstone, Mitchell (Cupar), Rutherford, Batty Tuke, Yellowlees, &c.

The following gentlemen were duly admitted members of the Association:—

John McNaughten, M.D., Medical Officer General Prison, Perth.
Dr. Huxtable, Assistant Medical Officer Roxburgh District Asylum.
James Hyslop, M.B., Assistant Physician Royal Edinburgh Asylum.
David Lennox, M.B., Assistant Physician Royal Edinburgh Asylum.

Dr. CARLYLE JOHNSTONE read "Notes of a case of fæcal accumulation of 14 years' standing with enormous distension of the large intestine." The ascending colon, which was exhibited measured 26½ inches in circumference, and the rectum, which during life was tightly packed with hard fæces, occupied the entire pelvic cavity. (See Clinical Notes and Cases.)

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