PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, May 8th, 1885, Dr. H. Rayner, President, in the chair. There were also present Drs. James Adam, C. Aldridge, S. H. Agar, H. A. Benham, Fletcher Beach, E. H. Byas, G. F. Blandford, S. W. Bryant, D. Bower, P. E. Campbell, C. S. W. Cobbold, Elliott, J. E. M. Finch, J. R. Gasquet, Henry Hicks, John B. Isaac, Robert Jones, Octavius Jepson, Henry Lewis, Edward Lister, James Mills, W. J. Mickle, A. Newington, H. H. Newington, David Nicolson, S. Rees Philipps, J. H. Paul, Joseph Rogers, T. L. Rogers, G. H. Savage, W. J. Seward, H. Stilwell, James Shaw, H. Sutherland, G. E. Shuttleworth, D. Hack Tuke, C. M. Tuke, D. G. Thomson, W. Wood, J. F. Woods, T. Outterson Wood, J. Bywater Ward, E. Willett, Francis J. Wright, H. Winslow, &c.

The following gentlemen were elected members of the Association, viz.:—
E. W. Henley, L.R.C.P., Senr. Ass. Med. Off., County Asylum, Gloucester.
J. G. Soutar, M.B., C.M., Ass. Med. Off., Barnwood House, Gloucester.
C. Mortimer, M.B., Res. Student, Bethlem Hospital.
J. T. Keegan, Ass. Med. Off., Indianapolis, Ind., U.S.A.
F. C. Gayton, M.B., C.M., Senr. Ass. Med. Off., Brookwood, Surrey.

The PRESIDENT said that the Council had that day received a report from a Sub-Committee which they had appointed to consider the question of the granting by the Association of certificates in psychological medicine.

Dr. HACK TUKE said that the proposal referred to, which was a very important one and emanated from the Council, evidently required the authorization either of a special general meeting or of the annual meeting. If the annual meeting had not been so near at hand it would, perhaps, have been well to have a special meeting to consider the subject, but as the annual meeting was not very far off, he would, unless the members preferred calling a special meeting, move that the report be referred entirely for consideration to the annual meeting, which would be held at Cork.

This motion was seconded by Dr. FLETCHER BEACH, and declared to be carried.

Dr. W. WOOD moved the following resolution:—That, contemplating the probability of the retirement of Lord Shaftesbury from the Lunacy Commission, it is proposed that at the annual meeting an expression should be arrived at in recognition of his lordship's long and valued services, and that it be accordingly referred to a Sub-Committee, consisting of the President, Dr. Hack Tuke, Dr. Lockhart Robertson, and Dr. Clouston, to prepare a suitable address to his lordship for adoption at the annual meeting." Dr. Wood said that it would be premature to do more than this at present, as they had as yet no official notice of Lord Shaftesbury's retirement, and they might yet hope that his lordship would reconsider his decision.

Dr. SAVAGE seconded the motion, which was carried.

The PRESIDENT said that the next business was to receive what might be taken as the report of the Parliamentary Committee of the Association. Copies were submitted of suggested amendments and remarks on the Lunacy Acts Amendment Bill, 48 Vict., together with a copy of the address of the deputation of the Association to the chief secretary of the Lord Chancellor on the 20th April last. (See Notes of the Quarter, &c.) The President said that as to the great point in the address and in the whole question—the introduction of magisterial authority in the certification of private lunatics—it would be seen that the Committee had expressed their opinion that this

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was undesirable. Some question had been raised as to the desirability of the Committee expressing any opinion as to the probability of the proposition for magisterial intervention passing the Legislature, and perhaps it might have been well if no opinion or words had been uttered in regard to that probability, but every member of the Association could judge for himself as to whether this portion of the Bill was or was not likely to pass. In the event of the Bill passing it had been endeavoured, as far as possible, to qualify the magisterial intervention, and to make the function of the magistrate purely ministerial. Suggestions had also been made with the object of shielding medical men signing certificates from the persecutions to which they had been subjected; and the Committee had also expressed their opinion as regards the extreme penalties awarded by the Bill. It appeared to him that the penalties could scarcely have been more severe and harsh.

In reply to Dr. T. L. Rogers, the PRESIDENT said that the chief secretary to the Lord Chancellor could only hear the opinions, and could not say anything definite further than that due attention would be given to the representations of the deputation.

Dr. SAVAGE said that, with a view to bring out discussion, he should be very glad to express his feeling, in the first place that magisterial interference was not desirable, and in the second place that, if it should be accepted, the least objectionable way of doing it would be as proposed in the report of the Committee, viz., that the magistrates should examine the certificates, and not the patients. He would propose to this effect.

Dr. JOSEPH ROGERS supported Dr. Savage's motion, saying that under the existing system the insults put upon men of his own class by having their opinions contravened by stipendiary magistrates, and the injury done to the lunatic thereby, rendered it most objectionable that the stipendiary magistrate should be introduced into the Bill. Twenty-five years ago there was a distinct expression of opinion on the part of the Commissioners in Lunacy that, if it could be avoided, pauper lunatics should not be taken into a police-court to be examined by a stipendiary magistrate, and he had himself carried out the Commissioners' suggestion as far as he could; but, unfortunately, in the Strand Union some years ago there ceased to be an unpaid magistrate, and he had been obliged to take his cases to the police-court. He remembered that in one case he challenged the decision of the magistrate and said, "I shall not let this person go as you direct. I have my duty to do." The magistrate said, "Bring him down here next week." He (Dr. Rogers) wrote to the Commissioners in Lunacy, and they immediately sent two of their body to the Workhouse, and came to the conclusion that the man was a dangerous lunatic, and he was sent to an asylum. He could quote cases which he had certified four and five times before he could get them sent to an asylum. In one case, on the fifth occasion, he heard that the magistrate had gone for a holiday, and the case came before another magistrate, who made an order directly, and the patient was sent to Hanwell, where she would remain all the rest of her life. He thought that it was time that a stop was put to this. It all arose from the circumstance that they had no one in the House of Commons prepared to protect their profession from those insults. He entirely agreed with Lord Shaftesbury's conclusions. The police magistrates treated lunatics like criminals and not like patients.

The PRESIDENT said that it was very interesting to members of the Association who had to deal principally with the certified lunatic, the "manufactured article," so to speak, to hear the difficulties those had to undergo who had to get patients certified.

Dr. BOWER said that the practice was absolutely dissimilar in Scotland. There the Sheriff simply had to test the form of the certificate and see that it was right and that the medical men were properly qualified. He saw neither the medical man nor the patient. He received half-a-crown for signing the order, and it had been held that the Sheriff had no right to refuse to sign the order if it was in due form.

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Dr. HACK TUKE read a portion of a letter from Dr. Yellowlees upon this subject, in which he said:—"I have not the very smallest doubt that the Sheriff's order has prevented actions being brought against medical men signing certificates and against superintendents, for assuredly the public and the patients regard his order as a *judicial* act. This is certainly my own view, and the Sheriff's warrant would be my first defence if an action were brought against me. If the Sheriff's signature merely attests the technical accuracy of the manner in which the petition and the medical certificates have been filled up and signed, it is an utterly meaningless and useless formality, and it seems absurd that a judge should grant an order depriving a citizen of personal liberty without considering the grounds on which such an order is asked. My notion is that those Sheriffs who deem it but an official act merely wish to shirk a delicate, and often a difficult, and always a serious duty, and to throw all the responsibility on the doctors. The doctors must, of course, be held responsible for the accuracy of the facts and the soundness of the opinions in their certificates, but the Sheriff has the responsibility of deciding whether they justify him in sending the patient to the asylum."

Dr. URQUHART fully endorsed Dr. Yellowlees' remarks, and observed that it seemed to Scotchmen a little extraordinary that so much should be said against magisterial interference in England. It was in Scotland regarded as a great protection. In case of complaint on the part of patients, they were immediately referred to the Sheriff, and, not only that, but the Sheriff judged of the patient's state by the certificates present on the schedule. For instance, he had a case of senile dementia—a lady who was admitted on a certificate of urgency. The certificates only bore on the face of them that the patient was in a state of fatuity, and the Sheriff refused to grant his order upon those certificates. The doctors were referred to, they filled the certificates up more fully, the Sheriff granted his order, and the papers were then deemed complete. He repeated that in Scotland they looked upon the Sheriff as a great protection, especially in dealing, as many of them did, with private patients, because the private patients knew the authority of the Sheriff and would often be content to refer the matter to the Sheriff, who might or might not take steps upon the complaint of the patient. To object to this part of the Government Bill was to prevent their having in England the very thing medical men wanted—protection from action.

Dr. ADAMS said that the Memorandum on the Lunacy Acts Amendment Bill gave it to be understood that the principles of the Scotch procedure with regard to admission had been introduced into it, and it would accordingly be of interest to examine in what manner that procedure worked practically in Scotland. Theoretically, it appeared to furnish safeguards against the improper confinement of persons as lunatics, but did it do so practically, or as effectually as the existing English Acts? To enable an answer to be returned to these questions it was necessary to enquire into the every-day practice with regard to placing private patients in asylums in Scotland. In the first place, he believed that much use was made of the certificate of emergency, or the "certificate of convenience" as it was often more properly called, for it was constantly used in cases where there was no real emergency, and merely for the purpose of having the patient housed (especially when brought from a distance) in the Asylum for three days whilst further legal documents were procured for more permanent detention. The medical man who signed the emergency certificate as a rule also filled up one of the more permanent certificates. At the same time a friend, who had in the meantime filled in the form of petition undated, or the asylum authorities, would procure another medical certificate, whereupon some person, very often an asylum official would proceed to obtain the Sheriff's warrant. This was a purely formal proceeding, for the Sheriffs in Scotland interpreted their functions in this respect as simply ministerial. They examined the petition and medical certificates to see whether they were in due form and, if so, they signed the warrant, not

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even seeing the patient or pushing enquiries regarding him or her. It might be remarked that this duty of examining documents was at least equally well performed by the Commissioners in Lunacy in England. In other cases (which, however, in his experience were quite exceptional with regard to private patients) the petition, medical certificates, and Sheriff's warrant were obtained before the patient was brought up for admission. An idea seemed to prevail that if the magistrate's order were introduced into the English Act it would protect the medical certificates, which would certainly require to be done ere long if medical men were ever to resume that duty. This did not appear to be the case with regard to the Sheriff's warrant in Scotland, for, if he was not mistaken, some had found there, by rather unpleasant experience, that the Sheriff's warrant protected neither medical certifiers nor asylum superintendents from the chances of wholly unjustifiable and vexatious litigation. It was reported in the "Times" that the Lord Chancellor, in introducing the Bill to the House of Lords, had remarked that there was nothing to prevent Justices purchasing for a fair value existing licensed houses. It was worth while to note that Clauses 47, 48, and 49 of the new Bill contained no such provision in so many words, and it behoved private asylum proprietors to have that point made clear, otherwise they might be gradually supplanted by newly-erected public asylums without compensation of any kind being made.

Dr. HAYES NEWINGTON said that being personally well acquainted with the English and Scotch systems he did not think that the proposed alteration in the English law would be liable to be attended by such evils as were anticipated. The certificate of emergency was very broad and would cover every needful case. In Scotland three cases out of four were sent under certificates of emergency—therefore, no harm was done by delay. He thought, however, that any mischief likely to be created by the Bill would be in spreading the news of the insanity of the patient to his neighbours, and Lord Shaftesbury had certainly hit the right nail on the head on that point. It would be very difficult for people to go and select their magistrates: they must select the one nearest at hand. He gathered that Dr. Rogers did not object to the county magistrates, but rather to the county-court judges and stipendiary magistrates. If the paid magistrates were brought in in this way, it would be not only the judge but also all his officials who would get to know about the case. He really believed that ordinary county magistrates would not be at all likely to put themselves forward in the face of the doctors, although they knew from Dr. Rogers' statement that the paid magistrate was only too likely to do so. Lord Selborne in introducing the Bill rather apologised for introducing the county magistrates because there were no other better officials, but he (Dr. Newington) thought they would be by far the best kind of people. He did not think that there would be much harm done after the first year or two, and if there was not much harm to be feared he thought the less they discussed that part of the new Bill the better it would be. They were not likely to get the least alteration in this part of the Bill, and he did not think the lawyers would listen to any remonstrance. They must take it that the Bill would eventually come, and they had better direct their attention to cutting out the objectionable details. He thought they ought to strain every nerve to prevent any judicial people actually seeing the patient. This would be thought absurd in cases of bodily disease, and he considered that if magistrates must see patients mentally afflicted there would be much harm done.

The PRESIDENT remarked that the question appeared to be whether there was any essential difference between the action of the magistrate as proposed by the English Bill and the present state of things in Scotland.

Dr. ADAM said that the Sheriffs had stated that they considered their duty as strictly magisterial, or rather ministerial—simply seeing that the documents were all right.

Dr. BLANDFORD referred to a case in an evening paper where a man had

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been taken before a magistrate (not a stipendiary), who had marked the book "not insane." Probably he was in a state of melancholia, and answered questions rationally. The man committed suicide shortly after. He thought that if the magistrates were to examine patients, and judge themselves of their insanity, they might just as well do the whole thing themselves and not consult the doctors.

The PRESIDENT mentioned a somewhat similar case, in which a woman who had been certified and refused was returned to the workhouse, and roasted her child.

Dr. BLANDFORD said that if magistrates were so particular about pauper cases they were likely to be far more particular in regard to private individuals, especially where they were persons of any mark and likely to create any disturbance after their release.

Dr. T. L. ROGERS said that he thought they should be careful not to say that the interference of a magistrate was undesirable, unless they had an alternative to suggest. If they could make no suggestion as an alternative they might as well let it pass, and endeavour to curtail the mischief as much as they could. Let them accept the principle and get good out of it.

After some further discussion, the PRESIDENT put to the meeting the following motion, as moved by Dr. Savage, and seconded by Dr. T. L. Rogers, viz.:—"That we are almost unanimously of opinion that the intervention of the magisterial authority (as provided by Clause 2), prior to the granting of an order for the treatment of a person of unsound mind, is *undesirable*, and will lead, if adopted, to delay in treatment, to attempts at evasion of the law, and other untoward results. On the other hand, we fully recognise the probability that this proposition for magisterial intervention will pass the Legislature; and, should this occur, greatly as we deprecate such an event, we find it difficult to suggest any officials for carrying out this provision other than those indicated in the Bill."

The motion was declared to be carried.

Dr. JOSEPH ROGERS referred to the provisions of the Bill by which the officiating clergyman and relieving officer were to be deprived of the power of signing orders. This seemed to be a needless slight upon clergymen, who would thus be debarred from coming to the assistance of poor sick lunatics, thereby making certification of lunatics more difficult than at present, and he could see no reason why it should be done except that the lawyers were trying to get all the power into their own hands. He could instance several cases where the intervention of clergymen had been attended by the happiest results.

Dr. BLANDFORD moved: "That the meeting is of opinion that the power of the magisterial authorities should be purely 'ministerial,' and that, when any doubt on medical questions arises, these officials should not personally visit and examine the alleged lunatic (as provided in the Clause), but only have power to direct a further medical examination."

Dr. WILLETT seconded the motion.

The PRESIDENT said it certainly did seem extraordinary that a purely medical question should not be settled by a medical man. If there were any doubt on the medical questions, it would certainly be much better that it should be settled by a medical assessor.

Dr. NICOLSON suggested whether, as the proposal then stood, they might not lay themselves open to have it said that they wished to have something done in secret, when, in fact, they had no wish of the sort. That was the risk he thought they would run in debarring the magistrate from visiting the patient. They should avoid saying anything which might be offensive. The matter should be looked at all round. It was not merely certifying a man to be a lunatic; the man was deprived of his civil capacity, and shutting a man up in a lunatic asylum meant a great deal more than sending him to a hospital. He thought the public were quite right in saying that everything should be done

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in the interests of the patient. He did not think that magistrates had any wish that a lunatic should be kept at home. They only wished—as medical men themselves desired—that no lunatic should be deprived of fair and proper consideration and treatment when the patient might be said to be unable to judge of his affairs. The magistrate might have his own opinion as to carrying out the rules. What they had to get at was the principle by which the magistrate was to be guided. If a magistrate overstepped the rule they could not blame the law for it, but the particular magistrate.

Dr. BYWATER WARD said that if the magistrate were not allowed to see the patient it would scarcely seem reasonable that his signature to the order should debar, as was so desirable, any legal action against the medical man who signed the certificate.

Dr. HICKS suggested whether it would not be better to say that the magisterial examination should not supersede the opinion of the medical man, and merely call the attention of the Commissioners to any special point of detail.

Dr. COBBOLD said that it was in the interest of the patient that they objected. Their objection only went so far as the actual questioning of the patient by the magistrate. Perhaps it would meet the views of the meeting if it were provided that magistrates should not personally examine the alleged lunatic except where it was necessary for them to do so.

Dr. NICOLSON said that "where necessary" was the point of the whole thing.

Dr. ADAM pointed out that in the Memorandum on the Bill it was stated that in order to give the county court judge, magistrate, or justice something more than "merely ministerial" functions in cases requiring investigation, he was empowered, if he considered the statements in the medical certificates unsatisfactory, to make inquiries, and, if he thought it "*necessary*," to visit the alleged lunatic.

Dr. NICOLSON said that it would probably meet Dr. Blandford's views if it were provided that the magistrate should not be set over as a kind of censor. His magisterial powers would begin when he interfered with the medical opinions.

The PRESIDENT said that that would be met by the suggestion that if he were in doubt he should appoint a medical assessor to assist him.

Dr. ADAM suggested that it would be well if it were inserted in the Bill that the powers assigned to magistrates should not go beyond the powers already assigned to the Sheriff in Scotland.

Dr. URQUHART referred to a Scotch case in which the Sheriff considered that the evidence of insanity was insufficient. He did not go and examine the patient himself, but referred the matter back to the doctors who had originally certified. If that practice was followed, as far as possible, in England he thought it would meet the case.

It was then agreed to omit the reference to the visit and examination, and it was resolved that the power of the magistrate should be purely ministerial, and that when any doubt on medical questions should arise the magistrate should only have power to direct a further medical examination.

On the question of some protection being given to medical men signing certificates, which was next raised, Dr. HACK TUKE said that this would be all the more necessary now that the meeting had so clearly expressed their opinion that the duties of the magistrate should be purely ministerial, because, of course, the responsibility would be correspondingly thrown upon the medical men. If they had adopted the principle of the Bill that the action of the judge or magistrate should be more than simply ministerial, in short, judicial, medical men would have been, he believed, greatly protected. He might mention that the College of Physicians had appointed a committee for the consideration of that special subject of safeguard. He hoped the Lord Chancellor would introduce a clause specially guarding medical men from actions.

Dr. SAVAGE said that the committee appointed by the Metropolitan Branch

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of the British Medical Association objected most strongly to the introduction of the Public Prosecutor. They thought it would be better that no prosecution against the signers of orders or statements and certificates should be had without the consent of the Commissioners in Lunacy. While the Commissioners had no interest in detaining the patients, they had every interest in seeing that the certificates should be signed in good faith. Let the Public Prosecutor be the medium, if necessary, but let the Commissioners be the persons responsible for stopping or proceeding with prosecutions. He thought it should be that the proceedings should not be taken except with the consent of the Commissioners in Lunacy, backed by the Public Prosecutor.

Dr. NICOLSON entirely opposed the view taken by Dr. Savage, saying that they regarded themselves as swimming in the same boat with the Commissioners in Lunacy, who were their supervisors, and to refer the matter to them would, surely, be scarcely fair to individuals wishing to prosecute medical men. He objected still more strongly to the Public Prosecutor. If a case were referred to him, and he said, "No, there is no case here," there would be no harm done; but if he said, "Yes," it would be rather damaging to the person prosecuted. The provision in the Statute ought to make all preparations and anticipate any risk, and should bear on the face of it clearly in some way that a medical man "knowingly falsifying," or "knowingly entering something wrong in his certificate," and so forth, should be liable to prosecution. As he had before remarked, referring it to the Commissioners in Lunacy would not mend matters at all. That would be asking them to judge of their own affairs. They were supposed to have decided on those matters long before, and would not stultify themselves.

The PRESIDENT said that the arguments Dr. Nicolson had been using were precisely those which decided the Committee to leave out the Commissioners and not associate them with the Public Prosecutor in the matter. It was difficult to suggest an alternative for the Public Prosecutor.

Mr. HAYES NEWINGTON said that there was one alternative, which was to throw all the trouble on the person who set the machine going. It was not only unfair to a medical man to be prosecuted for *mala fides*, but that he should also be prosecuted for trespass—for going into a man's house to examine him—was preposterous. Certainly, there ought to be some protection against the technical possibility of prosecuting a medical man for trespass. In a recent instance the major portion of the case turned upon the question of trespass, and it was decided against the medical man.

The PRESIDENT said that although they might not all agree as to the precise way in which protection should be given to medical men, he had not heard any contrary view expressed in the matter of there being some protection, and he took it that he might now put it to the meeting that medical men should be protected in obtaining and signing certificates.

This proposition was unanimously adopted.

Mr. C. M. TUKE suggested whether, under the circumstances, it would not be more dignified if a preliminary resolution were passed expressing their opinion that the Bill itself was undesirable and unnecessary, the attacks upon medical men having been always unfounded. Lord Shaftesbury seemed to think so, and they seemed to be rather jumping to the conclusion that the Bill might not be defeated.

The PRESIDENT said that the general endorsement of the views expressed in the report of the Deputation included what was indicated by the previous speaker, and that those views had been duly brought under the notice of the Legislature.

Dr. URQUHART moved: "That the Commissioners or Inspectors of Lunacy in England, Scotland, and Ireland shall have powers of removal of patients on trial, or for the benefit of their health, throughout the three countries. That the English Commissioners may grant writings under their seal to this effect, that shall be valid for Scotland and Ireland; and similarly with the Scotch and

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Irish Lunacy Boards. That medical certificates of lunacy granted in England, Scotland, or Ireland shall be valid throughout the United Kingdom." At the present time a patient ceased to be a lunatic when he went across the border.

Dr. HACK TUKE seconded this proposal, which was agreed to.

In reference to a suggestion from the Parliamentary Committee that in Clause 29 of the Bill the words "infant being of unsound mind" should be substituted for "idiot or imbecile,"

Dr. FLETCHER BEACH said that at a recent conference of noblemen and gentlemen interested in the management of institutions for idiots and imbeciles, presided over by Lord Winmarleigh, a strong feeling was expressed that the words "being of unsound mind" should not be used in that relation. He might add that parents of such children preferred that they should be designated "imbeciles" rather than "persons of unsound mind."

The PRESIDENT asked whether it would be satisfactory if the words "feeble mind" were used.

Dr. SHUTTLEWORTH said that the matter had been discussed very carefully, and they wished it to be provided that any person being an idiot or an imbecile from birth, or from an early age, might be lawfully received into and retained in any registered institution for the special care and training of idiots or imbeciles upon the certificate in writing of a duly qualified medical practitioner that such person was an idiot or imbecile requiring special care, or alleged to be capable of receiving benefit from instruction and training. Under the provisions of the Bill, inmates in this kind of institution would have to be discharged upon exceeding the age of 20, which would inflict much hardship upon both the institutions and the friends of the discharged inmates, as well as upon those inmates themselves. It was also urged at the Conference, which was a very representative one, that institutions for idiots and imbeciles should not be classed as hospitals for lunatics. He submitted a report of the Conference.

Dr. COBBOLD said that they had some reason to hope that amendments would be introduced into the Bill in the sense indicated. The words, "has been imbecile from an early age" would meet the case.

Dr. Urquhart laid on the table a proof of a "Handbook for the Instruction of Attendants on the Insane," prepard by a sub-committee of the Medico-Pyschological Association, appointed at a Branch Meeting held in Glasgow on the 21st February, 1884. The Handbook would be published by Messrs. Bailliére, Tindall, and Cox, 20, King William Street, Strand, W.C.

The members then proceeded to the grounds of the Hospital to witness some experiments by the Harden Star Hand Grenade Fire Extinguisher. A water-closet sent by Dr. Urquhart from Perth was also on view.

SCOTCH MEETING OF THE ASSOCIATION.

A quarterly meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, February 27th. Present: Drs. Campbell (Perth), Carlyle Johnstone, Campbell Clark, Clouston, Howden, Ireland, McLaren, Rutherford, Turnbull, Yellowlees; Dr. Ireland in the chair.

Dr. CARLYLE JOHNSTONE read the following "Notes of a case of profound and somewhat prolonged Suicidal Melancholia; Diarrhœa with Fever; Recovery." (See "Cases.")

Dr. CLOUSTON remarked that in this case it was probable that a change of nutrition had followed the acute febrile attack, which resembled typhoid fever. This change was frequently observed in children, who sometimes improved in general nutrition after an acute febrile disorder as scarlatina or measles. In the case in point the patient was a degraded melancholic, somewhat demented. The prognosis was hopeless, yet she recovered. This was no doubt due to an alterative febrile change.

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