

Dr. SKAN—I think it is common to feed with the stomach pump long after it is unnecessary, just because the patients desire to be fed that way.

Dr. HOWDEN—I had a patient who lay down upon the bed and passed the stomach pump herself; she would not take food in any other way. As to accidents occurring by artificial feeding, I do not mean that these are confined to the stomach pump. I mean any kind of forced feeding—by Dr. Rorie's spoon or otherwise. I gave up the stomach pump for five years, but took to it again. I thought the annoyance to the patient was greater in the one case than in the other.

Dr. YELLOWLEES—I think it is a very happy thing we departed from the immediate scope of the paper, for we have had some interesting practical conversation about artificial feeding. I have not seen dangerous results from enemata, and I am surprised that Dr. Rorie has never found a patient whom he could not feed with the spoon. I feel very strongly that there are cases where the spoon is a total failure unless you push its use to such an extent that it becomes positively perilous. I have no hesitation in preferring the stomach pump as being the least exciting to the patient. I have never seen dangerous results from stomach pump feeding, and I am surprised that it is affirmed there is a connection between stomach feeding and gangrene of the lungs. I think the conditions in which you find gangrene of the lungs are just the conditions in which you will find artificial feeding necessary. But it would be interesting further to investigate the subject, and therefore I think we should all look back on our death registers. I believe there is more danger from forcible feeding by the spoon, in consequence of the food getting into the air passages, than by the stomach pump. I would not allow any patient to go a week without food; I would feed artificially sooner than that, but I hold it is a state of mind to be deprecated to allow patients to get into such a condition as to lie down and pass the stomach pump themselves.

Dr. GARDNER, speaking of fever patients, said that as a general rule the whole alimentary and digestive systems go together, and it did not seem that putting food into the stomach would enable it to be digested.

A vote of thanks to the Faculty of Physicians and Surgeons for the use of the Hall concluded the proceedings.

Obituary.

ROBERT STEWART, M.D., BELFAST.

The Medico-Psychological Association has sustained a severe loss in Ireland by the death, on the 6th April, of Dr. Robert Stewart, the Resident Physician Superintendent of the District Lunatic Asylum in Belfast. The late Dr. Stewart was born in 1803 in Dublin, and received his professional education at the College of Surgeons' School of Surgery in Dublin, and took his medical degree after studying at the University of Glasgow. He entered the profession in 1829, and for the first six years of his professional career he was engaged in general practice in Dublin. In 1835 he was appointed Superintendent of the Belfast District Asylum, the first of the Irish asylums that had the advantage of a Resident Physician. For many years Dr. Stewart, was the "Father" of the Irish Asylum service, and was looked up to with feelings of the greatest respect and confidence by his colleagues in the profession, and by the general body of Irish Superintendents. From the outset he was a warm supporter of the Medico-Psychological Association, of which he was the first branch-secretary for Ireland, an office that he retained up to the last general meeting of the Association. The duties connected with the honorary secretaryship were discharged by Dr. Stewart with so much zeal and efficiency that when he tendered his resignation it was found extremely difficult to induce any of his Irish brethren to allow their names to be submitted to succeed him, as a general feeling existed that it would be impossible for anyone who did not enjoy the wide popularity of Dr. Stewart to attempt to perform the duties after him. Dr. Stewart, early in

his asylum career, pronounced himself a warm adherent of the non-restraint system of treatment, then in its infancy; but he at the same time conceded that cases might arise which would justify the imposition of mechanical in preference to prolonged vital restraint. In practice his patients enjoyed all the advantages of the principle of non-restraint, but in rare and exceptional cases the subject of our notice did not hesitate to express his conviction that a patient might be restrained with advantage to himself and to those around him. During the forty years that Dr. Stewart was the Chief Officer of the Belfast Asylum that institution attained a high reputation for the skill and humanity that guided its administration. By the profession in Belfast Dr. Stewart was deeply respected; he possessed the entire confidence of his subordinate officers; and we use no mere form of speech when we add that he was loved by his patients. Dr. Stewart was a man of wide attainments, and of sympathies as wide as his attainments. He was a frequent contributor to the pages of the "Journal of Mental Science" and other medical periodicals; and his kindly presence will be deeply missed at the approaching meeting of the Association in Dublin. The fatal cold which passed into pleuritis was caught while discharging the charitable office of collecting subscriptions for the Royal Medical Benevolent Fund Society of Ireland, of the Belfast branch of which he was for thirty-two years the honorary secretary. He died on the 6th April, after an illness of only five days. The most touching tribute to his memory was to be seen in the unaffected grief and dismay of the asylum patients to whose care and well-being he had devoted the energies of a long and valuable life.

Appointments.

BIRT, E., M.R.C.S.E., has been appointed Assistant Medical Officer to the Salop and Montgomery Counties Lunatic Asylum, Bicton, near Shrewsbury, vice Talbot, resigned.

COOKE, E. M., M.R.C.S.E., has been appointed second Assistant Medical Officer to the Worcester County and City Lunatic Asylum, Powick.

DICKSON, H., M.B., has been appointed Assistant Medical Officer to the Bristol Lunatic Asylum, Stapleton, near Bristol, vice Draper, resigned.

FAUSSETT, J. D., L.M. and S.T.C.D., has been appointed Assistant Medical Officer to The Friends' Retreat, near York, vice Widdas, resigned.

GOWAN, C., M.D., C.M., L.R.C.S. Ed., Senior Assistant Medical Officer at the Worcester County and City Lunatic Asylum, Powick, has been appointed Medical Superintendent of the Toronto Lunatic Asylum, Canada, vice J. Workman, M.D., resigned.

MERRICK, A. S., M.D., L.R.C.S. Ed., has been appointed Resident Medical Superintendent to the Antrim Lunatic Asylum, Belfast, vice Stewart, deceased.

MICKLEY, G., M.B., C.M., has been appointed Resident Medical Superintendent of St. Luke's Hospital for Lunatics, vice Eager, resigned, on becoming proprietor of Northwoods Asylum, near Bristol.

SHAPTEL, L., B.A., M.B., has been appointed Consulting Physician to the Wonford House Hospital for the Insane, near Exeter.

WALLIS, J. A. M., L.R.C.P. Ed., L.R.C.S.I., has been appointed Resident Medical Superintendent of the Hull Borough Lunatic Asylum, vice Casson resigned.