

n the constitution of the Board will at all affect the institution in its management, which is now placed on a more representative basis. The District Lunacy Board have nominated their representative, who has already been a member of the Asylum Directorate for years.

THE CAIRO ASYLUM.

Lord Cromer reports most favourably on the work of Dr. Warnock in the *Egyptian Gazette* of 15th January last. He writes that: "While it is true that certain of the most terrible faults in administration were abolished in the first years of the British occupation, it is only within the last two years that a serious effort has been made to introduce scientific methods of treatment. Great alterations have been made on the buildings, mechanical restraint has been abolished, the mortality has been lessened, and a great number of patients are usefully employed. Lord Cromer concludes by hoping that the two years' engagement of Dr. Warnock will be made permanent; for without European control there would certainly be a return to the evils of the past.

DR. BODINGTON.

The following cutting from *The Province*, published in Victoria, British Columbia, will be of interest to many of the members of our Association:—

"The Provincial Secretary's 'Bill to amend the Lunacy Act' was introduced to the House (not before it was wanted) on Wednesday last, and read a first time. We trust that provisions have been made to render impossible any recurrence of the sad circumstances attendant upon the care of the insane which we recently had occasion to deplore, and that common humanity will compel members to take the keenest possible interest in every clause of the enactment. Reform has been the order of the day at the Westminster Asylum ever since Dr. Bodington took charge two years ago—another appointment, by the way, upon which it is only just to congratulate the Government. We predicted that Dr. Bodington would prove a success, and we are glad to hear on excellent and altogether unbiassed authority that the asylum may now be considered in every way a credit to the country. Perfect discipline is maintained amongst the patients without any necessity for that 'restraint' which formed so barbarous a characteristic of the ancient régime. More satisfactory still is the knowledge that marked improvement has become noticeable amongst cases formerly rated hopeless or incurable."

CORRESPONDENCE.

From DR. FREDERICK PETERSON.

My attention has lately been called to a paper by Dr. Walter Channing entitled "The Significance of Palatal Deformities in Idiots," published in your Journal for January, 1897.

As the author takes issue on several points with many who have investigated the subject of deformities of the hard palate, I trust you will allow me a brief space in your columns to indicate errors into which Dr. Channing has fallen, errors which in my opinion render his results and conclusions entirely valueless as far as they bear upon the subject of true palatal deformities.

The key-stone in the structure of error which he has raised is the confusion that exists, especially in dental literature, regarding the signification of the words "palatal arch." Some dentists imply by this the horizontal arch made by the upper row of teeth, with the apex forward. I believe few if any medical writers consider this a palatal arch. The hard palate forming the arched roof of the mouth is in the minds of most of them the palatal arch.

Dr. Channing's study and his classification relate entirely to the dental or alveolar arch, and therefore are not to be looked upon as contravening in any way the work of Clouston, Lombroso, and others whom he quotes in his paper.

He quotes a classification of abnormal hard palates made by myself in a paper on "*The Hard Palate in Degenerates*" under the impression that mine was a classification of the shapes of the dental arch. He gives a classification of his own of the shapes of the dental arch, but calls it "a classification of the *palates* of pathological individuals" (italics mine).

I feel especially called upon to point out his error, not alone because of misconceptions which must arise on reading his paper, but because the error was called to his attention by me seven months before the paper was printed, and there would seem to be no excuse for not making the standpoint from which he studied the subject more clear in the paper.

The paper was read before the American Medico-Psychological Association in May, 1896. An abstract of it with the discussion is published in the Transactions of that body. I took part in this discussion, and my remarks at the time were as follows:—

"I think there must be a good deal of confusion as to what is meant by the hard palate. I may be wrong in this matter, but I have taken the view that the hard palate is composed of the palatal bones and the palatal portions of the superior maxillary bones. As far as I can learn, Dr. Channing calls the hard palate the teeth and alveolar processes. In describing the arch he always means the dental arch, and not the arch of the palate. . . . If you examine Dr. Channing's casts of the hard palates of normal and of idiotic children, you will observe great differences in the palatal arch, very marked deformities in many of his idiots. If you look at the dental arch only, as Dr. Channing has done, I agree with him that there are no particular differences."

Despite the criticisms thus made, the paper was read before the Medico-Psychological Association of Great Britain two months later and printed in your Journal seven months afterwards.

In the conclusions, therefore, of Dr. Channing's paper we should translate the word "palate" by "dental arch" whenever the word occurs. The following are his conclusions:—

1. Two-fifths of the palates of idiots are of fairly good shape.
2. Palates of normal individuals may be deformed.
3. In the idiot it is a difference in degree and not in kind.
4. In either case it shows irregular development anatomically.
5. Palates of average children and idiots under eight years of age probably do not in the majority of cases markedly differ.
6. There is no form of palate peculiar to idiocy.
7. The statement that a V-shaped or other variety of palate is a "stigma of degeneracy" remains to be proved.

Thus interpreted, and such must be the interpretation of any careful reader of the paper, there can be no differences of opinion between himself and others, for he has made one of the pioneer studies in a new field of investigation, and I do not know of anyone able to controvert his conclusions.

OBITUARY.

Charles Lockhart Robertson, M.D.Cantab., F.R.C.P.Lond. and Ed.

We regret to record the death of this distinguished member of our specialty, which occurred on the 18th May at Exmouth.

On the occasion of Dr. Robertson's retirement from his appointment as Lord Chancellor's Visitor, a very full account of his life work and of his connection with the Medico-Psychological Association was published in this Journal, of which we give a condensed sketch.

Dr. Robertson's medical career commenced by studentship both in Edinburgh