PART IV.—PSYCHOLOGICAL NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Report of a Quarterly Meeting of the Medico-Psychological Association, held in London, at the Royal Medico-Chirurgical Society, by permission of the President and Council, on the 27th January, 1870.

The Fifth Quarterly Meeting of the Medico-Psychological Association was held, by the kind permission of the President and Fellows of the Medico-Chirurgical Society, at their house in Berners Street, on Thursday, January 27th, Dr. Lockhart Robertson, M.D. Cantab., one of the Lord Chancellor's Visitors in Lunacy, Ex-President of the Society, in the chair.

Members present.—Dr. Lockhart Robertson (in the Chair), W. H. O. Sankey, Joseph Buton, J. Lockhart Clarke, W. B. Kesteven, W. Clement Daniel, J. Murray Lindsay, J. T. Sabben, Langdon Down, J. H. Paul, E. S. Haviland, Alonzo W. Stocker, J. Thompson Dickson, Fredk. Sutton, Arthur Harrison, W. Rhys Williams, H. L. Kempthorne, R. Boyd, Harrington Tuke, H. Maudsley. Visitors—J. B. Burra, R. Davey, and Robert Daly Walker.

Clinical Discussion.

In the absence of any case down for special report, Dr. ROBERTSON asked if any member had tried the effects of chloral since the last meeting?

Dr. TUKE had employed the chloral with much advantage in several cases. In one case he saw with Mr. Pitman, of climacteric insanity with much violence, twenty grains every night procured tranquil sleep. In one case, a gentleman in the habit of taking morphia with little benefit, took twenty-five grains of chloral and slept for nine hours. In this gentleman, however, the effects of the drugs were pallor, faintness, and cold shivering on awaking, so much so as to cause serious alarm. In smaller doses it has been repeated nightly with excellent effect.

Dr. LINDSAY had tried chloral largely at Hanwell, and with much benefit, especially in the distinctive mania of general paralysis. He thought the effect mentioned in Dr. Tuke's case was not altogether dependent upon the chloral, as he (Dr. Lindsay) was in the habit of ordering even doses of sixty grains.

Dr. MAUDSLEY found the use of the chloral greatest in the different forms of asthenic mania and in delirium tremens; he believed doses of 40 grains might be safely given, but it was better to begin with smaller doses, and he thought it dangerous to give more than 50 grains.

The PRESIDENT called on Mr. Kesteven for his paper, entitled, "Cases of Mental Imbecility in connection with Pseudo-hypertrophic Muscular Paralysis," which is printed at page 41.

Dr. LANGDON DOWN read a short paper, published at page 46.

Dr. LOCKHART CLARK said he had listened with much interest to Mr. Kesteven's paper. The cases he had adduced were characteristic, but the third case was one of special interest. It was remarkable in reference to the age of the child, the disease ordinarily appearing in earlier life. He agreed with Mr. Kesteven in ascribing the origin of the disease to the injury the child had sustained by a fall.

The state of the muscles of the calf was exactly such as he (Dr. Clark) had found in this disease. The progress of such cases in his experience was first marked by the disorder attacking the lower extremities; then came a stationary period; then the upper extremities became affected, and hypertrophy of the lower limbs became apparent, co-existent with wasting of the muscles of the arms and shoulders; then the patient died, generally with bronchitis. The pathology of the case was specially interesting. When in Paris he had seen and examined with Duchenne the muscle of one of his patients who had suffered under this disorder. The French physicians had an instrument, something like a small bullet extractor, with which they could take out small portions of muscular tissue for examination. Under the microscope this particular case showed the stripes well marked, the muscular tissue itself unaltered, but fat cells and oil globules very distinct in the wavy elastic tissues between the muscular fibres. The tissue itself was greyish in appearance. The state of the nervous system was not much known in this disease. The intellect was always more or less weakened. The time will come, however, when the true pathology will be discovered. Dr Clarke concluded his remarks by offering, in case any member should desire it, to attend any post-mortem of special interest in elucidating the pathology of the nervous system.

Dr. SANKEY then read the following paper on "Ribs Fractured in Asylums":—

"Doubtless there is at present no subject of greater importance to us and to the public, in relation to insanity, than that of the frequency with which fracture of the ribs has been found in patients dying in asylums. Its importance has relation to the causes of these injuries, to the obscurity which exists in connexion with their origin, and to the manner by which they are to be prevented. In entering upon an inquiry into the causes of these fractures, I must separate all other cases of ill treatment and injury which have lately been collected together in articles that have appeared in the newspapers, and confine my remarks solely to the cases of fracture of the ribs.

In the first place, I find, on going into details of the published accounts, that there is a certain similarity or uniformity of the attendant circumstances in these fractures which it will be as well to premise, and which will afford us some light to our investigation. I find—1. The existence of most of these fractures has only been discovered after death. 2. The fractures have nearly all been very extensive, much more so, in fact, than is usually met with from violent accidents among the sane. 3. The patients have nearly all been but recently admitted into the Asylum. 4. The subjects have all been males.

I will first examine the above circumstance a little more in detail before I proceed to a second question, viz.:—Is there anything peculiar in the nature of the cases in which these injuries are found which render the bones more easily broken? There is no doubt that they are exceptionally extensive; the violence, therefore, it is evident, must have been either exceptionally severe, or the facility of fracture unusually great.

1. The existence of these injuries has been only discovered after death.

In those cases of the severest injuries at which I have assisted at the post-mortem examination the state of the ribs was not indicated by any of the ordinary signs or symptoms during life. With respect to the usual symptoms of fractured ribs, Sir William Fergusson gives them so concisely that I will quote his words:—

"Fracture of one or other bones of the chest is of frequent occurrence; indeed, the ribs, perhaps, suffer more frequently than any other bones. There is seldom much difficulty in detecting such an injury." Now, in the insane, great difficulty occurs. Sir William goes on to say: "The fall or blow which has occasioned it and the subsequent pain will excite suspicion; possibly the patient may feel the bone grating."

Now, in the insane that I have seen, and in whom I have detected fracture of the ribs in the examination always instituted on admission, there has been no indication of any pain whatever. Instead of the usual stitch or catch on deep inspiration, the majority of these patients have exercised their lungs and chest

by raving and shouting, and they have made the freest movements of the body. They have denied the existence of any pain whatever. The application of the hand to detect the fracture has not occasioned pain. In several cases the application of the stethoscope, which is useful to detect the crepitation of the bone, has been impossible, on account of the patients' raving and noise.

In several of these cases, notwithstanding the existence of the most extensive injuries to the bones, the patients have continued to be violent, noisy, and raving. There has existed therefore, a remarkable absence of sensibility in the parts, a dullness of the ordinary sensation. This is one fact which will assist us in ascertaining the nature of these injuries. But though the sensibility to pain has been diminished to this marked degree, and therefore, many of the symptoms of the patient have differed from fracture of ribs in the sane, the internal consequence—the pleurisy—goes on the same.

Another reason why the fractures have frequently not been detected during life—a peculiarity in these cases, which has led to some ugly inferences – is, that there has existed, in most of them, very little external bruise. I do not remember to have met with any instance in which no cutaneous mark existed, but, as a rule, certainly extensive bruises have not been present. It has been suggested by some that the injury was caused, therefore, by an assailant's knee. The bent knees, "big bluntish bones, and clothed, can, it is suggested, be employed with terrible force, and yet leave no mark," though the writer of these words exonerates the Doctors, asserting that they have been duped by the attendants; yet we cannot admit any such assertion to go for proof without a little more examination. I think, from anatomical reasons alone, that the knee thus protected would not fracture nine ribs; the knee itself could not cause pressure on more than two or, at the outside, three ribs. To fracture nine ribs, the opposing force would have to be ten or eleven inches in length; and since, in some cases, ribs on both sides of the body have been found broken, it follows that the force applied must have been a very wide body, or it must have been applied to the sternum, in which case it would have to be of immense force or weight to overcome all the elasticity of the cartilages in ordinary individuals. This force could not, I think, be exerted by the pressure of a knee of one man.

We have still to account for the fact that there is usually a very small amount of integumental bruise. This leads me to the second general feature of these injuries, viz.:—

2. The fractures have been very extensive (much greater than is usually met after violent accidents in the sane), although the external bruising has been slight.

It has been suggested that this is to be accounted for by a kind of skill by which the wilful act has been performed, but not only skill must have been practised, but great secresy as well. With respect to the first supposition, that the fractures have been caused by persons thoroughly conversant with the mode of effecting them without leaving marks, it is undoubtedly proved that these injuries have occurred in all parts of the kingdom, and not only in asylums, but elsewhere, for I have myself detected broken ribs in patients on their admission, and other instances of the same fact are on record, so that the skill must be very common.

How all these individuals should learn to produce such extensive fractures by such obscure means and be able to keep the process secret is not accounted for. If there is nothing peculiar in the patients to render the bones more readily broken, there must, of course, be something special in the nature of the force used, or the mode of using it, to cause such extensive injuries, and which is kept secret. The difficulty of keeping such a secret, too, must be specially difficult; for in some of the cases in which as many as three ribs on one side and seven and eight on the other, and the sternum are broken, at least two persons must have been engaged in order to cover the extent of the injury or employ sufficient force. I think there is sufficient evidence at hand which renders it almost certain that two persons could not very well fracture a man's ribs with their knees as suggested; for—

1. It is well known that in the murders that took place in Edinburgh some years ago by Hare and Burke, the victims were burked by pressure on the mouth and chest, and the deed was discovered by the bruises about the chest, but yet there were no ribs fractured in these cases.

2. Because to cause fracture of the rib it is pretty certain that a sudden unexpected application of force to the chest is necessary. Every Bartholomew man remembers the late Mr. Stanley's tale of Leather-coated Jack, who used, for a trifling reward to lie on his back and allow a cart to pass over his chest. No doubt this man resisted the force applied by putting the muscles of his chest into action, and by inflating the lungs to the utmost. For two men to cause fracture of the ribs they would have to make sudden unexpected pressure, and to act in exact concert; and to suppose that two men are always ready to accomplish this, not only in every asylum, but in all other places where these injuries have occurred, is, to say the least, in the highest degree improbable.

It is scarcely necessary to pursue this, but there are other equally forcible reasons why the hypothesis of wilful concerted injury is untenable. For example, it is admitted that evidence of the fractures, and how and when they occurred, has always been most difficult to obtain. The best evidence at all on the point is said to have been derived from insane persons in the wards. We here, I think, will admit that in some cases such evidence would be entirely reliable; but the evidence given has not been positive, as far as I can discover, nor in any case gone to show such an amount of force as would fracture the ribs of a healthy person: if the scuffles which these patients have witnessed and mentioned in their evidence have been the occasion when the injury actually occurred, which has never yet satisfied any jury, then there must be something peculiar in the patient's state, which does away with the theory of wilful injury, and also for the necessity of secresy.

Again, these wilful injuries could only be concealed by a complete understanding between all the *employés* of the asylum; and not only between these, but among persons outside of the asylum. Whereas the evidence of the writer in the *Pall-mall Gazette* shows how two workmen at Hanwell saw an attendant (Jones) ill-treat a patient, and reported the fact at once. Of course the hiring of such a brute as Jones must occasionally happen; but the magistrates—who are answerable alone for the selection of the attendants at Hanwell—surely could not select none but such men - men only actuated by sheer malice. It is curious, too, with respect to this very case, in which the ill-treatment was actually witnessed, and in which the attendant was seen to strike the patient with a shovel, and walk over his body, stepping on his belly and chest, that no fracture of the ribs occurred, but that there were external bruises.

There is still another point which may be mentioned, though this would scarcely seem worthy of repetition. The writer in the *Pall-mall Gazette*, Mr. Reade, appears to believe that the injuries are inflicted by the attendants with sufficient cunning to dupe the Doctors. These attendants must, therefore, be a singular mixture of cunning and obtuseness, for they must all know that the injuries they inflict must come to light, as the Doctors invariably make a *post-mortem* examination of the body; and all these cases have been brought forward by the Medical officers. From these considerations I am of opinion that the force which causes these extensive fractures of the ribs is something of more sudden character than pressure, and something more extended than a knee or fist—the rapidity of the force appears to me to be essential—such accident as a violent fall or sudden blow, or injury by the contact of the sternum against a wide surface. But even such violence must be very great of its kind to produce so much injury in a healthy individual; the fall would have to be from a great height, or the pressure against the sternum of many hundred pounds in weight.

2. This leads me to the second part of my inquiry—viz., Is there anything peculiar in the patient to account for the severity of the injury? The consideration of other general points of resemblance in these cases—viz., the accident occurring in fresh cases, and in such only—I will defer till afterwards.

Is there anything of special character in the state of the patients' tissues?

First, with respect to the conditions of the bones themselves. It has been advanced that these cases are the subject of the disease called fragilitas ossium. Mr. Denne, of the Bedford County Asylum, exhibited to Dr. Nairne a rib which was readily broken by the slightest force. I have myself met with a similar condition of the osseous tissues in the insane. But my examples occurred in aged persons who had been insane many years, In one well-marked case of the kind the spinal canal could be laid open very readily with a common scalpel. No fracture, however, occurred in this individual. I have examined the bodies of several who died of fractured ribs. I do not remember observing that the bones were affected with fragility in any. It is true my attention was not specially directed to this point, but I think I should have detected it if it had existed to any marked degree. I do not, therefore, incline to the opinion that a state of fragilitas ossium is a cause of these fractures which we are considering. Next, with respect to the condition of the soft parts, there is no doubt that, in the sane, falls cause broken ribs, but most frequently, I think, by the rib coming against a projection; and, if such extensive injuries as we are now considering occur in the sane, the accident would be a very notable one, and, moreover, would immediately be discovered by the symptoms. It is a feature in these cases under review that by no chance have the time and place at which they occurred been very certainly known. It is also certain, if these injuries occur by falls, that other patients are known to fall, as epileptics, yet rarely do they fracture even a single rib. There is little doubt that, in such cases, there is a protection from the results of the violence by an excited act of muscular contraction, which immediately occurs—that is, the muscles are thrown into tonic action, the ribs elevated, the lungs inflated, and thus the force of a blow considerably modified If anything, therefore, intervened to prevent this muscular action, the ribs would be more readily fractured.

I have been led by other investigations to believe that such a condition of the muscular system does exist in certain cases of the insane. From other facts and observations, I have come to the conclusion that, from a very early stage in the progress of a case of general paresis, every division of the nervous system, including the cerebral, the excito-motory, and the sympathetic system, is impaired in action; that the nervous current is sluggish and dull; and the very familiar facts of these cases, so well-known to all of you, will readily bear out this conclusion. If the afferent and efferent nerve currents constituting an ordinary excito-motory act are tardy, the muscular contraction would not be in time to guard against the injury from a fall, or to modify the force of the blow; the injury would be in this way greatly increased, especially as the patient also would not ease his fall by extending his arms, etc.

To recapitulate, my solution of these occurrences is this:—

1. Paretic patients in a certain stage of their malady are known to be furiously excited. They throw themselves about with reckless violence. They frequently attack the bystanders, and they thus often become engaged in scuffles. They are consequently exposed to all kinds of blows and falls of a purely accidental character.

2. The state of their nervous system is such that the ordinary excited acts are not performed at all, or are not so rapidly executed as to ward off or modify these direct injuries.

3. There is in them such a dullness of sensibility or common sensation, that they do not feel the same amount of inconvenience or pain from injuries, so that the effects are masked, and there is nothing to indicate what has taken place, nor to note the exact period when the injury occurred.

It is thus that the injuries become (1) disproportionate in extent to the force applied in comparison to the effect produced in the insane, (2) unsuspected during life, and (3) obscure with respect to the exact time of their occurrence and the precise accident that caused them.

I will now allude to one or two other points, which I think corroborate this view.

1. These accidents have occurred in freshly admitted patients—that is, in other words, at an early period of the attack of insanity.

Now, according to my experience, great violence occurs at such a period in two kinds of cases only—viz , in second attacks and in cases of general paresis. I am not absolutely sure whether these cases of fracture were all primary attacks; there is nothing in any of the published accounts to establish this, but in some that I have seen myself it was so. I am aware that my opinion on this point—viz., that there is no such disease as acute primary mania, is not universally admitted, and there are, of course, difficulties in proving the quesion, and such cases as these, in which death occurs, at so early a period, and before the motor symptoms or general paresis are marked—tends to increase the difficulty, unless the mental symptoms are well marked and carefully observed.

2. Again, the patients have all been, as far as I can learn, males. This rather bears out the opinion as to the nature of the disease, as the frequency of general paresis is much greater among males than females.

I do not know whether I am just in saying that these accidents have occurred with more frequency in the metropolitan than in other asylums, and, if so, whether this may not arise somewhat out of the state of government of those huge institutions, so greatly under-officered, as Hanwell and Colney Hatch, but it is true undoubtedly that more cases of general paresis per cent. of the whole number of patients are to be found in those institutions.

The explanation which I offer appears, to my mind, to meet most of the difficulties with which these painful cases are surrounded—difficulties which have been the cause of great obscurity, and have given rise to many painful reflections. It must, I think, be admitted that the difficulties have been real, or surely they would not have evoked such an extreme hypothesis as that advanced in the *Pall Mall Gazette*, by a well-known novelist—an hypothesis which seems to involve every element of the sensational novel.

I think I have shown, then, that the obscurity that exists arises not from there being anything to conceal, but from the actual and exceptional difficulties which are connected with these cases. In this difficulty I offer my explanation of this very untoward occurrence, and I will now allude to some mode of avoiding their recurrence. It is well-known that the patients affected with general paresis are particularly liable to another form of accident—viz., suffocation from impaction of food in the pharynx; yet, from a knowledge of this liability, and by watchfulness, death from this cause is comparatively rare in asylums. What is chiefly required is a very early diagnosis of the cases of general paresis. I am of opinion, and have become more and more assured of the accuracy of my opinion, that general paresis may be distinguished at the very onset from all other cases of mental disease—before any tremor of lip can be detected, and, in fact, when the mental symptoms are the only phenomena present. By a close observation of these symptoms, they will be found to possess peculiar characters. I have alluded to this elsewhere, but since then I have pursued the inquiry with care, and I state the result that I have arrived at as briefly as possible. I would say that you may distinguish general paresis from the first by the following facts:—

1. The outbreak is more sudden than in insanity proper.
2. It follows very frequently upon some great mental emotion.
3. It is wholly free from, or is very rarely, indeed, preceded by a short stage of, melancholic symptoms.
4. That the delirium is of a peculiar character, and this is quickly, if not immediately shown, by a great mental restlessness, as great loquacity, great eccentricity of behaviour, great desire to go from place to place, very frequent changes of purpose, projects of very unsettled character, a propensity to erotism, want of ordinary reticence, a good-natured interference, or joking with anybody, even strangers. These precede those well-known phenomena of great or Utopian schemes, or open thefts of unmeaning character, and disregard to decency, or actual indecency. At first there is not much show of actual violence, but there is great impatience to interference, and to which the patients are much exposed

by the bystanders. The patient, it is true, is not often admitted in this state into an asylum, for his condition being often that of a good-natured and somewhat merry person, his symptoms are not viewed with any apprehension by his friends. The next stage in the disease is the occurrence of the most unbounded maniacal fury. I am inclined to believe this occurs in some form in every case; it varies in degree and as to the exact period when it takes place.

M. Jules Falret, whose description of general paresis is excellent, says—"Often one sees these patients, who have been a prey to an excessive activity only, pass, during the space of a single night, or even a few hours, into an extreme condition of maniacal excitement." He adds—"So sudden is this that it has given rise to a belief that the disease itself has been ushered in by a sudden accession of mania?" It is in this stage, and on account of it most frequently, that the patient is brought to the asylum. In some of the cases the fractures we are discussing have already taken place. Now, besides the positive signs to distinguish general paresis in the earliest stage, there are some of what I may call a negative kind.

1. If the patient is very violent, and the disease is a second attack of insanity, the disease is not general paresis.
2. If the disease has been preceded by a long melancholic stage, and has been followed by illusion of any of the special senses, the disease is almost surely not general paresis.

With the insight thus afforded, of course very particular care and caution should be directed toward these violent paretic patients, and I think a padded waistcoat, without confinement to the arms, might be placed on them while the violence lasts, or they should be in the padded room with padded floor. This would perhaps spare them these injuries, and thus lengthen their days, but of course would not save them from the inevitable fatal result of the malady. But the most important safeguard is undoubtedly the eye of a responsible officer. When the buildings are too large for thorough supervision, or the staff of officers too few, these accidents are the most frequent, because care and precautions to prevent them will of course be less."

The PRESIDENT said that the Association were much indebted to Dr. Sankey for the opportune manner in which he had brought this question before them that evening. The question, as Dr. Sankey said, had of late been debated with much of sensational effect in the daily papers, particularly in the *Pall Mall Gazette*. He (the President) believed that the writer in the *Pall Mall* was agitating the question and making capital out of the recent unfortunate cases—which he as much as any one deplored—in order to disparage the practice of non-restraint in our public asylums, and to cover the failures in that respect at the criminal asylum at Broadmoor, regarding which the Commissioners in Lunacy had so strongly commented. Broadmoor for some, to him unknown, reason enjoyed in a singular measure the powerful patronage and advocacy of the *Pall Mall Gazette*. Nevertheless he (the President) must still express his most unqualified and undiminished faith in the treatment of the insane without mechanical restraint, and he would go so far as to say that he would rather have such a complication and misadventure as broken ribs to occur in the rare individual instances in which it did, than consent to a recurrence—however modified in guise it might be—to the abominations of the restraint system. The safety beds, the polkas and mazourkas of the Scotch asylums he equally condemned. There is in a large asylum no middle course between restraint and non-restraint; there can be no fellowship between systems of treatment so sundered. He would, moreover, like to know how many broken ribs and other foul injuries happened to patients in the grand old days of Bethlehem under their stately visiting physicians when restraint was the rule? There were no enquiries in those days; no Commissioners in Lunacy patiently to sift out and expose the evil. Now every case of injury in our county asylums was, and most properly so, exposed and commented on by the press, and

when the numbers of the insane and the great difficulty of dealing with them in their conditions of violence and excitement were remembered, he for one could not wonder at the occasional occurrence of such sad injuries. The remedy he confidently believed to be not the desertion of our standard of non-restraint, but increased care and vigilance and an increase in the staff, including alike medical officers and attendants. Our county asylums were still under-officered. He had read with great regret and indignation an article in the *Lancet* of this week on the "Treatment of Lunatics," written, he should imagine, by some rejected candidate for the superintendentship of one of the county asylums. He could assure that gentleman that his labour in this direction was mere loss of time; the county justices were not likely from what he knew of them to be guided in the selection of their chief medical officer by the advice of the *Lancet* writers. He (the President) would like to see the chaos which would follow the election to the office of superintendent, as recommended by the *Lancet*—of a member "of the general ranks of the profession." He could assure the writer that this shot would miss its aim. However, the superintendents of the county asylums did not require his advocacy to defend their fame and their work from these aspersions of the *Lancet*. The theory of Dr. Sankey as to the manner in which these injuries to the chest occurred in asylums deserved our careful attention. It was at least more plausible that the conspiracy theory of Mr. Charles Reade, and the precautionary measure suggested by Dr. Sankey of using a padded waistcoat in recent cases of mania with general paralysis—in which mental condition nearly all these cases under discussion were—seemed to him of practical value.

Dr. TUKE—I regret that Dr. Sankey, in his paper on the subject, seems to imply that there may be truth in the assertion of some of the sensational writers in the public press, that such lamentable accidents as those now under discussion are common, or are of ordinary routine. I deny this *in toto;* such accidents are rare, and that being so, it is useless to argue that they are in their nature unlikely, or occur only in general paralysis. The only wonder is that in public asylums, considering the savage nature of some of the half-educated victims of mental disease, and the liberty which the non-restraint system allows them, accidents do not more frequently happen; that within the last few years several superintendents, and many attendants, have been seriously hurt, would show there are two sides to this question. The fact is that in the refractory wards of our public asylums the attendants, too few in number, carry their lives in their hands. The remedy is to increase their number, and add to the surveillance over them. As to the attendants, as a class, being trained, or training themselves to inflict broken ribs upon patients, it is simply an absurd charge. I have never in private practice, and the attendants are the same class of men, seen a case of fractured ribs inflicted in the way described. In private asylums such a thing never happens, and I speak in the presence of men of experience on such a question. What, then, becomes of the alleged training to use violent pressure of the knee, or of Dr. Sankey's theory that the bones are more fragile in general paralysis? I have seen hundreds of cases, but never met one case of bone fractured by violence or by any accidental fall. The last point I would notice in the attacks recently made upon public asylums is the suggestion that they should be officered by physicians, who should not be specialists, but taken from the general ranks of the profession. This involves an actual retrogression; it is true that Dr. Conolly was a brilliant example of the value of the suggestion, but it should be remembered that the great system he brought into public notice and full organisation was discovered and worked out before him by special medical superintendents. It would appear that the question answers itself. I can only say, speaking from long experience of asylum treatment, that to put an untrained man at the head of one is an absurd and preposterous proposal.

Dr. BOYD said that he wished to make one remark upon the newspaper attacks to which Dr. Tuke had alluded. The conduct of the Committees of Public Asylums had been impugned. He spoke from experience and personal knowledge when he bore his testimony to the patience and devotion of those members of the

Committee of Public Asylums who had come under his observation, and deprecated the supposition that they would countenance or permit cruelties on the part of attendants.

Dr. RHYS WILLIAMS said that he, to a great degree, concurred with Dr. Tuke. He had never known an instance of ribs being broken in the hospital at Bethlehem, nor had he found any such cases in the records. It might be that Dr. Sankey would think that this rather supported his theory, as general paralysis was excluded from Bethlehem to a great extent. However, he (Dr. Williams) should like to have further proof of the fragility of bone alleged to exist in such cases.

Dr. SANKEY replied there was not time to review this discussion as he should wish. With regard to Dr. Tuke's remarks, he would say at once that he had no intention of answering newspaper remarks, or of noticing them. His paper was simply what it purported to be, a statement of facts tending to account for what was otherwise an almost inexplicable series of accidents.

Dr. SABBEN'S paper, printed at page 52, was then taken as read, and after a vote of thanks to the Chairman, Dr. Lockhart Robertson, and to the President and Fellows of the Medico Chirurgical Association, the meeting adjourned to the last Thursday in April.

THE SCOTCH LUNACY BOARD.

The subjoined correspondence has been published in the *Scotsman*:—

"Rossie Priory, Inchture, January 12th, 1870.

"MY DEAR CAMPERDOWN,—I am very glad to hear that you have been appointed to inquire into these Scotch Boards.

"I am able to give you the history of the Lunacy Board, as I endeavoured, but in vain, to stop the Board being made *permanent*.

"Mr. E. Ellice some years since brought under the notice of Parliament, in a very forcible manner, the state of the lunatics in Scotland, and the want of proper provision for their detention and maintenance. A Royal Commission was appointed, and with the aid of the county police and Poor Law Board, a report was framed and presented to Parliament, and a Bill founded thereon passed, appointing the Commissioners as a Board to exist for *five years* to carry out its provisions. Before the expiry of this time an attempt was made more than once to make the Board *permanent*. I succeeded in stopping it for one session at least, representing to Mr. Gladstone, then Chancellor of the Exchequer, the absurdity and extravagance of maintaining such a Board merely to superintend a few asylums and those pauper lunatics allowed to be at large, at a cost (as the return showed) of from £4,000 to £5,000 per annum.

"Sir George Grey, then at the Home Office, promised me not to fill up the vacant offices of Sub-Commissioners. Certain Edinburgh influences, however, prevailed. Situations must be found for poor relations. The offices were filled up, and the Commissioners succeeded in getting their appointments made permanent.

"If you examine Sir John M'Neill, he will tell you that the Poor Law Board could do all the work with a small addition to their staff—indeed, the Lunacy Board cannot make work for themselves, even by their members travelling about ordering a pair of shoes here and under garments there, for some few pauper lunatics not in the Poorhouses, but *under the charge of the local parochial board*.

"You will be told that the members of the Lunacy Board have a vested interest. But why should there be any difference between 'big fish' and 'small fry'—the Commissioners or Admiralty clerks? The former have had a rich harvest for some years for doing nothing; and there would no injustice in naming a period at which the Board of Lunacy should cease and determine.