

tended that the limit should be placed at 250, but the majority held that, provided a sufficient number of Assistant Physicians were appointed, the number might be extended to 600 or more.

The Section adopted the following conclusions:—

1. That provision for the chronic insane should be made by constructing buildings in connection with the several hospitals for the insane.
2. That it is not desirable to construct institutions solely for the care of the chronic insane.

On the morning of Friday, September 8th, a masterly "Address on Mental Hygiene" was delivered by John P. Gray, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, Hunter McGuire, M.D., of Virginia, in the chair.

In the afternoon Dr. Edward C. Spityka, of New York, read a paper "On the Methods of Examination which will reveal a clear and decisive connection between the Symptoms of Insanity and the Pathological Lesions on which they depend."

This closed the proceedings of the Section.

CLINICAL NOTES AND CASES.

Case of Insanity with concomitant paronychia. Recovery.
(under the care of R. H. B. Wickham, F.R.C.S.Ed.).
By WILLIAM J. BROWN, M.B., Assistant Medical Officer
Borough Lunatic Asylum, Newcastle-upon Tyne.

H. S. (No. 809) was admitted to this asylum 26th February, 1876. The statement contained the following particulars:—Æt 77 years. Widow. Poor. A nurse. First attack, and had lasted for ten weeks before her admission. Cause, unknown. Not subject to epilepsy nor suicidal. Said to have been violent, and used threats, but not considered dangerous to others. Medical certificate:—Refuses to speak; makes vague and unmeaning motions with her hands; has a vicious expression, and appears to watch an opportunity for doing violence. Her sister states that she is at times very violent, requiring constant watching and occasional restraint, as she bites those about her, and has threatened to cut her sister's throat. Mrs. G—, with whom she has resided for three years, states that for some weeks past she has been dangerous to others.

On admission she was placed in the Infirmary Ward, and slept in

the dormitory attached to it. Pulse 66, weak, and thready. Tongue readily protruded, covered with a white fur, and fissured. No headache, eruptions, bruises, nor fractures. First finger of right hand ulcerated in various places, swollen, and perforated by sinuses, from which a brick-red ichorous fluid exuded, apparently due to necrosis of the two distal phalanges. The nail was partially separated from the finger, which had a specific appearance. The tissues at the root of the finger had a dark red congested appearance, the adjoining skin being in a state of desquamation. There was a surgical incision over the second phalanx. Gait feeble. Greatly emaciated. Bodily health very weak. Unable to walk without assistance. Complained of pain over the sacral region. Trembled slightly. Partial loss of power in the lower extremities. Intelligence degenerated into mere childishness. Pupils equally contracted.—Gestures fantastic, and expressions incoherent. Unable to answer questions properly. Complained of pain when the diseased finger was handled. Threatened "to bite, scratch, and eat reporter's head off." In a very dirty and neglected state. Not appearing to be inclined to sleep, some hours after being put to bed, she was ordered the following draught:—*R Chloral Hydrat* ℥ii. *Aq ad* ℥ii. m. ft. *Haust.*

27th February.—Slept until 6 a.m. Finger dressed with linseed meal poultices, and carbolic oil (1 to 30).

28th February.—Free incisions were made into the finger, laying open the sinuses. The finger was then bathed in warm water, and a poultice applied. There was very little hæmorrhage from the incisions.

29th February.—The sinuses having healed, the adhesions were broken down with a probe. No necrosed bone was detected on probing. Slept well last night. Has taken very little food since her admission. Was given two ounces of brandy after the examination and ordered 2oz. whisky and one pint beef-tea (as extras) per diem.

4th March.—The finger is improved, as also are her bodily condition and appetite. Local application of poultices still continued. The whisky has been increased to 4oz. per diem. Is taking the following mixture—*R Quin Sulph gr x. Tinct Ferri Mur* ℥iii. *Infus Calumbæ ad* ℥viii. m. ft. *mist.* ℥℥ ter. hor.

6th March.—Finger looking much better. Sinuses healing. Poultices continued. Appetite better. Mental state slightly improved.

7th March.—Finger strapped with diachylon. Talks more rationally. Appears to appreciate any little kindness which is shown to her.

10th March.—Strapping removed. Finger much reduced in size. Pus having formed in one of the sinuses, poultices were applied.

12th March.—Noisy during the night. Bodily health and mental state improved.

13th March.—Portions of necrosed bone removed from the finger. *Lotio nigra*, on lint, applied.

15th March.—Strapping re-applied. R Quin Sulph ʒii. Tinct Ferri mur ʒii. Æther Chlor ʒß. Aq ad ʒviii. m. ft. mist. ʒß ter die.

17th March.—Strapping removed. Swelling greatly reduced. A small poultice applied to the extremity of the finger.

22nd March.—Strapping renewed. Has sat up, part of each day, since the last entry was made. Seems to be much improved.

23rd March.—Continues to improve. Half-pint porter to be substituted for 2oz. of whisky.

24th March.—Finger improved. Bread poultice applied in lieu of plaster.

25th March.—Finger still improving. Dressed with resin ointment.

27th March.—Zinc ointment substituted for resin ointment. Quinine mixture continued.

31st March.—Finger still improving, and the nail growing again. Mental state worse. Childish manner.

8th April.—The finger has healed, and all medicines and extras have been discontinued. Mental state greatly improved.

25th April.—Finger much reduced in size. A small collection of matter formed under the inner side of the finger, and was treated by means of bread poultices, followed by weak mercurial ointment, to cause the induration, which remained, to disappear. Zinc ointment is now being applied. She appears to be, both physically and mentally improved, and does light fancy work, such as knitting, &c.

6th May.—Liberated on trial, for six months, from the 26th April. The finger is quite healed up, and a new nail has grown on it. It promises to be a very serviceable finger. Her mental state appears to have improved "pari passu" with the finger.

23rd October.—Discharged. Recovered.

23rd November.—It was stated by her relatives and friends that her mental faculties were in perfect order until her finger became diseased, but that soon afterwards the mental disorder became developed. They also stated that since she was discharged "she has been as well as ever she was in her life."

Notes of a Case of Tubercular Tumour of the Brain. By Dr. HOWDEN, Montrose.

J. G., aged 28, unmarried, native of Lerwick, Shetland, was admitted to Montrose R. L. Asylum, on 7th May, 1873.

Cause of insanity unknown. Has monomania of suspicion. Has every appearance of having phthisis pulmonalis. Suffers from amenorrhœa.

During her stay in the asylum no change in her mental condition was observed. Since beginning of 1876, she suffered from severe cough and expectoration, and ultimately died of phthisis on 22nd September, 1876. A week before her death it was noticed that the right pupil was dilated.