Correspondence.

"Audi alteram partem."

THE INCREASE OF LUNACY.

To the Editor of THE LANCET.

SIR,—I see that in one of the medical annotations in *THE LANCET* of this week you draw renewed attention to the question of the accommodation of the ever-increasing pauper lunacy of the county of Middlesex. I therefore venture again to claim consideration through your columns for the plan we have of late adopted in the county of Sussex, as it has so far been attended with decided success.

The plan is as follows:—In all asylums there are a certain number of chronic and harmless insane, whose relatives are constantly applying to the authorities for their discharge. Why should not the wishes of these relatives be acceded to? Unfortunately, however, it has become almost a dogma with not only the public generally, but also with the medical officers of asylums, that a pauper, as long as he remains insane, must be detained in the county asylum. I consider this a very pernicious and fallacious doctrine. If the friends of a lunatic are willing to take charge of him, why in the world should they not, always provided that they have the means to keep him from want, and that he is harmless, as many lunatics are, to himself and others.

The visiting justices of the Sussex Asylum have been trying the plan thus shadowed forth for the last eighteen months, and, so far, without any untoward result; indeed, with every prospect of success, for whereas up to 1870 the numbers in the asylum had increased by about 20 a year, during the past year there had been no increase; on the contrary, the numbers now are absolutely smaller than they were last year, and I make no doubt that we shall, by continuing our present plan, be enabled to ward off for many years to come any further enlargement of the fabric of the asylum.

I am aware that the difficulty of initiating such a plan would be very great in Middlesex, and would be attended with even more proportional risk than in an ordinary county; and chiefly for this reason—which is, by the way, another argument against monster asylums,—it is impossible that the medical officers can have a very intimate knowledge either of the patients, the relatives, or their abodes, and therefore they would have great difficulty in selecting proper cases. But in a moderate-sized asylum, like the one for the county of Sussex, the medical superintendent probably knows as much about the patients' friends as he does of the patients, and is thus enabled to judge of their fitness for the charge they solicit.

Two great objections have been urged against my plan.

1. A lunatic hitherto harmless may suddenly become dangerous, and do some mischief either to himself or others. But the likelihood of danger from such a change is not nearly so great as from a sane man suddenly becoming insane. For in the one case you are, or should be, on your guard, but in the other you may have no warning.

2. The relatives of the lunatic may ill-treat or neglect him, and we might have a return to the scenes of a bygone era, when lunatics were loaded with chains and tied up in out-houses. But with the advancing enlightenment of the age, such deeds of darkness become daily more difficult of accomplishment, and if attempted would probably soon be detected and denounced to the authorities.

However, the chance of the occurrence of any such horrors might easily be prevented by retaining the names of the lunatics on the books of the asylum, and either having them visited periodically by an official from the asylum, or else paying the union medical officer a fee for making a quarterly visit, reporting the same to the asylum authorities. There are of course, however, many harmless lunatics in the county asylums whose friends have not the means to take care of them, however anxious they may be to do so. It follows, therefore, that if the visiting justices had the power to order the unions to make a small weekly allowance to these poor people, my plan would be capable of still further development. As it is, more than twenty harmless

lunatics have been released, by the wise humanity of the visiting justices, from the county asylum at Hayward's-heath, and could a small pecuniary allowance be granted in deserving cases, several more might be discharged.

I need scarcely take up your valuable space with the many cogent reasons why this plan commends itself to adoption, not the least important of them being the fact that it will prevent the infliction of further pecuniary burdens on the already over-taxed ratepayers.

I am, Sir, your faithful servant,

S. W. D. WILLIAMS, M.D.,
Medical Superintendent, Sussex County Lunatic Asylum,
Hayward's-heath, Dec. 2nd, 1871.

ST. ANDREWS AND MEDICAL DEGREES.

To the Editor of THE LANCET.

SIR,—Allow me space to correct a misapprehension in your last week's article under the above heading.

The inquiry to which you refer is made by the St. Andrews Medical Graduates' Association, not by the University of St. Andrews. Its object is to ascertain on absolute data whether the assurance given to the Scottish Universities' Commissioners as to the sufficiency of ten degrees annually to meet the needs of the profession is trustworthy or untrustworthy; and to determine the exact amount and nature of the injurious action of the present regulations by discovering, as nearly as may be, not the numbers of those who "desire to obtain the degree of doctor," but the number of those who, whilst in the "possession of the qualities which justify its being conferred," are unable to offer themselves for examination by reason of the existing restrictions.

With *THE LANCET* the Association is of opinion that "it is not desirable that the degree should be procurable except by members of the profession of a certain grade of merit and culture"; but it further contends that the possession of this due amount of merit and culture, tested and proved by a searching examination, should obtain for a candidate his degree, whether he be one of ten or one of twenty.

We are striving for no monopoly, no new privilege, but for restriction by a knowledge-test against restriction by a number-test.

Faithfully yours,

LEONARD W. SEDGWICK, M.D. St. Andrews.

Gloucester-terrace, Hyde-park, Dec. 12, 1871.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will insert the enclosed letter, which I have just received, in your this week's issue.

I am, Sir, yours obediently,

JOHN WICKHAM BARNES,

Gower-street, Dec. 13th, 1871.

Honorary Secretary.

Worcester, Dec. 12th, 1871.

Dear Sir,—I enclose an extra subscription of 5s., payable to Christmas, 1871. I wish that every member would do the same, now that money is wanted for Mr. Corrance's Bill for next session, and an alteration is being made in the time at which subscriptions will become due. Under any circumstances, some odd shillings will have to be paid up to Christmas, and it would be but a graceful act on our part to at once forward 5s. each to enable those who are labouring in our cause and that of the sick poor to continue services which have truly been beyond all praise.

I am, dear Sir, yours faithfully,

WILLIAM WOODWARD, M.D.
To the Secretary of the Poor-law Medical Officers' Association.

DRUNKENNESS AND DIPSOMANIA.

To the Editor of THE LANCET.

SIR,—Upon page 832 of *THE LANCET* of the 9th instant is what purports to be a report of a meeting of the "St. Andrews Graduates' Association." I trust you will allow me to correct that portion of the report in which my name occurs.

The report says: "Dr. Seaton did not believe in the disease called dipsomania. Drunkenness was a vice, and should be treated as such." I assure you that I never stated anything of the kind. The few observations I made were to the effect that in any attempts which might be made to legislate on the subject of drunkenness it was of the first importance to bear in mind that "habitual drunkenness" and "dipsomania" were *totally distinct*—the one having its origin in vice, the other being the result of disease, and that, consequently, the legislation which might be good for the one would not necessarily be applicable to the other. I therefore urged upon the members, as medical men, the importance of their doing, individually and collectively, everything in their power to guard the general public against the error of confounding "habitual drunkenness" and "dipsomania" with each other.

I am, Sir, your faithful servant,
Halliford House, Sunbury, Dec. 11th, 1871. JOSEPH SEATON.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE election which took place a few days ago at the Royal Infirmary for a physician in the room of Dr. Vose, who has resigned the appointment, resulted in the return of Dr. Glynn. The contest between him and Dr. Dickenson was for some time a very close one. A very active canvass of the trustees had been made by the friends of both parties for some weeks before, and the result was looked forward to with interest. The candidates are both young men. Dr. Glynn has held the office of physician to the Northern Hospital for the last two years; and Dr. Dickenson, the son of a former physician to the infirmary, has until recently been one of the resident physicians of St. George's Hospital.

In compliance with the wish of the profession as expressed at a large meeting of the Medical Society, the authorities of the Northern Hospital have modified considerably the changes which they proposed to make in the laws relating to the appointment of physicians. The alterations they recommend now are: "That no honorary medical officer be eligible to serve on the staff unless he has been engaged in private practice for two years"; and to strike out the words "practises, or within six calendar months shall have practised," and substitute for them the words "from the time of his election shall practise." By the latter clause they secure that their physicians shall practise pure physic. There can be no possible objection to these rules, and when they advertise for two physicians, which they propose doing as soon as these laws have been agreed to, there will be no dearth of candidates. Three at least are at the present time only waiting the announcement of the vacancy to come forward, being prepared to give up general practice if elected.

The mortality of Liverpool is below the average. We have no epidemic decimating the population and making us a by-word to the rest of England; but though this is the case, we have a mortality from lung affections which is deplorable in its magnitude, and is well worthy of being inquired into. At this season of the year it comes as it were to the front, and makes itself noticed. In the week ending Nov. 25th, of 300 deaths recorded here, upwards of 120 were from tubercular and lung diseases. The increase of phthisis is particularly noticeable, because this has gone on steadily advancing for the last five years, whereas previous to that time it seemed on the decline. On the causes of Liverpool's high mortality, one of your medical contemporaries contains a learned disquisition from one of its contributors which has been much laughed at here. It soars so much above what is practical and to the point. What we want is a check put in some way to the intemperance of the present day. If any one thing could be pointed to as the "*fons et origo malis*," to quote the words of the writer alluded to, it is this—the excess to which the drinking of all kinds of intoxicating liquors is carried at the present time. If the legislation of the coming session results in any enactment which will limit and lessen this, it will far exceed, in the absolute good attained, any measure which has preceded it.

Liverpool, Dec. 7th, 1871.

Obituary.

SIR JAMES MURRAY, KNIGHT.

THIS gentleman, whose name has been well known for the last thirty years in connexion with the fluid magnesia which he introduced, was formerly in the army, having become a licentiate of the Royal College of Surgeons of Edinburgh in 1807, and of the Dublin College in 1808. He did not take his degree of M.D. of Edinburgh until 1829, and three years afterwards received the honorary M.D. of Dublin. Having settled in Dublin, Sir James Murray was appointed physician to the Lord Lieutenant, from whom he received the honour of knighthood. Sir James seems to have early turned his attention to the employment of magnesia, and, in 1817, wrote a paper "on the danger of using solid magnesia, and on its great value in a fluid state for internal use." He established a manufacture of the fluid magnesia, and was not unfrequently in legal collision with a well-known firm of London chemists for infringement of his patent rights. It must always be regretted, we think, when professional men embark in medical commercial speculations, and Sir James Murray was no exception to the rule that medical men are usually not good men of business. Among his inventions was a method of utilising the principle of atmospheric pressure in the administration of air-baths of any required density or rarity. He held the post of Inspector of Anatomical Schools in Ireland for many years, and only resigned the appointment a few months since: he was also physician to the Netterville Hospital. Sir James Murray published a work on "Heat and Humidity," a treatise on the "Medical Effects of Atmospheric Pressure," and a work on "Cholera," which latter was translated into Italian, besides numerous pamphlets on medical and scientific subjects. Sir James died on the 8th inst., aged eighty-four years.

PHILIP CHILWELL DELAGARDE, F.R.C.S.,

EXETER.

MR. DELAGARDE was born in 1797, and was educated at the Exeter Grammar School. He was apprenticed to Messrs. Peppin and Barnes, who were surgeons to the Devon and Exeter Hospital, and he thus early had the advantages of hospital training. He afterwards studied at St. Bartholomew's, where he became in due course one of the house-surgeons. He obtained his diploma as Member of the College of Surgeons in August, 1819. In the following year Mr. Delagarde embarked in practice in Exeter, where he lived a highly respected life for over fifty years. He early took up the practice of ophthalmic surgery, and in 1836 became one of the surgeons to the Eye Infirmary. In 1841, he succeeded Mr. Luscombe as one of the surgeons to the Devon and Exeter Hospital, and in 1843 was elected an Honorary Fellow of the College of Surgeons, being at his death within five-and-twenty of the top of the list. Mr. Delagarde died at Exeter on November 17th. He leaves two daughters, his son, who had shown great promise as a surgeon, having preceded him at an early age.

Mr. Delagarde was an excellent practical surgeon, and took much interest in the progress of surgery, and especially that of ophthalmic surgery. Early in life he wrote upon Cataract, and he contributed "A case of Simultaneous Occurrence of Small-pox and Measles" to one of the early volumes of the Medico-Chirurgical Transactions. During the last few years he made several valuable contributions from his practice at the Devon and Exeter Hospital to the St. Bartholomew's Hospital Reports, and also published a pamphlet on "Nursing Sisterhoods," in which he made some trenchant remarks upon the rules laid down for the nurses by the authorities of one of these institutions. In early life Mr. Delagarde had taken an active part in the politics of his city, and served both the offices of sheriff and mayor. He was a good speaker, but was rather apt to allow his feelings to run away with him. In 1865 he presided at the annual dinner of the Fellows of the College of Surgeons, but did not take any active part in professional politics. Respected and beloved by his fellow-townsmen, he leaves behind him a name which will long be regarded with affectionate regret.