

Thereafter Dr. H. T. MANNING read notes of "Cases in Lunacy Practice," which will be published in a subsequent number of the Journal.

On the motion of the PRESIDENT, a hearty vote of thanks was accorded to Dr. Finch, who had received them with noble hospitality, and had ensured the success of their meeting.

MEETING OF THE SCOTTISH DIVISION.

A meeting of the Scottish Division was held in the Hall of the Royal College of Physicians, Queen Street, Edinburgh, on Thursday, 12th November, 1896. Dr. McDowall, President Elect, occupied the chair, and there were present Dr. Beadle, Dr. Bruce, Dr. Cameron, Dr. Clouston, Dr. Ford Robertson, Dr. Edgerly, Dr. Havelock, Dr. Hotchkiss, Dr. Ireland, Dr. Keay, Dr. Mitchell, Dr. A. E. Turnbull (secretary), Dr. Urquhart, Dr. Watson, Dr. Wilson, and Dr. Yellowlees.

The minutes of the previous meeting, held in Glasgow, were read and approved.

Charles Macpherson, M.D., Deputy Commissioner in Lunacy for Scotland, was elected a member of the Association.

Dr. FORD ROBERTSON read "Notes on the Structure of the Neuroglia," (see page 67).

Dr. URQUHART read a "Note on the Department for the Insane in the Communal Hospital of Copenhagen." He stated that the hospital contained 900 beds, and was in constant touch with the University; and described the two pavilions, each containing about sixty beds, under the care of Dr. Pontoppidan. These pavilions receive the nervous and mental cases belonging to the city—that on the west such cases as paralysis, locomotor ataxia, and so on; that on the east the insane sent for observation and report after criminal offences or provisionally admitted for treatment to recovery or transfer to the large asylum at Roskilde. Dr. Urquhart drew special attention to the fact that for eight years the nursing of the insane has been done by women, three nurses and one attendant in each of the two male wards, containing eleven patients each. During that time only one case had proved impossible for female nursing. He concluded by referring in detail to the nature of the cases under care, and commended the system in use at Copenhagen as beneficial to the patients and the public. He deprecated estrangement in the study of nervous and mental diseases, and urged that the medical school and the asylum should be in intimate contact.

The CHAIRMAN said that twenty years ago he had been at two Danish asylums—Roskilde and Wortenberg—and these two places presented remarkable contrasts in their treatment of the patients. The Roskilde institution was managed upon the English method, and the other on the French method. These asylums were managed on Danish lines with great ability and perseverance. The number of hours spent by the physicians in the wards would astonish most of them very much indeed. Ten hours a day would be rather more than most of them could stand, but that was what was done.

Dr. YELLOWLEES said he had been contrasting in his own mind Denmark with Damascus, where every patient in the hospital was shut up in a stone cell, and had an iron chain round his neck.

The CHAIRMAN said that he had observed that they had had a meeting in Edinburgh on that very subject, and that the insane in Syria seemed to be very badly treated.*

Dr. IRELAND remarked that in Mohammedan countries they allowed a great deal of freedom to lunatics. That was begun a long time ago, and was a step in the right direction. Lunatics were allowed to wander about at will, and

* Dr. Clouston will gladly receive any subscriptions in aid of these unfortunates.—Ed.

were never ill-used. From a kind of superstitious respect, they were treated with kindness and forbearance. He had hoped to accompany Dr. Urquhart to Copenhagen, as he was anxious to see the different institutions for the blind, the deaf, and the imbecile. A friend of his who had also visited France and Germany had said that these classes were better cared for in Denmark than in any other country which he had seen. He would like to know what the percentage of recoveries was, and what was the death-rate.

Dr. TURNBULL said that in a letter he had had from Mr. Sanborn, of Massachusetts, he mentioned that when he was in Holland he saw the same thing which they had been claiming as original in Fife, namely, the male patients under the charge of female nurses, at Meerenberg.

The CHAIRMAN—I understand that that was given up.

Dr. TURNBULL—In Worcester it was done partly. There was an impression that all the admissions in the Fife Asylum were under female nurses, but he never meant to give that impression. It was the cases of bodily sickness which were under the charge of females. New admissions were under the charge of attendants; in that they had made no change.

Dr. URQUHART thought that it was quite clear that Dr. Turnbull had the honour of introducing this system for certain classified patients in the Fife Asylum. It was a most interesting departure, of course greatly depending upon the geography of the asylum. One point of his paper was to give Dr. Turnbull every credit for his instituting this desirable change without knowledge of previous experience in other institutions. This department of the Copenhagen hospital was a clinical establishment such as had obtained for years in various other places. For instance, in Paris there was a clinical block in connection with St. Anne's Asylum, but this was not connected with any asylum, although insane patients passed through it to the Roskilde Asylum. He did not go into the percentage of recoveries, deaths, and so on, because the results would be misleading. If they added to the recovery-rate of Morningside the recoveries in the delirium tremens ward of the Edinburgh Infirmary they would of course get better results than at Morningside alone. They could not compare things which were so entirely different. When one talked of proposing such an arrangement for London it must be done in a most guarded way, because Copenhagen was more like Edinburgh in size, and therefore more easily arranged for.

Dr. YELLOWLEES asked if that was not what was done by the Barony parish in Glasgow, where they had a receiving house for all patients, and those who went to Lenzie were sent there first.

Dr. URQUHART thought that it was at the wrong place. He could not agree that a reception house should be in close association with any Poorhouse.

Dr. Campbell Clark had prepared a paper on "Changes and Complaints in Asylum Service," which, in his unavoidable absence, was read by Dr. TURNBULL. A long discussion ensued, and was adjourned to the next meeting, on the motion of Dr. KEAY.

On the motion of Dr. TURNBULL a vote of thanks was given to Dr. McDowall for his conduct in the chair, and the meeting separated.

The members afterwards dined together in the Palace Hotel.

BRITISH MEDICAL ASSOCIATION.

(Concluded from Vol. XLII., page 895).

Morbid Shyness. By HARRY CAMPBELL, M.D., F.R.C.P. London.

Morbid shyness, like some other mental disorders, such as claustrophobia, is an exaggeration of a normal state. When shyness causes such symptoms as faintness, nausea, twitchings, and aphasia, and when it leads the sufferer to shun society, and to develop into a suspicious, self-centred hypochondriac, it constitutes a veritable disease. The morbidly shy come of a stock in which insanity,