

occurred to the medical officer that there are other restoratives and restorative appliances besides alcohol. External heat, hot coffee or milk, or other liquid, aromatic spirit of ammonia, chloric ether, and compound cinnamon powder, have all been found useful in such conditions. Alcohol itself might be given in a medicinal mixture, or in such combinations as compound tincture of cardamoms, or simply in hot water. While we do not desire to question in the slightest the judiciousness of the prescriptions of intoxicants at Belper, and we are glad to note that the medical officer orders these remedies only to the sick, we cannot too strongly urge the utmost caution and deliberation in the therapeutic employment of beer, wine, and spirits in workhouses. There are so many abuses liable to arise where alcoholic drinks are freely ordered in institutions that, wherever possible, other medicinal preparations ought to be preferred if as suitable for the case. In some very large workhouses and infirmaries very little liquor is consumed, and as no deleterious effect has been observed from the treatment on the rate of mortality, the very sparing employment of alcoholic intoxicants given even as a medicine can be confidently commended to all engaged in the poor-law medical service."

Speaking from an experience extending over fifteen years, during which period I have been connected with three different asylums, and from an antecedent experience as medical officer to a workhouse, I cannot help having very strong suspicions that in any institution in which stimulants are distributed with a lavish hand a large proportion does not find its way to those for whom it is intended.

I hope you will be able to insert this letter in the April number of the Journal.

Faithfully yours,
JOSEPH PETIT,
Resident Medical Superintendent.

Obituary.

ALEXANDER MACKINTOSH, M.D. ST. AND., L.F.P.S. GLASG.

The Medico-Psychological Association has lost one of its earliest and oldest members by the death of Dr. Alexander Mackintosh, Honorary Consulting Physician to the Glasgow Royal Asylum, which took place at Glasgow on 20th January last. He was born, and for the most part educated, in Glasgow. After a period of service in the Army, including, we believe, the superintendence of a colonial military hospital, he was appointed Lay Superintendent of the Dundee Royal Asylum in 1830, and in 1833 became Surgeon-Superintendent of that Institution. This office he filled "to the entire and unqualified satisfaction of the directors" until he was appointed in 1849 Physician-Superintendent of the Glasgow Royal Asylum. The duties of this office he discharged with equal success and acceptance until failing health led to his resignation in 1874, when he was created Honorary Consulting Physician to the Institution he had so long and so ably superintended, and in acknowledgment of his faithful and invaluable services was awarded a pension equal to two-thirds of his salary.

Dr. Mackintosh very early adopted enlightened and humane views as to the treatment of the insane. He advocated and practised the so-called "non-restraint system." He was among the first to recognize the great value of manual labour as an antidote to excitement or an outlet for it, and the Dundee Asylum under his energetic management was remarkable for the amount and the variety of the industrial work done by the patients.

His administration at Gartnavel was hampered by the debt which so long burdened the institution, but his conduct of the asylum was such as to secure at once the entire approval of the directors and the full confidence of the public.

A high sense of duty was perhaps the prominent feature of his character, and he expected a like feeling in others. Hence in his asylum management he was

a rigid disciplinarian, and demanded punctual and minute attention to all details of treatment. While kind and indulgent to the patients, he had no toleration for carelessness or neglect in the servants of the institution. He expected from his staff a devotion akin to his own, and he appreciated upright and efficient service as those only can who strive to render it themselves.

He died in his 84th year, having really spent his life in the cause of the insane. Few men have left a record of such long and faithful service.

WILLIAM HENRY OCTAVIUS SANKEY, M.D.LOND., F.R.C.P.

We regret to have to chronicle the death of Dr. Sankey, of Boreatton Park, Shrewsbury. He was a student at St. Bartholomew's, and after practising at Margate, became resident medical officer at the London Fever Hospital. In 1854 he was appointed medical superintendent of the female side of the Hanwell Asylum, where he worked assiduously for ten years. His health was not good and he preferred having a private asylum, at Sandywell Park, near Cheltenham. This did not prevent him coming up to London and lecturing in the summer at University College, on Mental Diseases. In 1882 he removed to Boreatton Park, and was, we believe, successful in his private asylum there. Two years later he issued a second edition of his Lectures on Mental Diseases, a work favourably reviewed in this Journal. He was President of the Medico-Psychological Association in 1868. As recently as 1887 he was President of the Shropshire and Mid-Wales Branch of the British Medical Association.

The intelligence of his death reaches us as the last sheet is passing through the press, and the space at our command does not admit of a more extended notice. We understand he had been ailing for some time with hepatic symptoms of a somewhat obscure nature, but the announcement of his death will come to many as a surprise. He died on the 8th of March, of pneumonia, after a few days' illness.

MEDICO-PSYCHOLOGICAL ASSOCIATION.*

M.P.C. EXAMINATION.

ENGLAND.

BETHLEM HOSPITAL, December 20 and 21, 1889.

Examiners:

DR. FIELDING BLANDFORD and DR. HACK TUKE (in the absence of DR. RATNER).

The following candidates received the Certificate of Efficiency in Psychological Medicine:—

J. CHAMBERS, M.B., M.Ch., Assistant Medical Officer, County Asylum, Garlands, Carlisle.

J. C. MACKENZIE, M.B., C.M.Edin., Assistant Medical Officer, County Asylum, Morpeth.

N. RAW, M.B., B.S., Assistant Medical Officer, Borough Asylum, Portsmouth.

Questions:

I.—What treatment should you employ to procure sleep in: 1. Acute Delirious Mania? 2. Acute Melancholia? 3. Acute Mania? 4. Simple Melancholia? 5. The Acute Stage of General Paralysis?

II.—What are the post-mortem appearances in the brain of patients dying: a. In an attack of Acute Insanity? b. After Chronic Insanity? c. After General Paralysis?

* The next Examination, and also one for Honours (Gaskell Prize) will be held at Bethlem Hospital in July, 1889. For particulars apply to Dr. Savage, 3, Henrietta Street, Cavendish Square, W.