

which we have done? Where all has been so good, it may perhaps not be very gracious to find fault; nor do I wish to do so, but only to point out other fields of labour in which I think abundant harvests may be reaped. It is, I confess, with a slight feeling of disappointment that I survey the work of the past year, in order to find what has been done in regard to uterine therapeutics. There has been a singular absence of any well-recorded observations of the value of drugs in the treatment of uterine diseases. I am myself a firm believer in the use of drugs. To me, practice would be shorn of its greatest attraction if I did not feel confidence in the things I prescribe. And what we sorely need here is a number of accurately recorded observations of medicinal treatment, that we may know what is useful and what not, and, if possible, the reasons why. We shall look in vain, in the past numbers of our Journal, for much information, much evidence of work done, in this department. With the single exception of the medicated tampons exhibited by Dr. Fan-court Barnes, as illustrating a new mode of applying remedies, we have had no novelty in medicinal practice brought forward. Dr. Chalmers, in his well-recorded case of sloughing of the vagina, certainly detailed some very careful observations in practical therapeutics. We want many more such, and I think we must probably look for them rather from the less operative Fellows of the Society. True, there was, one night, reference made to the value of iodine in the treatment of certain uterine diseases, but this reference served rather to illustrate the proverbial saying that doctors differ; because, while one eminent authority declared that iodine is most valuable when used in conjunction with glycerine, another no less emphatically stated an exactly opposite opinion. It is obvious that there must be some mistake here, and what we want is such accuracy of observation that errors of this sort are impossible. In my inaugural address, I gave special expression to the hope that during our first year of work we would record many accurate histories of exact therapeutic observations which would add to our treasury of useful knowledge, from which our professional brethren, and especially those engaged in general practice, might largely draw for the benefit of those whom they might be called upon to treat. At present, my hope in this respect has not been realised; and, ere I vacate this chair, I would again earnestly invite those Fellows of the Society who have special opportunities for observing the effect of drugs in gynaecological work to give us the benefit of their experience, in order that the teaching value of this Society may receive its fullest and most useful development.

There is another little criticism which I would venture to make, in the form of a mild protest against what I fear may become the too surgical tendency of this Society. We must remember that it is not given to all of us to perform the splendid operations which we have had detailed to us over and over again during the past year, by those whom we may well regard as the leaders in gynaecological surgery. Moreover the mind is apt to become satiated with these sensational novelties, and to be unfitted thereby for the more quiet but none the less useful routine of daily practice; and I venture to think that he who will perfect our daily work, by adding to our therapeutic store of knowledge of an exact kind, will do quite as much, though in a more quiet and unostentatious way, to earn the gratitude of suffering women, as he who performs the most brilliant operation before a wondering and admiring audience. Pray do not let it be supposed that I undervalue the splendid surgical achievements of Lawson Tait, of Bantock, and others; or the less showy but useful work described by Dr. R. T. Smith, in his highly suggestive and philosophical paper on the operation for the cure of lacerated cervix uteri; or again, the operation, originated by Dr. Alexander, of shortening the round ligament for obstinate and severe cases of retroflexion. I admire these achievements as much as any one, and I think they do infinite credit to the skill, the ingenuity, the courage, and the patience of their performers; and the record of their work must ever be honourable to this Society. But for all that, we must take care not to be too one-sided, and especially we should be careful not to be too surgically minded in our practice, or to think that the record of surgical work only is the one thing needful in such a society as this; for in proportion as we do so, we limit the sphere of usefulness of this Society, and to that extent we sow the seeds of ultimate decay and dissolution.

And now, gentlemen, I have finished. I fear I have wearied you with these tedious and rather commonplace observations, for which I ask your indulgence. The time has arrived when I must vacate this chair, which by your kindness I have occupied during the past year. No one knows better than I do my many shortcomings during my year of office, and no one can have felt more keenly than I the responsibility which rested upon me as your first President. It is no light matter, in these days of marvellous scientific development, to

undertake to found a new scientific society; and certainly those who do so should understand what they are about, and give proof of the reality and seriousness of their work. I do not think we shall have much to fear on this account when the day of reckoning comes. I rejoice to know that the wonderful success which this Society has achieved up to the present time—a success which I believe is without a parallel in the history of medical societies—has been due far more to its own inherent vitality than to the character and work of its first President. Certainly, I have taken, and shall continue to take as long as I live, the deepest interest in its welfare and success; and, to the utmost of my power and ability, it will be a genuine pleasure to me to promote its prosperity and extend its usefulness. Nor can I doubt that what you have done to-night, in the choice of my successor, has been done wisely and well, in the best interests of the Society. Considering the title and composition of the Society, I think it was both a graceful and a right thing to do to choose a President from among the provincial Fellows. Mr. Lawson Tait has by his work demonstrated that he is a consummate master of his art, and he is known, to be a man of the true scientific type. Moreover, he is a man of great force of character—fearless, honest, thorough, and straightforward; in fact, just the sort of man that I would wish to see ever at the head of affairs of the British Gynaecological Society. I congratulate you on the choice which you have made, and him on the honour he has received.

## CLINICAL LECTURE ON IDIOCY AND IMBECILITY.

*Delivered to Students of Owens College, Manchester (Dr. Ashby's Class for Diseases of Children).*

By G. E. SHUTTLEWORTH, B.A., M.D.,  
Medical Superintendent of the Royal Albert Asylum, Lancaster.

GENTLEMEN,—In welcoming you as observant visitors to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, I presume it will be scarcely necessary for me to point out wherein the inmates of this institution differ from those of a lunatic asylum. As, however, I am sometimes surprised to find that, even amongst members of our profession, there is a want of clear appreciation of the distinction between the lunatic and the idiot, a contrasting definition of each class may not be out of place. Briefly, then, the lunatic is one who has lost his intellect, the idiot has always lacked it; in the one case, there is mental disease; in the other, mental defect. Lunacy, or insanity, is characterised by disordered mental action; idiocy, or imbecility, by defective mental action. Esquiroi aptly compares the madman to "a rich man become poor, whereas the idiot has always been in misfortune and misery." The term imbecility is now usually employed to denote merely a milder degree of idiocy, though formerly, and by French writers, it was used specially to designate mental weakness supervening in infancy. The Latin *Amensia* includes idiocy and imbecility; and the latter term (that is, imbecility) is, in my opinion, inappropriately applied when used (as we find even in official returns) to denote mental failure in old age, properly described as Dementia.

A few words as to the prevalence and distribution of idiocy. The census of 1881 gives 32,717 persons—16,105 males and 16,612 females—returned in the schedules for England and Wales as "idiots and imbeciles," being in the ratio of 1 to 794 of the population. Of these, no fewer than 9,183 were aged 45 years and upwards, of whom many so-called "imbeciles" were probably the subjects of dementia. On the other hand, parental reluctance to recognise mental defect in the case of young children is evidenced by the fact that the whole number of "imbeciles and idiots" under 5 years of age is returned as 451 only; and it is probable that a considerable increment, estimated by the Commissioners as at least one-fourth, should be added to the census returns, which would bring up the ratio at all ages to 1 in about 620 of the population.<sup>1</sup>

It is curious that, whilst the census returns give in the aggregate a slight excess of female idiots and imbeciles, the experience of all British institutions shows that there is about twice the demand for accommodation for male as for female imbecile children. This is to some extent explained by the fact that the excess of females exists

<sup>1</sup> Census 1881 Report, vol. iv, p. 68, etc.

only in groups of ages above 25, below which age 7,287 males and 5,572 females are returned. The greater liability of the male head to injuries in birth is probably one cause of the preponderance denoted by these figures. A like preponderance obtains in the case of deaf-mutes.

With regard to distribution, it is interesting to note that, in the seven northern counties from which the patients of this asylum are mainly drawn, the proportion of idiots is somewhat less than in England and Wales at large; the proportion in the former to the general population being 1 in 984, as compared with 1 in 794 in the latter. The proportions in the various counties range from 1 in 1,425 in the mining county of Durham, to 1 in 757 in pastoral and mountainous Westmorland.

You will probably have been struck with the defective physique which is manifested by many, if not the majority, of the inmates of the asylum. Their stature and weight, if compared with those of normal children of similar age, are decidedly below the average; the former being deficient at 5 years by 1 inch, at 10 years by 2 inches, at 15 years by 3 inches, and the latter at 8 years by 4½ lbs., at 10 years by 6 lbs., and at 15 years by 8 lbs.<sup>2</sup> The relative rate of growth of male and female idiots respectively varies, much as it does with normal children at corresponding ages, though all along inferior. The development of puberty is for the most part deferred in the imbecile class.

It is a mistake to suppose (as we find laid down even in students' text-books) that of necessity the brain of an idiot is undersized. You will probably have noticed that, amongst the children you have seen, small heads do not obviously preponderate; and, on comparison of a series of cranial measurements of our population and a series (corresponding for groups of ages) taken at a neighbouring orphanage, we shall find that the respective averages do not materially differ.<sup>3</sup> The explanation is, that the abnormally large heads at one end of the series compensate for the abnormally small heads at the other; and thus, to quote a somewhat trite but quaint saying of Fuller, "heads are sometimes so little that there is no room for wit, and sometimes so long that there is no wit for so much room."

Various bases of classification have been proposed by writers on the subject of idiocy. Long ago, Esquirol proposed a psychological classification, dividing idiots into three classes, according to their degree of capacity for speech. About twenty years ago, Dr. Langdon Down pointed out the curious ethnological resemblances of certain groups of idiots, and suggested that a division might be made into Caucasian, Ethiopian, Malay, and Mongolian types. More recently, he has proposed (in Quain's *Dictionary of Medicine*) an etiological classification; but, from this standpoint, perhaps the most comprehensive classification is that put forward by Dr. W. W. Ireland in 1872, and further elaborated in his excellent work on *Idiocy and Imbecility*. Whilst expressing my obligations to both these sources, I shall venture to submit to you a scheme of classification combining some of the features of each, which I have myself found practically convenient. In the first place, a broad division of all cases of imbecility may be made into *congenital* and *non-congenital* cases. Subordinate to these primary divisions, and in a sense intermediate, we have a group of cases in which the signs of imbecility are not manifest from birth, but appear at some crisis of childhood; and these Dr. Down has named *developmental* cases. It seems questionable whether these cases should form a subclass under the congenital or the non-congenital heading; for, though the imbecility may not be developed till the first or even second dentition, the "tendency to mental catastrophe" is, no doubt, innate. At all events, such cases are to be carefully distinguished from the purely *accidental* or *acquired* cases. In tabular form, the classification is as follows.

CLASS A.—CONGENITAL.

- | Type.                                   | Type.                                    |
|---|--|
| 1. Microcephalic.                       | 5. Primarily neurotic.                   |
| 2. Hydrocephalic (also non-congenital). | 6. Paralytic (also non-congenital).      |
| 3. Scrofulous—"Mongol type."            | 7. Choric (also non-congenital).         |
| 4. Sensorial (also non-congenital).     | 8. Cretinoid: (a) sporadic; (b) endemic. |

CLASS B.—NON-CONGENITAL.

- |                                   |   |
|-----------------------------------|---|
| <i>a. Developmental.</i>          |   |
| 9. Eclamptic.                     | 11. Syphilitic.                             |
| 10. Epileptic.                    | 12. Post-febrile (also <i>accidental</i> ). |
| <i>b. Accidental or Acquired.</i> |   |
| 13. Toxic.                        | 15. Emotional.                              |
| 14. Traumatic.                    |   |
| <i>c. Mixed Causes.</i>           |   |

Such a classification as the above will help us to consider in definite order the various groups of patients I have arranged for your

<sup>2</sup> See paper by author in Health Exhibition Literature, vol. xi, p. 502, and tables by C. Roberts, F.R.C.S.

<sup>3</sup> *Trans. International Medical Congress*, 1881, vol. iii, p. 610.

inspection; it does not, however, profess to be scientifically exact or complete. Some of the rarer forms of idiocy (such as those named from characteristic cranial distortions, "plagio-cephalic," "scaphocephalic," etc.) I purposely omit; also those called "hypertrophic."

The first inquiry that occurs to us is, which are the more frequent, the congenital or the non-congenital cases? If guided simply by the statement of parents, we shall conclude that the non-congenital are; and this is probably true, if we include under that term all the developmental cases. My own impression, however, is that parents will always give themselves the "benefit of the doubt;" and they are very slow to see and to acknowledge congenital infirmity in their offspring. There is no doubt, to use the words of Dr. West (*Diseases of Infancy*, 6th edition, p. 275), that, popularly, "a sense of hopelessness attaches to congenital disease;" but, so far as prognosis is concerned, my own experience is in accord with that of Dr. Down and others, that congenital cases, as a rule, offer more hope of improvement than the non-congenital.

Some help may be obtained in distinguishing between these two classes by the physiognomy. This boy with the shelving forehead, diminutive cranium, and bird-like aspect; and this one with the high, narrow-vaulted palate, and unshapely ear, planted low down and far back, are doubtless cases of congenital imbecility; as is also that girl with the branny skin, tender eyelids, wiry hair, squarely built head, and obliquely slanting eyebrows. On the other hand, this poor lad, with regular features and pleasing physiognomy; and this bright-looking, but restless girl, with good teeth, well-formed mouth and healthy skin, are examples of the non-congenital variety: in the one case, epilepsy has destroyed the intellect; in the other, some catastrophe, during teething, arrested its development. In spite of their comparatively bright appearance, they are amongst the least hopeful children here, and illustrate the remark of Dr. Down, "that the prognosis is, contrary to what is so often thought, inversely as the child is comely, fair to look upon, and winsome."<sup>4</sup>

Now, let us glance at some of the typical groups before us. First, we are struck with the extreme smallness of some of the heads; these are of course the microcephalic cases of our classification. Look at this lad "Freddy," now nearly 20 years of age, but only 55 inches high; his head measures, in its greatest circumference, no more than 15 inches. We have had him here nearly fourteen years, and during that time his stature has increased from 40 to 55 inches, but his head-circumference only from 14½ to 15 inches. His forehead rapidly recedes, and his occiput is small; his features are, however, shapely, his eyes large and lustrous, and his nose of Roman type. Like the so-called Aztecs, he has an aspect which reminds one of a bird. He is active in movement; and, though he can say but little, he is fairly observant of all around him, and makes his wants known by persistent gesture. He is somewhat pugnacious (a tendency, by the way, I have observed in some other microcephalics). He has improved to some extent in habits, but very little in intelligence and industry; and I need hardly say that, in extreme cases of microcephalic imbecility, the mental is limited by the cranial capacity. I have known, however, some amount of education and industrial training to be imparted to girls with head-measurements between 17 and 18 inches. The brain is, as a rule, small in these cases, from formative arrest of intra-uterine origin; and I have made *post mortem* examinations of cases in which it has weighed 21½ ounces, 13½ ounces, and 27½ ounces respectively. I show you a drawing of the first-named brain, from which you will see that the occipital and temporo-sphenoidal lobes were very imperfectly developed, and the cerebellum was quite uncovered (*Journal of Mental Science*, October, 1878). There is but little evidence in support of the theory which attributes microcephaly to premature cranial synostosis.

By way of contrast, let us now turn our attention to the group of cases illustrating hydrocephalic imbecility. This may be either of congenital or of non-congenital origin; but for our purpose the distinction is not of practical importance, for it is only when active disease has subsided that training is practicable. In such cases, however, considerable improvement may be looked for; and in this youth, whose globular head measures 23 inches in circumference, there remain, after seven years' training, but few indications of mental defect, save in the direction of moral imbecility. This girl, with a head measuring over 21 inches, is an useful worker in the dormitories.

We shall have no difficulty in finding cases wherein local and general indications of scrofula form the predominant characteristic. Here is a lad who has lost the sight of one eye from scrofulous ophthalmia, and we have numerous cases of scrofulous neck, with glands enlarged or discharging; indeed, strumous ulcers, and affections of the joints and bones, form a considerable portion of our work

<sup>4</sup> *Obstetrical Transactions*, vol. xxii.

at the Infirmary. "Perhaps two-thirds, or even more, of all idiots are of the scrofulous constitution," says Dr. Ireland; but many of these may, of course, be ranged under other types. There remain, however, a considerable number whose history, personal and hereditary, points to scrofula as the main efficient cause of the mental condition. Coming to us, as they usually do, from the slums of large cities, it is surprising to see how soon many of these cases improve from the fresh air, cheerful surroundings, and good feeding, which they enjoy in this institution. About 20 per cent. of our admissions have a phthisical family history, and some form of scrofulous or phthisical disease accounts for two-thirds of our deaths.

There is a remarkable variety of imbecility, probably scrofulous in its essence, which has obtained from its physiognomical characters the name of the "Mongol" or "Kalmuc" type. We have numerous specimens of that type in this institution (perhaps 3 per cent. of its population); and you will notice in all a certain family resemblance, though they come from widely distant parts of our district. They all have a skin coarse in epidermis, if not furfuraceous; many have sore eye-lids, some fissured lips; but one of their most striking peculiarities is the state of the tongue, which is transversely fissured and has hypertrophied papillæ. Many of them have almond-shaped eyes obliquely set; and this feature, with the squat nose and wiry hair, give the "Mongol" aspect whence they derive their name. My view is that they are, in fact, unfinished children, and that their peculiar appearance is really that of a phase of foetal life. I do not mean that they are necessarily prematurely born, but some cause has depressed the maternal powers, and there has been a defect of formative force. It is remarkable that, in our experience, nearly half these children are the last born of a long family; and in more than one-third a phthisical history has been traced. They are generally delicate in body, and very susceptible to cold; mentally, they have good imitative powers, are often very fond of music, and dance and drill well. Comparatively few grow up to be men and women; and, as a rule, they die of phthisis before 20.

Under the heading of sensorial imbecility, we include those cases in which defects of sight or hearing (or both combined) occlude the avenues of instruction, and, when special modes of education are not adopted, mental obtuseness results. Such cases, if refused by blind or deaf-mute schools, often find their way into idiot asylums.

"Primarily neurotic" cases depend upon inherited instability of the nervous system, and are characterised by abnormal excitability. The senses and perceptions may be sharp enough, but there is a painful restlessness, an incapacity for sustained mental application, and often strange propensities for mischief and cruelty. Here is a boy, innocent-looking enough, who takes a sly pleasure in 'plucking the doves we keep in cages; and here a girl who tears her clothing without compunction, though punished for it; she says she will be good, and at the very same moment pinches her unoffending companions. Such cases of moral imbecility tend too often to insanity at puberty.

Paralytic and choreic cases may or may not be congenital. In the former class, the paralysis may be due to an actual gap in the brain (porencephalous defect), or it may be produced by some infantile accident or illness. My experience of such cases is, that much may be done by special modes of education in improving the intelligence, which is often masked by the imperfections of speech and facial distortions. Choreic movements are sometimes seen associated with these paralytic cases, and I show you two or three patients who exhibit that curious form of inco-ordination called "athetosis."

The form of cretinoid imbecility, a specimen of which I show you to-day, is that described by Hilton Fagge (and, I think, by Sir William Gull) under the name of sporadic cretinism. This girl, aged 16, is no more than three feet high; she has a grave old-fashioned look, a broad face, pug nose, pouting lips, and protruding tongue. Her skin is loose and baggy, as if too large for her bones; the belly is tumid, and her hands and feet are squat. She has no goitre, but on each side one may feel some fulness above the clavicle, which Dr. Fletcher Beach's researches show to be fatty tumours. She can speak a word or two, but very slowly; and all her movements are characterised by the utmost deliberation. I may say that I have seen about half a dozen similar cases here and in other institutions; they have all been dwarfs, and look like children of one family. Those of you who have seen cases of myxœdema will note certain striking resemblances.

Cretinoid imbeciles with goitre are not common in the district of this asylum (including, though it does, the dales of Yorkshire and valleys of Westmorland), and I cannot show you to-day a single characteristic example. Those of you who have visited Savoy, or the valley of the Rhone, will probably be familiar with the repulsive aspect of the victims of endemic cretinism.

Eclampsic cases are those resulting from severe teething-fits and

infantile convulsions, as distinguished from true epilepsy. In 28 per cent. of our cases there is a history of convulsions, and in 20 per cent. they are assigned as the cause of the imbecility. The prognosis, in these cases, is, as a rule, not very favourable; of course, varying with the degree of brain-lesion left by the fits.

Epilepsy is very frequently associated with idiocy; and even here, though our rules exclude confirmed epileptics, 10 per cent. of our patients suffer from more or less frequent fits. You will recognise, in some cases, the peculiar suffused look about the eyes characteristic of epilepsy; and with regard to these I may say that the result of training is not encouraging, for with the recurrence of fits they are apt to lose the knowledge they had acquired. I show you one case in which Dr. Alexander, of Liverpool, has tied the vertebral artery with at least temporary benefit; and others who, by the long continued administration of bromides, appear really to have lost the tendency to epilepsy; but my experience is that these improving cases form but a small minority.

Syphilitic cases are not so common, or, at any rate, not so commonly recognised, in idiot asylums, as might be expected. I can show you but one case in which the history points to syphilis; in this there are fissures about the mouth, but the teeth are not characteristic, though suggestive. Juvenile dementia, supervening at puberty, is probably more frequently the mental manifestation of syphilis than is original defect of intelligence; but possibly, as has been suggested—(see paper in *Brain*, April, 1883, by Dr. Judson Bury)—some of the cases of hydrocephalic imbecility may really be due to inherited syphilis. "Hutchinson's teeth" are, however, very rare in idiot asylums.

Postfebrile, or inflammatory cases, are those in which the mental defect has followed brain-affection, complicating the exanthemata, or resulting from the extension inwards of otitis. Speaking generally, the prognosis is not favourable in this class of cases, though, of course, depending upon the amount of damage which the brain has sustained. In some cases, irremediable lesion may have been left; in others, there has been merely an arrest of development from failing nutrition. With a neurotic family history, such cases may be classed as developmental; some, however, may properly be considered accidental.

Toxic idiocy is, in this country, chiefly associated with the administration to infants of opiates, which, under the name of "soothing syrups," are, unhappily, much in request with ignorant mothers. I show you the photograph of a lad, said to have been brought up from babyhood on porter instead of milk. Though physically well favoured, he had evident atrophy of his nervous centres.

Traumatic cases are those due to accident in early life affecting the head; and the earliest form of such injury is pressure in parturition. This, when unduly prolonged, may give rise to the asphyxia neonatorum, which is, no doubt, perilous to the integrity of the nervous system, giving rise to spastic rigidity and choreiform symptoms, even if it do not destroy the intelligence. Dr. Down states that, of 2,000 cases of idiocy examined by him, 20 were born with well marked symptoms of suspended animation. In 2.9 per cent. of our cases, prolonged labour, without instrumental interference, is the assigned cause; and in 2.6 per cent. forceps-delivery is also recorded. The judicious use of instruments will, in many cases, avert the terrible consequences of too prolonged pressure. We have three or four cases in which falls on the head at the moment of birth, the labour being unexpectedly rapid, have been assigned as the cause; and many in which falls from the arms of careless nurses are blamed. Falls down steps, kicks from horses, etc., are other common causes of traumatic imbecility, the character and prognosis of which vary very considerably according to the severity of the accident.

By emotional cases, I mean those resulting from nervous shock or fright at an early age. This lad, who, though aged 22, has still a nervous shrinking expression, was bitten by a dog in early life; and this boy is said to have been all right till locked up in a dark closet at an infant school. Such cases improve under kind treatment, and the older of the two boys I have shown you is now an useful assistant in the stores.

As I have already said, while a certain percentage of cases may be definitely placed under one or other of the classes I have named, there are others (and perhaps the majority) in which the types, though traceable, are mingled together; and these I include under the heading of mixed causes.

Time will not permit us to do more than glance at the pathology of the subject. As might be expected, feeble minds are usually associated with feeble bodies; and the rate of mortality in English idiot

<sup>5</sup> See paper by author on "Health and Development of Idiots," *Health Exhibition Literature*, vol. xi, p. 581.

institutions is comparatively large. At the Royal Albert Asylum it has averaged 35 per 1,000 of its population during the fourteen years of its operations. Necropsies are always made when the consent of parents can be obtained; and we have occasionally found, when least expected, extraordinary defects in brain-conformation. I show you a photograph (by Dr. Ferrier) of the encephalon of a girl who died last summer of phthisis, from which you will see that she had scarcely any cerebellum, though she did not display during life marked symptoms of ataxy. Here is a brain from a paralytic imbecile, in which you will notice the defect called porencephaly—that is, a gap extending in the place of the right frontal convolutions, and leaving the deeper structures of the brain quite uncovered. Of course, these "coarse lesions" are exceptional; but microscopic examination will discover in many instances some abnormality of structure, such as the preponderance of simply formed brain-cells devoid of processes, denoting persistence of fetal structures; or, on the other hand, degenerative changes resulting from inflammatory atrophy.

I have already adverted to the numerous physical defects associated with imbecility. It may indeed be said that no idiot is physically sound; of course, amongst imbeciles of a higher grade there may be less bodily infirmity. The ameliorative treatment of this class entirely depends upon the principle, strongly insisted on by Seguin, that physical must precede psychical improvement; hence the importance of the skilled physician preceding, and indeed supervising, the operations of the schoolmaster. We have heard much lately of overpressure in elementary schools; I need hardly say that schools for imbeciles must be so organised as to render any sort of overpressure impossible. The training of the senses, and the regulation of the muscular powers, accomplished in as attractive a manner as possible, form the stepping-stones to the more familiar forms of tuition, which, however, must be aided by objective demonstration as much as practicable. I am not without hope that some of the plans adopted in the instruction of the feeble-minded may furnish useful hints to those interested in the education of normal children in accordance with physiological principles. You will see, in your inspection of the building, lessons in actual progress, both in school and in workshops; but I may direct your attention to the collection of school-appliances and educational and industrial work, for which a diploma of honour was awarded to this institution at the International Health Exhibition.

In conclusion, a few practical hints as to the mode of admission of children to this and other kindred institutions may be useful to you as medical practitioners. This is fundamentally a charity, and the majority of the inmates are elected by the subscribers; but we have also superior accommodation, and a separate boarding house, for payment cases. At present, every patient received here has to be certified precisely in the same form as is required for the admission of a lunatic to a lunatic asylum; that is, he must be described either as "an idiot" or as "a person of unsound mind." (The term "imbecile" is not statutory.) We think that the inclusion of such institutions as this—really training-schools for imbecile children—under the stringent provisions of the lunacy-laws is unfair, and often prejudicial to the educational interests of the feeble-minded; and it is probable that at no distant period an effort will be made to amend the law in this respect.

**DONATIONS AND BEQUESTS.**—The North Staffordshire Infirmary has received £1,000 anonymously, per Mr. C. Cooper, postmaster, Stoke-upon-Trent.—"J. B." has given £500 to the Charing Cross Hospital, and £500 to King's College Hospital.—The Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster, has received £500 under the will of Miss Hannah Goad.—Lady Rolle has bequeathed £100 to the Exeter Lying-in Charity, £100 to the West of England Eye Infirmary, and £100 to the Exeter Dispensary.—The North-West London Hospital has received £251, collected by Mr. J. M. Pritchard on the Stock Exchange.—The General Hospital, Birmingham, has received £100 under the will of Mr. Mayor Blanckensee, and £40 for the Samaritan Fund from the trustees of Mrs. Hollier's Charity.—The Children's Hospital, Birmingham, has received £100 under the will of Dr. Heslop, and £50 under that of Mr. Mayer Blanckensee.—Mr. George Sturge has given £100, the fourth instalment on account of £1,000, to the North-Eastern Hospital for Children, Hackney Road.—Sir William Rose, K.C.B., of Leiston, Suffolk, Clerk of Parliament, has bequeathed £50 to the Westminster Hospital, and £50 to the East Suffolk and Ipswich Hospital, out of the "residue" of his real and personal estate, after the death of his wife.—Messrs. Joshua Tetley and Son have given £100 to the Leeds Infirmary.—The Great Northern Central Hospital has received £100 (less duty) under the will of Mr. F. H. Windsor.—Mr. Joseph King (per Sir Joseph Lister, Bart.) has given 70 guineas to King's College Hospital.

## A CLINICAL LECTURE ON THE SURGERY OF THE MALE PERINÆUM AND EXTERNAL ORGANS OF GENERATION.

*Delivered before the Pupils of the Medical Department of the Yorkshire College, December 9th, 1885.*

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GENTLEMEN,—There are certain regions of the body which, so far as their surgical aspects are concerned, are of more than ordinary importance. The surgical emergencies to which they are liable are apt to come suddenly on the practitioner, and are liable also to involve consequences of vital moment. Thus, if called upon to rescue the life of a child from impending suffocation, and tracheotomy is our only resource, it would ill become us to have to sit down, and on the moment to study and think out the anatomy of the parts concerned and the steps of the operation; for, whilst we did this, the patient would die, and our resuscitated skill would be of little avail for the restoration of the child.

In managing a case of hernia, the same observation holds good; for, to save life, our knowledge and our skill must be kept ever bright and ready, producible at a moment's notice, and that without either hurry or excitement, and yet with a precision that will not be daunted by trifling difficulties or unusual peculiarities, but will be ready and apt to meet and overcome either. And, on the other hand, there are cases which can only be dealt with in a perfectly satisfactory manner after their nature, causes, and probable results, have been thought out very seriously and from many different points of view, after the probable or possible effects of various methods of surgical treatment have been carefully considered and reasoned out, and the whole subject has been weighed and exhausted in the mind of the thinker.

How, for example, was John Hunter's method of treating an aneurysm arrived at? If, called to the help of a patient suffering from a popliteal aneurysm, he had acted on the former lines, he would promptly have amputated the limb; whereas, by proceeding on the latter, he was enabled to arrive at an operation philosophically perfect, and which, while it saved the limb, yet substantially cured the disease, and restored the patient to the full activity of life as perfectly as he had ever enjoyed it. To us, who see this apparently simple operation performed so often, its real physiological aspect and importance seem almost to have dropped out of sight; but with how different a significance does it bear upon our minds from that with which it must have pressed upon the imagination of its great originator! Where are the hours of philosophical deduction and thought which led him to a result so brilliant? Where the many experiments, whether of his own or of the immortal Harvey, which proved the possibility of its success? Where? They are stored in the archives of science, there to be used as the common property of every operator of to-day; and in the heart of every true surgeon they rise as a grateful incense of past sacrifice, and as a thankful remembrance of a splendid inheritance bequeathed to us by a noble ancestor.

For exactly a hundred years this operation has been before the surgical world. It was first publicly performed by Hunter in December 1785; and who can count the number of those who have benefited by it?

It was, I think, whilst revolving some such problems as these in my mind, that the subject of the clinical study of the surgical needs of the male perinæum came into it, and led me to the determination to address you in one of these clinical lectures upon that subject. In thinking the matter over, I remembered the many times I have been summoned suddenly, in the dead of the night, to this institution for the relief of cases of extreme retention of urine, in which I have been called upon, almost at a moment's notice, to decide as to what was best, in a given case, to be done; whether simply to relieve the distended bladder of its load, and await further consequences; to combine with this some much more serious procedure, which, whilst doing this, should also do more, and would enable me to strike for the producing cause at the same time; or it might even be to do all this and yet more still, by seeking to limit the evil consequences of mischief already done, of extravasation, of sloughing, and of sinking