

that the adoption of the proposal will mean that fifty or sixty persons who are virtually insane, even if the insanity be only incipient or transitory and recent, will be living within the Infirmary or neighbourhood, and that there will be no legal power of detention over such individuals, so that they may leave the institution whenever they like, or escape without fear of arrest.

Our experience is, that persons with incipient insanity are just those who are most difficult to persuade that they require treatment, and who resent its enforcement; while, on the other hand, for curative purposes, they stand most in need of strict discipline and a certain amount of restraint.

The clinical teaching of insanity is said to suffer from the inaccessibility of Morningside and Larbert Asylums, so that students can only avail themselves of it to a limited extent. We do not understand this argument as regards Morningside, and it seems to us that the same defects will still continue to exist, even if the proposed Infirmary wards are established, since it would be ludicrous to confine the clinical teaching of insanity to a class of cases which are merely incipient and transitory, and neglect those which form an equally, if not more important class, namely, persons who are legally certified as lunatics.

The suggestion as to the out-patient department can only be recommended so far as expert advice is concerned, certainly not for purposes of treatment, inasmuch as the first essential in mental therapeutics is to remove the patient from the worries and discomforts of business and domestic life, to place him on a liberal and suitable diet, with careful and attentive nursing. How is the Infirmary patient to obtain these by attendance at an out-patient department?

It was pointed out by Dr. Affleck that the present site of the Infirmary does not afford room for the establishment of the proposed psychiatric wards. The living space laid down in the original plan of the Infirmary has already been seriously encroached upon, and we trust the managers will never countenance any scheme which will in any way impair the welfare and health of those for whom accommodation is already provided.

The "Cultured"
Physician.

SOME would have us believe that the cultured physician is running as great a risk of becoming extinct as the dodo. The correctness of this assumption seems to depend on what is meant by "culture." Dictionaries are not of much assistance, and even the redoubtable Mr. Murray fails us at a pinch. We once heard a bacteriological laboratory described as the "home of pure culture," but that does not in any way help us. What we have ascertained, however, is that most of those who lament the disappearance of culture in the medical profession are those who insist on the absolute importance

of a classical training as the only basis of a sound education. Although no one would deny the advantage to some minds of a study of the classics, is it really suggested that culture, in the generally accepted sense, can only be attained in this way and in this way alone? The "cult" of the classics is a survival from mediæval times, the insistence upon which in these days seems out of place.

There are signs of a reaction against this state of things in the near future, even in centres where this aspect of education has hitherto been considered safe, to wit, Oxford. If this movement meets with success, it will practically revolutionise the teaching in the public schools. With the disappearance of the compulsory clauses, so far as they affect "classics," the teacher will be able to direct the studies of his pupil in those directions which appear best adapted to develop his intellectual faculties and towards which his tastes do most incline; whilst the position of the "Humanities" will be improved, since they will gain by attracting to their schools a class of willing scholars, in place of those who now attend by coercion. Will "culture" suffer? We think not; fortunately culture rests on a far broader basis! Your classical don is as much a specialist as his brother of the ward or laboratory. The difference between the two depends on the facility with which the classical man can introduce his speciality into general conversation, whilst a doctor or a scientist who refers to his own subject is at once accused of talking "shop." The mere ability to quote a tag from Horace or construe a passage of Terence is no evidence of culture, in the wide sense of the word.

The various channels through which culture may be acquired are so many and so far-reaching, that we can regard with equanimity any scheme which involves the disappearance of the compulsory clauses relating to the study of Greek in the curriculum of our Universities. There are other subjects of equal educational importance, and these, we hope, may be put on terms of equality as regards option of selection and examination, and also with those studies hitherto insisted on, without detriment to education in general or the medical profession in particular.

The Midwives Bill. SCOTLAND has never been deeply agitated by the midwife question. It has been said that her population is so intelligent that it contains no "conscientious objectors." To the same reason she doubtless owes her freedom from "anti-midwives." In Scotland every one knows the difference between an educated man and an illiterate woman; every member of the medical profession is respected, so to speak, on account of his cloth. But in certain populous parts of England there is no aristocracy of intellect. The inhabitants of these districts go to the doctor, not for the use of his brains, but for bottles of medicine;