

5. What symptoms would lead you to suspect
 - (a) Fracture of a rib?
 - (b) Fracture of the neck of the femur?
6. What are the symptoms of a sprain? How would you deal with a sprained ankle (a) in the day room of an asylum; (b) when out on a country road about one mile from home?
7. How would you deal with a person whom you saw fall in an epileptic fit?
8. What rules should be observed when giving a patient a bath?

OBITUARY.

SIR THOMAS SMITH CLOUSTON.

Psychiatry and the Medico-Psychological Association have lost a great leader by the death of Sir Thomas Smith Clouston.

Others will write of his life and labours, his lectures and his writings, his achievements and his honours. I write only of his personality, as tested by a friendship of over fifty years. We first met in the autumn of 1861, and we lived in close association as fellow-assistants in the Royal Edinburgh Asylum for about eighteen months, till in 1863 we were both appointed Medical Superintendents, he of the Carlisle and I of the Glamorgan Asylum. In those months of daily intercourse we came to know each other well, and an intimate friendship was the result. Our able and genial chief, Dr. Skae, trusted his assistants entirely, and gave them a sense of responsibility which made them do their best, and thus our work became a constant and engrossing pleasure. Our sitting-room was in common, and many a mental, moral and spiritual theme was discussed there, often far into the night. Clouston was a fluent and forcible speaker, often the more forcible the less sure he was of his own view, but he could always differ pleasantly and without shadow of offence. He did not suffer fools gladly, unless indeed when he could laugh them out of their folly. He himself took chaffing well, and returned it smartly. He was only seriously angry at outrageous stupidity, meanness, or wrong doing, or, most of all, at being roused when asleep on the sofa to be told it was long past bedtime—then he was positively dangerous.

We had our full share of those social pleasures which are often as beneficial to the alienist as philosophic discussions. We had many friends in Edinburgh, including a delightful American family whose house was always open to us. Here Clouston found the charming lady who became his wife, and who has been his devoted helpmeet for over fifty years.

After we left Morningside there was a gap in our intimacy (though not in our friendship) of about eleven years. We were separated by more than 300 miles; each was busy with his own work in his own surroundings and amid his own difficulties, and we were only able to meet occasionally at medical gatherings.

In 1873 Dr. Clouston was appointed Physician Superintendent of the Royal Edinburgh Asylum, and in the following year I became head of the Glasgow Royal Asylum; thus we came more into touch with each other again, both having belied the old jibe that Scotsmen who go south never return to their native north. But though we met more frequently now, we were both at the busiest period of our lives and our work demanded our closest attention. We both regretted that we so seldom had opportunity for purely social intercourse, and for reviving and talking over the delightful memories of earlier days. In 1889 I was asked to write a character sketch of Dr. Clouston, to be published with his photograph in the *American Journal of Mental Science*. I cannot do better than quote a few sentences, for what he was then he was to the end:

“His practical energy is in rare association with a keen philosophic mind, alive to the correlations and affinities of disease, eager to generalise, and apt to be impatient of facts which disturb the symmetry of a generalisation.

“The philosophic spirit which animates his medical work, and his faith in the gospel of science, his clear and positive opinions and the force with which, when interested, he urges or defends them, his eager love of work, his intolerance of pretence, the heartiness of his friendships, and the vigour of his dislikes are all characteristic.

"Whatever the work to be done, or the end to be gained, Dr. Clouston puts out his full strength to accomplish it."

The onerous and responsible duties of the Asylum, and the multiplicity of his other engagements began gradually to tell on his health, and in 1908 he wisely resigned the post he had filled so long and so well. With greater leisure his health materially improved, and he by no means sought retirement. He continued his consultation work and his lectures, and his pen was as facile and busy as ever.

To one of his active habits and eager mind a long illness would have been specially trying, and he had often expressed the hope that this might not be his case. He had his wish—suddenly becoming unconscious, and passing painlessly away.

Thus ended a vivid, laborious, and useful life, crowned with success and honour.

DAVID YELLOWLEES.

As one of the oldest of Clouston's friends, I feel that I should like to contribute a few lines to his memory.

I had known him for forty years, and there seemed to me very little difference in the Clouston of the 'seventies and of the new century. Always earnest, always eloquent, ever ready to combat any unsupported statement.

Full to overflowing of facts and experience, hard perhaps to persuade, but, convinced, he was ready to accept the new position. A ready writer, his tendency was perhaps to too frequent appeals to the public, but he was so fully persuaded that he had a very important message to deliver that he was bound to write.

He was too late to be able personally to conduct original pathological work, but he encouraged it in all those under him.

His forte undoubtedly was clinical. In the wards and in the lecture theatre he was a master, and Morningside became a Mecca for the student of psychiatry.

He did not read foreign medical literature, and his writings represent the result of his own enormous experience.

I wish I had known him in his Orkney home, for I should like to have a memory of him with a gun or fishing-rod, as well as with a pen and case books.

Earnest, strong, and practical, he will leave a name on our Roll of Honour.

GEO. H. SAVAGE.

The life of a man with the energy, capacity, and opportunity such as the late Sir Thomas Clouston had must needs provide much material for study and record. No doubt the editors will receive many accounts of that life, especially in its central and later periods; I venture to offer a few remarks concerning the earlier portion, when, as his assistant, I had the best of opportunities for noting his characteristics. The success which attended his administration of Morningside in itself predicates the existence of a fixed plan, and of a vigorous determination to carry out that plan. Of these there was plentiful evidence. On his taking up the position of Physician-Superintendent a quiet change at once came over the office-work, the case-books, note-taking, etc. So too with the re-grouping of his patients, the tightening up of discipline, and so forth. All this was brought about almost before the greatness of the change was recognised. Dr. Clouston was then indeed a young man for such a responsible post, which was made the more onerous by reason of the necessity for radical changes. Nevertheless, it was recognised early that on young shoulders there was an old head. Dr. Clouston's personal enthusiasm in improvement carried all with him. The thing that struck one most was his enormous capacity for work. Even then there was a considerable number of private patients of the higher classes, involving much correspondence, as well as personal attention. Beyond these the whole of the rate-paid department was visited each day, and with such care that a thorough knowledge of each case, private or pauper, was acquired with astonishing rapidity. The daily round with him was, of course, most instructive, as he had a masterly way of quietly pointing out similarity of points in various cases, which was the first step towards the classification of his patients. Indeed, classification in those days was so simple as to be nearly non-existent. He was a warm supporter of Dr. Skae's ætiological grouping. Though this