

Dr. Wilcox had said. He had been very sceptical as to the benefits obtained from the use of this extract, and really at the time they used it tentatively, more on account of the man who recommended it than for any other reason. But after the use of it, especially in the case of Miss M. E. P—, the case Dr. Wilcox referred to, and also of young girls, he was quite sure the drug was one of great value.

Dr. AGAR asked if any similar treatment had been attempted on male patients.

Dr. WILCOX replied in the negative.

Dr. AGAR said he always felt that cases of young women were more hopeful than those of young men in a similar stage. He was not disparaging the excellent results Dr. Wilcox had obtained. One would like to see whether any similar percentage of improvement would take place in the adolescence of males.

Dr. WILCOX: What tabloid would you suggest?

Dr. AGAR said he made no suggestion, but it seemed to him that failures in the male sex were more frequent. He would like to hear very much of such experiments, and they would be interesting to many of them present.

Dr. CLAPHAM said the extracts had been very much used in general hospitals, but were not now used so much as formerly. They used them in the Royal Hospital, Sheffield, but did not have the results they expected. But certainly Dr. Wilcox's results were very encouraging as regards ovarian extract.

Dr. PIERCE said in the few cases he had tried he had drawn a number of blanks. In one case of chronic mania a most surprising lucid interval followed, but no amount of dosing availed to keep the patient well. Thyroid was used in this case. So he must say the use of animal extracts in his experience had been unfortunate, but this paper would certainly lead them to try ovarian extract again.

On the motion of Dr. WHITCOMBE, seconded by Dr. CLAPHAM, a vote of thanks was passed to the reader of the paper.

Previous to the meeting the members were shown round Stratford-on-Avon by Dr. Wilcox, and afterwards driven to Hatton.

Dr. Miller kindly entertained the members at dinner after the meeting, and a vote of thanks was passed to him for his hospitality as well as for presiding at the meeting.

SOUTH-EASTERN DIVISION.

The Spring Meeting of the South-Eastern Division was held at the Kent County Asylum, Chartham Down, near Canterbury, on Wednesday, April 5th. Present—Drs. Fitzgerald, Kidd, Mould, Fox, T. S. Tuke, Moody, E. W. White (Hon. Sec.), Gardiner Hill, Bower, A. S. Newington, Everett, Beach, and Maclean. Visitors—Messrs. Harness, Friend, and Pugin Thornton. Before the meeting a visit was paid to the asylum and grounds. Dr. Fitzgerald kindly entertained the members at lunch. At 2.30 p.m. a meeting of the Divisional Committee was held, and at 3 p.m. the General Meeting. Dr. Fitzgerald was voted to the chair. The minutes of the last meeting having been fully reported in the JOURNAL of the Association were taken as read and confirmed.

Dr. Ernest White was unanimously nominated for the post of Hon. Secretary to the Division for the ensuing year. Dr. White, in accepting office, agreed to do so upon the understanding that he should retire at the end of twelve months, as he had a strong conviction that they should elect a secretary who had been recently more actively in touch with the assistant medical officers, from whom they had expected many papers, which unfortunately had not hitherto been forthcoming.

Drs. Gardiner Hill, T. S. Tuke, and Everett were elected to fill the three vacancies created by ballot upon the Divisional Committee of Management in place of Drs. Swain, Newington, and Boycott.

Drs. Percy Smith, Stanley Elliot, and C. T. Ewart were nominated for the probable vacancies on the Council, having been proposed by Dr. Bower, and seconded by Dr. Beach.

A letter was read from the Secretary of the Parliamentary Committee drawing attention to the fact that the discussion upon the duration of the Urgency Order

had been closed by the Annual Meeting in July last, and the Secretary was instructed to explain to the Council that the discussion at the Divisional Meeting upon this subject arose from the fact that the October number of the JOURNAL had not been delivered to members on the 10th of that month, when the Autumn Meeting was held. They were therefore in ignorance of the decision already arrived at. The secretary informed the meeting that the Lunacy Bill, 1899, was not yet to hand, but he had reason to believe it would only differ from that of 1898 by the introduction of a clause upon Incipient Insanity.

Upon the invitation of Dr. Hyslop the Autumn Meeting of the Division was fixed to be held at Bethlem Hospital during the month of October. The Chairman then called upon Mr. Allan Maclean to read his paper.

Mr. MACLEAN believed that it is generally admitted that the Lunacy Act of 1890 had not been of much advantage. Its provisions were cumbersome and of doubtful efficacy. He proceeded to give his views as to the present method of inspection of asylums, registered hospitals, licensed houses, &c. He considered that only three of the commissioners—the medical, that is—were by their training and experience qualified to appreciate the conditions which alone make an inspection effective. The Lunacy Act did not contemplate any but legal qualifications in the legal commissioners. Besides the visits by the commissioners there are also visits undertaken by justices and by the Lord Chancellor's visitors, but chancery patients are few and far between, and the inspection of justices is valueless from their want of skill. Mr. Maclean considered that the two days which, as a rule, are set apart for the inspection of most county asylums by two of the commissioners are not sufficient, for he maintains that the medical gentlemen alone could not possibly give full justice to the inspection of say 400 patients, and much less so the legal gentlemen. In conjunction with this the county asylums and registered hospitals are only visited once a year. Of what use and for what purposes are these inspections? The licensed houses certainly receive visits twice a year, and once every two months in the metropolitan district. It was true that all these institutions had their own committees, but he was not aware that any members of these committees had any special training in the treatment of insanity.

Amongst the many objections to the Act of 1890 was the cumbersome machinery by which alone a case can be put under care and treatment; for he maintained that it should be as easy to place an insane patient under care and treatment as to send any ordinary patient to a general hospital, and also equally easy to have him removed. On presentation of petition and medical certificates the judicial authority might, in his discretion, see and examine the patient. This was left entirely to him: most frequently he said he knew nothing about it, and declined; but some judicial authorities asserted that they were quite as competent judges of insanity as medical men, and he had known cases where their consent to the removal of a pauper patient had been refused because they considered their judgment superior to that of the medical man. So that in effect this inspection by the judicial authority was either useless or rendered the deliberate judgment of qualified professional men inoperative. If the patient had not been seen by the judicial authority a notice must be given to him (the patient) of his right to see a justice. This was either useless if the case were an acute one, or harmful if mild.

The patient had to be seen by the medical officer to the justices, in the case of licensed houses within one month of reception. This length of time would give ample opportunity to an unscrupulous proprietor to work all the evils which had been described from time to time by novelists and others.

He had described the amount of inspection received by these various institutions, and it would be seen at once that it must be almost entirely perfunctory, however anxious the commissioners might be to make it thorough. What could be the possible use of inspecting lunatic asylums at intervals of six and twelve months? The remedy he proposed was as follows:

Instead of three commissioners (for he maintained that there were only three skilled commissioners in lunacy) a mental department should be instituted having inspectors resident in different parts of England, each having a district allotted to him. These inspectors should be selected from qualified medical practitioners who have had proper and sufficient training in the larger institutions for the insane, and they should devote the whole of their time to the duties of their office. These inspectors should have the powers of the present commissioners, and be in a

position to discharge any patient if there should be occasion to do so. Also instead of the petition and order as at present, the certificate of two medical practitioners should be all that is necessary to procure the admission of a patient into any institution. The manager should at once send a notice of admission to the inspector of the district. The inspector should, with as little delay as possible, visit the patient. It should also be the inspector's duty to make frequent and unexpected visits to the institution in his district. He went on to say that it was notorious that there are a large number of single patients under control all over England in private houses, who are not reported, and consequently not inspected, and who may be ill-treated, and that a resident inspector would, no doubt, have a great opportunity for finding out such cases. By dividing the country into districts, according to its insane population, the number of inspectors which would be required for the proper working of a scheme would be arrived at.

Mr. Maclean, in conclusion, added that he has not the slightest intention of attacking the gentlemen who now so ably fulfil the duties of their office as commissioners. It was the system, not the individual, that he was attacking.

Dr. BOWER opened the discussion by thanking the author for his paper. Mr. Maclean possessed considerable experience in public and private asylums, and in addition he had for several years been practising at the Bar. He was therefore able to look at the subject from a very different standpoint from their own, and it came all the stronger from him when he stated that medical commissioners were the only real commissioners. Upon that point he (Dr. Bower) offered no opinion. He thought Mr. Maclean's scheme an exceedingly good one, and wished it could be carried out, but was afraid it was slightly Utopian, especially the part which related to the placing of patients in asylums. He (Dr. Bower) thought that probably the stringency of the present regulations of asylums would in the end tone down. Then as to the inspection of asylums, Dr. Maclean remarked upon the feeling of the newspapers in regard to private asylums. His own impression was, from looking at the papers, there was as much attention given to public as to private asylums. He was perfectly certain that all private asylum medical officers he knew were willing to have much more medical inspection of the character suggested by Mr. Maclean, by commissioners who had special experience in lunacy work as district inspectors. There were already medical inspectors appointed by Quarter Sessions, whose duties were to visit every private patient admitted into any licensed house within a month after his or her admission. He thought Mr. Maclean's suggestion that the district inspectors to be appointed by his scheme should visit forthwith was very much better, because under the present arrangements the patient has, during the month after admission, had time to get somewhat better, and certainly to get much more clever in concealing his mental condition, and has not had time to appreciate the benefits conferred upon him by being taken care of in an asylum. He thought Mr. Maclean was inclined to give perhaps a little too much power to the district inspector. Dr. Bower thought sometimes there might be some inconvenience if there happened to be some little personal feeling between the district inspector and the officers of the asylum. He thought Mr. Maclean had put his suggestion in a very small compass and very clearly, and in such a way as to elicit an interesting discussion.

Dr. MOULD differed somewhat from Mr. Maclean when he said licensed houses had only two visitors during the year. As a matter of fact, in the metropolis they had eight visits during the year from commissioners, and the registered hospitals had two visits a year instead of one visit, with which Mr. Maclean had credited them. Dr. Mould observed that in a year or so the legal commissioner was as good as the medical commissioner. He, for one, would as soon have a lawyer for a commissioner as a hospital physician; he, in fact, preferred to see a legal commissioner.

Dr. BEACH said in all these cases there was a great conservative feeling in England, and he thought they would have to wait a little before they carried out Mr. Maclean's suggestion. Dr. Beach was very much with him as far as increase in the number of commissioners was concerned, although he could not quite think it would be any use appointing twelve district commissioners. Of course he knew that was only a suggestion by Mr. Maclean. The only question was whether they would be able to find men who were sufficiently acquainted with the

subject outside the superintendents in England, who would be able to efficiently inspect the asylums. Dr. Beach remembered some years ago he had asked the opinion of a leading asylum physician on the subject, and it appeared to him that commissioners as commissioners should be abolished, and inspectors appointed instead, who should inspect the asylums, and these inspectors should have certain parts of the country to inspect, or if they could not get that carried out, then it would appear to him (Dr. Beach) that the alternative was to see whether it was possible or practicable to increase the number of physicians they had now. He thought most of those present that day were agreed that the number of commissioners, as at present fixed, was far too small for the great number of asylums to be inspected. He was rather doubtful whether district commissioners were very desirable, or whether they would be a success.

Mr. MACLEAN, in replying to the discussion, said he would like to say with regard to the remarks that had been made respecting the Quarter Sessions, when he was the proprietor of a private asylum the medical inspector did not come near him for six months, which he regretted very much; and when he did come the visit was an absolutely perfunctory one, and he came in and walked out again without asking a single question; that was about the extent of the visit. As for the matter of discharging the patients forthwith, what he meant to say was that the inspector should have the power to discharge a patient if the occasion required. He could not agree to legal commissioners in preference to hospital physicians, because the legal commissioners had to learn their work after they had been appointed, which seemed to be a bad system when they had men who had been medical officers who had the qualifications for commissioners.

The Hon. Secretary (Dr. E. WHITE) then read a paper upon "Epilepsy associated with Insanity." Dr. White premised by saying that he had hoped some assistant medical officer would have come forward with a paper. He had sent out 180 post-cards soliciting papers, but had not obtained one, and therefore he had had to fill the gap himself.

Dr. White's paper and the discussion thereon are unavoidably held over.

A vote of thanks was given to Dr. Fitzgerald for presiding, and for the facilities afforded the meeting.

Members dined together at the County Hotel, Canterbury.

IRISH DIVISION.

A meeting of the members of the Irish Division of the Association was held at the College of Physicians, Kildare Street, Dublin, on Saturday, April 1st, 1899. The following members were present:—H. M. Cullinan, Richmond, Dublin; W. R. Dawson, Finglas; J. O'C. Donelan, Portrane, Dublin; Thos. Drapes, Enniscorthy; H. Eustace, Glasnevin; Arthur Finegan, Mullingar, Secretary for Ireland; J. Mills, Ballinasloe; D. F. Rambaut, Richmond, Dublin; G. Revington, Dundrum; and C. Norman, Past President, who occupied the chair.

The following were elected ordinary members of the Association:

1. Gilcriest, Thomas, L.R.C.S.I., assistant medical officer, Sligo District Asylum.
2. Grogan, Amelia Gertrude, M.B., B.Ch., B.A., and B.A.O., junior assistant medical officer, District Asylum, Mullingar.
3. Leeper, Richard, F.R.C.S.I., resident physician, St. Patrick's Hospital (Swifts), Dublin.
4. Rainsford, F. E., M.B. and B.A., T.C.D., resident physician, Stewart Institute, Dublin.

In the absence of Dr. Gordon (Mullingar) the secretary moved a resolution standing in Dr. Gordon's name, on the subject of the nursing of the insane in the Irish workhouses.

Dr. Finegan, having spoken for Dr. Gordon, explained the circumstances which gave rise to this resolution. The Irish Local Government Board required carefully trained and certificated nurses for the care of the sick. Properly so. The Local