

**PART IV.—NOTES AND NEWS.**

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*Proceedings at the Annual General Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, on Wednesday, 31st July, 1867, under the Presidency of DR. LOCKHART ROBERTSON.*

AGENDA :

- I. Meeting of the General Committee, at 11 a.m.
- II. Morning Meeting of the Association, at 12 p.m.
  1. General Business of the Association.
  2. The following gentlemen will be proposed as Honorary Members of the Association: Staff-Surgeon Baron Mundy, M.D., John D. Cleaton, Esq., Ludwig Meyer, M.D.
- III. Afternoon Meeting of the Association, at 2.30 p.m.
  1. Address by *Lockhart Robertson, M.D.*, President.
 

Papers will be read by—

*Baron Mundy, M.D.*—"A Comparative Examination of the Laws of Lunacy in Europe."

*John G. Davey, M.D.*—"On the Insane Poor in Middlesex, and the Asylums at Hanwell and Colney Hatch."

*Harrington Tuke, M.D.*—"On Monomania, and its Relation to the Civil and Criminal Law."

The Council met at eleven a.m.

The Morning Meeting of the Association was held at twelve noon.

The following gentlemen were present:

Dr. Charles John Bucknill (Lord Chancellor's Visitor), Dr. Lockhart Robertson, Dr. H. Tuke, Dr. Robert Stewart, Dr. Maudsley, Professor Laycock, M.D., Mr. D. Iles, Mr. Reed, Dr. Wood, Dr. Paul, the Baron Mundy, M.D., Dr. Christie, Mr. G. Dodsworth, Mr. J. T. Dickson, Dr. Stewart, Mr. Mould, Mr. Ley, Dr. C. H. Fox, Dr. Edonston, Dr. Sheppard, Dr. Davey, Dr. Manley, Mr. Blake, M.P., Dr. Monro, Dr. Chapman, Dr. C. Westphal, Dr. Brushfield, Dr. Belgrave, Dr. Williams, Dr. Eastwood, Dr. Sherlock, Dr. Hunt, Dr. Down, Dr. Haviland, Dr. J. E. Tyler, Dr. Blandford, Dr. Murray Lindsay, Mr. Manning, Dr. Hart Vinen, Dr. Palmer, W. M. Hollis, Esq., J.P., Dr. Glover, Rev. W. MacIlwaine, Belfast, Dr. Tweedie, Dr. John Robertson, Mr. Dunn, Mr. Davidson, Colonel Smith, Dr. Brewer, J. Stuckey, Esq., Dr. P. Saunders, Dr. Blatherwich, Dr. Balfour Cockburn, Dr. Lorimer, Dr. Hoskins, Dr. Jackson, Dr. Stabb, Dr. Kempthorne, Dr. Mickley, Dr. Edmund Lloyd, Dr. Gardiner, Dr. R. A. Bayford.

*Dr. Tuke.*—In the absence of Dr. Browne, our president, I propose that our ex-president Dr. Wood take the chair.

*Dr. Christie.*—I will second that, with pleasure.

The chair was then taken by Dr. Wm. Wood.

*Dr. Wood.*—Gentlemen, in the absence of our president, who is prevented, unfortunately, from being present with us to-day, it has been suggested that I should resume my former post for a few moments, in order to explain the circumstances under which we fell into an error, last summer, in electing our president. We were not aware, at the time, what the rule was on the subject, and it is right that we should, as far as we can, put ourselves straight. The rule requires that the president should be elected by ballot, but that rule was overlooked, and the consequence is, that the gentleman whom we intended to be our president, is at the present moment only informally so. It was therefore thought better, on our talking over the matter in committee, that I should for the moment take the chair, and ask you to be so kind as to remedy the defect, as far as it can be remedied, now. According to the strict rules for carrying through the election of president, I propose that Dr. Robertson's name should be submitted to you, and that a ballot should take place now. That will put us right, as far as it is possible that we can put ourselves right, in regard to the error into which we fell last year.

*Dr. Manley.*—I beg to second that proposition.

*Dr. Davey.*—If I may be permitted to make a few remarks in reference to that matter, I beg to assure Dr. Robertson, and every gentleman present, that the course I have taken in regard to this has been one based entirely upon a principle of right, and a wish to adhere to the rules of the association. I could not for a moment entertain the slightest objection to the nomination and appointment of Dr. Robertson, as the president of this society, and it was not with that view that I took the steps which I have taken. Those steps, I believe, are known to you all, and I beg to assure you that what I did was done upon a principle of duty, and quite irrespective of any personal feeling on the matter. I acted, as I believed, in the cause, and in the interest of this society.

*Dr. Monro.*—As I was unfortunately in error last year, perhaps I may be allowed to say a word with regard to that printed paper which has been sent round to the association. I assure you that I was not under the slightest impression that I was at all transgressing the by-laws of this institution when I seconded Dr. Robertson's nomination. When I first looked at the printed letter, I saw that it commenced with explaining that our secretary, Dr. Tuke, had got into some great scrape, and I was not so much upset by that as by immediately afterwards finding that I was, though completely innocent myself, one of the chief accessories to the scrape. The motives which actuated me for the moment in seconding Dr. Robertson's nomination were simply these: he had been an old friend of mine, and we had a little argument and quarrel in this association in previous years, and I thought it would be a capital opportunity to show my good feeling towards him by seconding the proposal that was made, that he should be president of the association. I also felt that, as we had had some of the (what I may call) private-asylum members of the association in the chair, we ought to have a change, and elect one of the county men, and I thought Dr. Robertson was one of those who seemed to be well fitted for the post. I was therefore glad to have the opportunity of seconding the nomination. I assure you I had no intention whatever of offending against the by-laws, and was unfortunately ignorant of the particular by-law which has been referred to. I must certainly repudiate the suggestion which has been put forward, and I may say, that I entirely sympathise with the other side of the question. I do not approve of the governing by cliques, and there was not any clique on this occasion, I assure you.

*Dr. Tuke.*—I will not detain you one moment, but merely wish to explain that we had a crowded meeting in Scotland. It was the first year that the new law came into operation, and the president of the association and the secretary were both most profoundly ignorant, at the time, of it.

*Dr. Davey.*—Was it not the third year, Dr. Tuke?

*Dr. Tuke.*—We had entirely forgotten the rule which bound us to have balloting papers. It was purely an error on the part of the administration which I very much regret. We were very anxious to carry out the law, and if we had thought of it we would have done so. I may mention, that immediately after that, when Dr. Robertson suggested that Mr. Cleaton, the new Commissioner in Lunacy, should be made an honorary member, I stated that it was necessary to give notice of such nomination. This will show how extremely anxious I was to carry out the rules which you have laid down for our guidance.

*Dr. Wood.*—I think, gentlemen, it will be unnecessary for us to occupy any more time in this discussion. I am pleased to gather from the observations Dr. Davey has made, that he is satisfied that the omission was an accidental one. We can sympathise with him in the spirit in which he has acted, because, of course, it is only right that there should be a strict observance of the rules by which the association is to be governed. We wish to do all that we can do to remedy the defect in the last election, and therefore we will now proceed to the ballot. Gentlemen will be kind enough to put on slips of paper the name of the person they think proper to nominate as president for the ensuing year.

The ballot was then taken.

*Dr. Wood.*—Unfortunately we are not quite unanimous, there being one vote for Dr. Davey. I do not think we need say anything about the numbers, but simply say, "So and so is elected."

*Dr. Christie.*—It is not necessary that every candidate for the president's chair should be proposed and seconded?

*Dr. Wood.*—I think not.

*Dr. Christie.*—Otherwise there seems to be rather an anomaly.

*Dr. Wood.*—I think the rule is, that the election should be open. Any member of the association can put down any name he thinks proper. The idea was that it should be perfectly free to each individual member to suggest any name he likes, and then take the chance of whoever got the majority.

*Dr. Christie.*—That is all very well, but it seems like putting up a man to be knocked down by a snowball, if we do not know who is proposed and seconded. Any one might be made the laughing-stock of others. It is very invidious, that Dr. Davey's name should be put down in this way.

*Dr. Manley.*—As I understand it, the question upon which the ballot is taken, is whether Dr. Robertson is to be elected or not.

*Dr. Davey.*—The chairman has rightly stated the law.

*Dr. Manley.*—If you propose only Dr. Robertson's name, and say, "shall he be elected as president or not," then it will stand good; but if, on the other hand, any other person's name is to be put down there may be a difficulty. The fact is, there has been an error committed, and we are now endeavouring to rectify it—that is all. If you are not satisfied, you had better put up half-a-dozen names.

*Dr. Davey.*—Dr. Robertson is duly recognised as the incoming president, and what is being done is in perfect harmony with the law of the society. I do not think a word can be said against it. If gentlemen take objection, there is only one course to pursue, and that is to give notice that they intend to propose at the next meeting that there should be an alteration in the law.

*Dr. Wood.*—I shall simply now record the fact, that Dr. Lockhart Robertson was elected as president. (Hear, hear.)

The president's chair was then taken by Dr. Lockhart Robertson.

*The President.*—Gentlemen, I thank you for this second election which you have kindly bestowed upon me. We found on the last occasion, that the reading of the president's address, in the morning, took too much time, and we, therefore, on this occasion have resolved to defer it till this afternoon, so as to be able to devote the whole of the morning meeting to the general business of the association, which, with your leave, therefore, I shall at once proceed to introduce to your notice. I received a letter of great regret from Mr. Commissioner Browne, stating that up to the last moment he intended to be here with us to-day, but that very pressing business has unavoidably detained him. Letters have also been received from Dr. Hitchman, Sir James Coxe, Dr. Campbell, Dr. Aitkin, Dr. Skae, and Dr. Williams, of Gloucester. I think, before proceeding to the other business, we had better go on with the election of the officers for the ensuing year, and the choosing of the place of meeting. If any gentleman has any proposal to make with regard to our place of meeting for the year 1868, I shall be happy to hear it. The meetings, I may remark, were, it was understood, to be held in London as much as possible.

*Dr. Sheppard.*—The meeting was held last year in Scotland, and has been held in Ireland also. I beg to propose, that it be held in London again, next year, as by far the best place for such a purpose.

*Dr. Henry Stewart.*—I beg to second that. I am from Ireland myself, and I am inclined to think that occasionally it would be a very good plan to have a meeting in Ireland, and occasionally in Scotland, so that we might all have an opportunity of meeting together. It was, I think, about seven years ago, that the meeting was held in Ireland, and, perhaps, in two or three years hence it might be thought desirable to hold it there again. Of course we shall be very glad to have the association pay us a visit, but still, I may say, that we are always very happy to come over to London to attend the meetings.

The resolution was put, and agreed to without opposition.

*The President.*—The next subject will be the election of president for the ensuing year.

*Dr. Munley.*—I have the pleasure to nominate as the president for next year, Dr. Sankey, a gentleman who is well known.

*Dr. Davey.*—I believe my friend is quite out of order in nominating any gentleman for president. It is not at all in harmony with the rules. I am sorry to be continually intruding upon the attention of this meeting, but it is perfectly out of order, and is done nowhere else.

*Dr. Stewart.*—A name may be proposed. The object of the rule was to avoid any nomination by the council. To propose and nominate are two very different things.

*Dr. Davey.*—I don't see how you can propose and not nominate.

*Dr. Maudsley.*—Dr. Davey cannot preclude me or any member from getting up and mentioning the name of any gentleman as being suitable for the office of president. It appears to me, that any member of the association has the right to do that, and there is no rule of the society to prevent it. I therefore second Dr. Sankey's nomination.

*Dr. Davey.*—I give notice, that I shall bring forward that rule for amendment—I mean the present rule—so as to make it explicit and unmistakable, that no name shall be given.

*The President.*—But, in the mean time, I think it is distinctly in accordance

with the rules, that any gentleman may mention any name he thinks proper. It strikes me every member has that power.

*Dr. Sheppard.*—Will you be good enough to read the rule.

The President read Rule IX.\*

*Dr. Davey.*—I say that language cannot justify the nomination.

*The President.*—Well, I think it is an open question. This year, at all events, I must be allowed to rule that until the point is more strictly defined, any member sitting at this table has a right to nominate any other member he pleases.

*Dr. Manley.*—If no nomination is to take place, how are we to decide between the different candidates.

*Dr. Davey.*—By a majority, of course.

*Dr. Manley.*—But if no person's name is before you, how are you to know whom to vote for?

*Dr. Christie.*—I wish to give notice, that I shall propose an alteration in the rule to the effect that every member who is a candidate for the president's chair shall be proposed and seconded, and also that it may take place the year before.

*The President.*—Does any gentleman propose any other member this year for election?

*Dr. Christie.*—I am not out of order, I suppose, in proposing another candidate?

*The President.*—Not at all.

*Dr. Christie.*—I should like then to propose Dr. Donald Campbell.

*Dr. Tuke.*—Before that motion is seconded, may I ask Dr. Christie (as a personal friend of Dr. Campbell's, and of his too) to withdraw it, for this reason, that if we have a second nomination, there being no possible objection either to Dr. Sankey, or Dr. Campbell, and it being for the good of the society perfectly immaterial which of those two gentlemen is selected to be the president—if we have a second nomination, it may appear to be a slight to the gentleman who is not elected.

*The President.*—I asked if any other gentleman was proposed or seconded. (Chair, chair.)

*Dr. Monro.*—Allow me to say a word on the principle of nominating or not nominating. It seems to be a very unadvisable step, and it is not in accordance with the mode in which the President of the College of Physicians is elected. There it is a free ballot. You know it puts us all in an exceedingly uncomfortable position—this sort of thing going on. As my friend Dr. Sankey was proposed, I did not like to say a word either against him or for him. Of course there are other gentlemen who might be named, and it is exceedingly uncomfortable to have to publicly oppose an individual, a friend, for whom you have a regard, and who, I am perfectly certain, would make a most excellent president. But I am also a friend of Dr. Campbell's, and I think it would be a great deal the best plan if we did not name any one; but let it be a free and open ballot. (Hear, hear.) And, as you encourage me with your cheers, I point to that which always influences Englishmen, I mean precedent—the precedent afforded by the practice of the College of Physicians.

*Dr. Wood.*—When a motion is before the meeting it is perfectly competent to a member to make any remarks he thinks proper; therefore, I think Dr. Tuke was in order just now, in what he said when commenting upon the motion that was moved, and we are now in this predicament, that we have two motions before us, and before anything else can be done, those

\* In consequence of the frequent reference to the Rules of the Association during this Annual Meeting, they are printed as an Appendix to this Report.

motions, with the consent of the chair, must be withdrawn. We cannot allow the election to proceed until those motions are formally withdrawn. Of course it is competent for any number of comments to be made upon them, but before we can revert—I think, Dr. Davey is right as regards the proper course to take—before we revert to that we must get these two proposers to withdraw.

*A Member.*—I understood the President to ask if any gentleman wished to propose a candidate. Either this is the law, or it is not. We had better keep to something or other.

*The President.*—As I understand the law at present, I think it is distinctly within the power of any member of this Association to propose a member for the ballot. Dr. Manley did propose one member, and Dr. Christie another. I am prepared to hear now a third, or a fourth.

*Dr. Christie.*—I was rather surprised to read Dr. Davey's remarks, because he speaks in his letter of the monopoly of power by a few. If only one gentleman is to be nominated, all that any one has to do is to take care that he has a friend who will jump up immediately and propose his name, and then there can be no opposition.

*Dr. Davey.*—Excuse me—

*Dr. Christie.*—I cannot conceive, therefore, that it is a good thing for one name only to come before the meeting. My idea is, that we should have an opportunity of choosing from several candidates. I do not wish to put one forward in an undue degree, but I merely propose a gentleman who, I believe, will do us an honour by becoming our President.

*Dr. Davey.*—It has been said that I uphold the practice of nominating one gentleman for the Presidency. I have never done any such thing. If I did, I should deserve the remark which has been made upon me; but it is not in harmony with the facts of the case.

*Dr. Tuke.*—I think I am in order in speaking on this resolution, and I think that, never having missed one single meeting since I was originally elected a member of this Association, I may be permitted to say that the harmony and good feeling of this meeting would be very seriously interfered with if we run, in this way, two names together. I speak from knowledge of this matter, for this reason, that I was myself put up as President with Dr. Skae, and it was not pleasant to have the names read out, and then to find myself finally rejected by a majority of two. I do not think that is a fair thing. What I propose is, that we first send round the ballot box for Dr. Sankey. If he is unanimously elected *cadit questio*, and if he be not elected send it round for another, but do not run two names together, throwing a perfectly undeserved slur upon the defeated candidate.

*Dr. Henry Stewart.*—Why not proceed according to what Dr. Monro said? The President tells us that there is no rule about it—that the law does not bind one way or another. Why not now, without any name being mentioned, send round the ballot box for next year?

*Dr. Wood.*—I think if we asked the gentlemen to withdraw we should then act upon precedent; we should meet the objection of our friend Dr. Davey, and leave everybody free to put down any name he thinks proper. I think we can hardly fail to be right in what we do, if we do the same as is done with regard to the election of the president of the College of Physicians. I would, therefore, appeal to the gentlemen to withdraw the propositions which they have made.

*Dr. Manley.*—I have pleasure in withdrawing after what has been said.

*Dr. Christie.*—I shall be happy to do the same.

*The President.*—Then I understand this meeting bows to Dr. Davey's reading of the rule.

*Dr. Christie.*—No; I did not say that. I must say, with due deference to

Dr. Wood, that Dr. Robertson is in the chair, and that he has decided that we are strictly within the rule in proposing members as candidates.

*Dr. Wood.*—It is only for the sake of harmony that I suggested it.

*Dr. Monro.*—I must say one word. It seems to me that the principle of naming anybody upsets the ballot altogether.

*A Member.*—I quite agree with Dr. Monro.

*Dr. Wood.*—It is not a personal matter; but I think, as a fact, it would be the better way.

*The President.*—I understand, then, there is no name before the meeting.

*Dr. Wood.*—I propose that we proceed to the election upon the principle of the College of Physicians; that each gentleman should have a piece of paper, and write upon it the name of the gentleman he wishes to be elected. (Hear, hear.)

*Dr. Monro.*—I second Dr. Wood's proposition.

*Dr. Henry Stewart.*—I perfectly agree with that, and if that plan is not followed I won't vote at all.

*Dr. Christie.*—Is not this a fresh proposition altogether? Dr. Davey cannot put such a resolution now.

*Dr. Wood.*—It is not Dr. Davey's proposition.

*The President.*—The feeling of the meeting appears to be against my reading of Rule 9. According to my reading of it, certainly every member may propose a candidate for the Presidency.

*Dr. Christie.*—I think we are bound to submit to your ruling.

*The President.*—I think it is an open question. I read it in one way, and the feeling of the meeting reads it another. I bow to the feeling of the meeting, and I advise the meeting to proceed quietly to the ballot.

*Dr. Wood.*—It is only for the sake of harmony, with no personal feeling whatever.

*A Member.*—It is the custom of societies in general to nominate and second.

*Dr. Christie.*—I shall move, as an amendment to Dr. Wood's motion, that members be invited to nominate and second candidates.

*Dr. Davey.*—If you wish to alter the rule, notice must be given.

*The President.*—Dr. Wood's proposition is, that we proceed to an election by ballot without the names being first given, in accordance with the practice of the College of Physicians. Dr. Christie moves as an amendment, that members be invited to nominate and second candidates.

The amendment was lost, and Dr. Wood's motion was put and carried.

*Dr. Christie.*—I give notice that I shall propose, at the next meeting, an alteration of the rule regarding the election of President, to the effect that every candidate shall be proposed and seconded.

*Dr. Davey.*—I believe my proposal for alteration comes before that.

*The President.*—I have them both, Dr. Davey. I will now ask the Secretary to take the ballot.

Upon the ballot being taken, there appeared—

For Dr. Sankey . . . . .	13 votes
Dr. Campbell . . . . .	9 "
Dr. Paul . . . . .	4 "
Dr. Davey . . . . .	2 "
Dr. Sheppard . . . . .	1 "

*The President.*—Twenty-nine members have voted. There must be a majority of members; therefore, Dr. Sankey is not yet elected.

*Dr. Wood.*—We must have another election. I can only tell you that, in the College of Physicians, the president must have the majority of fellows present. Nobody has the majority of members present now.

*The President.*—I have ruled, and I think the feeling of the meeting is with me, that Dr. Sankey has not the majority, and I must call upon you again to record your votes for the two highest.

The ballot was again taken, and upon the Secretary calling over the votes there appeared to be—

For Dr. Sankey . . . . .	16 votes
Dr. Campbell . . . . .	16 „

*The President.*—I find there are 16 for Dr. Sankey, and 16 for Dr. Campbell. In giving my casting vote for Dr. Sankey, I may be just allowed to say that I am intimately acquainted with both those gentlemen, and I am sure either of them would do honour to the chair; but I feel that, as Dr. Sankey had 13 votes on the first ballot, and Dr. Campbell only 9, I am best interpreting the wishes of this meeting in now voting for Dr. Sankey. The next point for your consideration is the election of other officers. The first question is, as to the Editors of the Journal. Has any gentleman any proposal to make with regard to the Editors of the Journal?

*Dr. Manley.*—I propose that the present Editors be re-elected.

*Dr. Langdon Down.*—I beg to second that.  
Carried unanimously.

*The President.*—The next proposal is with regard to the Treasurer.

*Dr. Monro.*—I beg to propose that Dr. Paul be re-elected as Treasurer.

*Dr. Christie.*—I shall have pleasure in seconding that.  
Carried unanimously.

*The President.*—The next is the General Secretary.

*Dr. Sheppard.*—I beg to propose Dr. Tuke again.

*Dr. Brushfield.*—I second that proposition.  
Carried unanimously.

*Dr. Tuke.*—I am extremely obliged to you, Mr. President and members of the Association, for electing me. I take a great deal of pride in the office of Secretary, and rather prefer it to that of President. (Laughter.) I trust I shall in future avoid the error into which we fell last year, and I repeat it was entirely an oversight. Having very much at heart the interests of the Association, I think in several ways it might be improved. I cannot do it myself, but I venture to suggest that some member should give notice of a proposition for meeting oftener, and particularly that our President should be elected for two years instead of one.

*Dr. Paul* proposed that the Irish and Scotch Secretaries be re-elected.

*Dr. Eastwood* seconded the proposition.

The two retiring members of the Council were then re-elected on the motion of Dr. Manley, seconded by Dr. Lindsay.

*The President.*—The next business that comes before us is the election of three honorary members, and twenty-one ordinary members. The three honorary members proposed are Staff-Surgeon Baron Mundy, Dr. Ludwig Meyer, the first to introduce in Germany the practice of non-restraint, and John D. Cleaton, Esq., Commissioner in Lunacy.

*Dr. Davey.*—Am I in order in making remarks in reference to the election of honorary members?

*The President.*—Quite.

*Dr. Davey.*—Then, with your permission, I will take upon me to say that I do not myself feel quite satisfied with the manner in which we elect the honorary members of our Society. I take it our object is to create an aristocracy among ourselves, and very properly. I find no fault with that. I admire it very much indeed: but, understand me, it is the manner in which we proceed in the election of this aristocracy to which I am about to take objection. Now, I happen to be on the committee of the Council,



and I have never had my attention drawn to the merits of the question now before us, in so far as the election of these several gentlemen is concerned.

*The President.*—Would you allow me to refer to the rule? You are speaking contrary to Rule 8. It is not a question for the Council, but for any six members of the Association.

*Dr. Davey.*—I am much obliged to you. Shall I be in order in making a remark in regard to that rule?

*The President.*—Certainly.

*Dr. Davey.*—I take an objection to that rule, and I think it should be revised.

*The President.*—You had better give notice.

*Dr. Davey.*—Shall I be wrong in making a remark now?

*The President.*—We are now electing the honorary members. You had better give notice.

*Dr. Davey.*—I give notice that I will move an amendment to the law next year.

*The President.*—We proceed to ballot for the three honorary members whose names are now before the meeting.

*A Member.*—We had better appoint scrutineers.

*Another Member.*—It will be exceedingly inconvenient to take all four together.

*The President.*—Then I will take them individually. The first member proposed is Staff-Surgeon Baron Mundy. (Applause.)

*A Member.*—I think you read a rule to the effect that the election was to take place by ballot.

*The President.*—By ballot if required. It is necessary that there should be a majority of two thirds.

*Dr. Wood.*—I am extremely unwilling to intrude; but the rule, as I understand you to read it, runs thus—"That gentlemen, whether of the medical profession or otherwise, who are distinguished, &c. . . the election to be by ballot, as in the case of ordinary members."

*The President.*—Then read the rule as to the election of ordinary members.

*Dr. Wood.*—"That the election of members take place by ballot—a majority of two thirds required." I think it is quite clear that we have no right to depart from that.

*A Member.*—We have done it before.

*Dr. Wood.*—It is never too late to mend. There is the rule, and we must observe it if we observe the rules at all.

*The President.*—Then we will take a ballot for the three honorary members.

*Dr. Munley.*—It is quite clear that, although we are obliged to vote by ballot, it stands in our minutes that Baron Mundy has been carried by acclamation.

*Dr. Monro.*—I thought it was agreed that we might put all three on the same paper, so that the box need only go round once.

*The President.*—Then with regard to the other members, we have twenty-two. Is it the pleasure of the meeting to have a separate ballot for them?

*Dr. Wood.*—I think we had better take the honorary members first.

*The President.*—Then the Secretary will take the ballot-box round for the three honorary members. You will please write either one, two, or three, names on the paper.

*Dr. Sheppard.*—If we do not write the name of any one?

*The President.*—Then you vote against them.

The ballot was then proceeded with.

*The President.*—One of the auditors retires this year, and Dr. Sheppard, as senior auditor, is the one. Has any gentleman any candidate to propose in Dr. Sheppard's place?

*Dr. Monro.*—I beg to propose Dr. Blandford.

Carried unanimously.

*Dr. Christie.*—There has been a misunderstanding about Baron Mundy. Nobody has omitted it intentionally.

*Dr. Tuke.*—Baron Mundy's election has been carried by acclamation.

The ballot having been taken, it was found that the numbers for the other two candidates were :

Dr. Ludwig Meyer . . . . .	27
Mr. Cleaton . . . . .	26

*The President.*—Mr. Cleaton and Dr. Ludwig Meyer are both elected honorary members of this Association. Then, with regard to the ordinary members, there are twenty-two candidates. Will the Secretary read the list over? It is understood that each gentleman shall either write "all," or write any individual name that is objected to.

*The Secretary* read the following list :

Staff-Surgeon T. Blatherwick, Fort Pitt, Chatham.  
 Coyte Bailey, Esq., Three Counties Asylum, Stotford, Baldock, Herts.  
 Thomas Buzzard, M.D., 12, Green Street, London.  
 Edward Byas, Esq., Grove Hall, Bow.  
 John A. Campbell, M.D., County Asylum, Carlisle.  
 Edward Chaffers, Esq., York.  
 Balfour Cockburn, M.D., Fort Pitt, Chatham.  
 Charles Davidson, M.D., Bethnal House, London.  
 William Douglas, M.D., County Asylum, Lincoln.  
 G. H. Dodsworth, Esq., Bucks County Asylum.  
 Corbin Finch, Esq., Salisbury.  
 — Fuller, Esq., Peckham House Asylum.  
 W. R. Gasquet, M.D., 127, Eastern Road, Brighton.  
 H. Minchin, Esq., 56, Dominick Street, Dublin.  
 W. McLeod, M.D., Deputy Inspector-General, Great Yarmouth.  
 G. Mickley, M.D., Royal Hospital, Bethlehem.  
 I. Partridge, Esq., Woodville House, Lazells, Birmingham.  
 — Sabben, M.D., Northumberland House, Stoke Newington.  
 Edward Seaton, M.D., Subury.  
 Thomas C. Shaw, M.B., County Asylum, Colney Hatch.  
 H. H. Stabb, M.D., St. John's, Newfoundland.  
 Andrew Smart, M.D., Melville Street, Edinburgh.

#### THE IRISH DISTRICT ASYLUMS.

*The President.*—I have received a communication from our associate, Dr. Flynn, of the Clonmel District Asylum, with reference to the retiring clause in the Irish Asylum Bill, now before Parliament. "*We want* (writes Dr. Flynn) *a just retiring allowance. At present we are merely civil servants on sixtieths; for, if a salary be £300 per annum for twenty years, our retiring allowance would be £100 per annum, and might be made only one half if local boards so willed it, though appointed by the Government.*" I would ask Mr. Blake now to make some remarks in reference to the present Irish Bill. If the arrangements for retiring officers are such as are represented by Dr. Flynn, they do not seem to be very equitable.

*Mr. Blake, M.P.*—Mr. President and gentlemen, I think there is rather an erroneous impression as to the measure in the House of Commons. The

clause of the bill to which allusion is made, and which is complained of, only provides that in case an officer himself chooses to retire after a certain time his remuneration shall be upon the same principle as that of an officer of the civil service; but there are some preceding regulations with regard to the medical officers of Irish lunatic asylums which I think are of a more liberal character. The bill has already passed the Commons, so that we have no control over it. It has passed the third reading, and may come before the House of Lords to-morrow. It is quite certain that under that bill, and under preceding acts, the medical officers are only provided for under the same circumstances as members of the civil service, and I must confess that I think a more liberal clause should be introduced, and therefore if you wish I shall be very happy to do anything in my power for that object. Perhaps you will pardon my saying that I am not disposed to go to the extent Dr. Stewart suggests with regard to the remuneration of our medical officers. Now, he tells me that his idea is—he will correct me if I am wrong—that after fifty an officer ought to be allowed to retire if he chooses. I must confess that, as a representative of the ratepayers, I should be rather reluctant to allow an officer, unless owing to great exertion he has become incapacitated, to retire at fifty years of age. I myself have passed my fortieth year, and I should be very sorry if I was told at fifty that I was beyond service. I have given the subject of lunatic asylums my full attention, and I should be very glad, when you do consider the question, to go as far as I can with you. What I desire to apply myself to is this, which I am sure will be received with great satisfaction by those gentlemen whom I have the honour of addressing connected with Irish asylums, though I apprehend some of those who are aspirants for situations will not receive it with satisfaction. You are aware that hitherto the practice has been in Ireland to require, as the only qualification of a gentleman seeking the post of medical resident superintendents of asylums, the production of his diploma as a member of the College of Physicians in Ireland. It has hardly ever been inquired into whether they had any knowledge whatever of the treatment of the insane, or ever saw the inside of a lunatic asylum, or ever had any opportunity, beyond mere reading up on the subject, to acquire any knowledge upon a branch of the profession which requires peculiar knowledge; but it so happens in Ireland that a gentleman sees the appointment vacant, and proceeds to write to anybody with whom he is acquainted, possessing Parliamentary influence, in order to obtain it; the consequence is, that a very great number of gentlemen receive the office of medical superintendents and officers of lunatic asylums who are not properly qualified. I took the opportunity when the bill, which I just now spoke of, was passing through the house, to introduce a clause into it to the effect that no appointment should be conferred unless the person nominated should receive a certificate from the Inspector-General of Lunatic Asylums in Ireland that he was considered competent by reason of having a sufficient knowledge of the medical treatment of insanity. Lord Naas, the Chief Secretary for Ireland, objected to do that, as he considered it would place it too much in the hands of the Chief Inspector of Asylums in Ireland, and make it rest very much with him to say who should be appointed. They said, that if I would consent to withdraw my amendment, they would undertake that immediately a fresh rule should be introduced in the Privy Council, giving a preference for all future appointments to gentlemen who have gone through a certain probation in lunatic asylums, and had a practical knowledge of the moral and medical treatment of insanity. I consider that very important, and am quite sure that it will be received with satisfaction by the very important body I have now the honour to address, and I think it very desirable that it should be mentioned in the next issue of the periodical, in order that future

aspirants should become aware that one essential qualification will be a practical knowledge of the subject.

MR. BLAKE'S PROPOSAL FOR A ROYAL COMMISSION.

*Mr. Blake, M.P.*—The next matter, upon which I will occupy a very few minutes of your time, is to ask whether I can obtain from the Society concurrence with regard to a matter upon which I have already received a large amount of support. It is a matter which very intimately concerns you all here, and perhaps you will pardon me if for a very few minutes I call it to your attention. There are some gentlemen here who have taken an interest in the Irish lunatic asylums, and endeavoured to introduce a better system in so far as affording the patients greater liberty, and also giving them increased occupation of a suitable character. In order to inform myself on the subject, I visited almost every lunatic asylum in England, and a great number elsewhere. In the course of my investigations on the subject I have found that there is a very great deal of difference as regards the moral treatment in the different asylums in England and Ireland and on the Continent. We find in one asylum a very great amount of amusement, recreation, and so forth, and in other asylums very little or nothing of the kind, but they take more the character of hospitals. Last year I wrote a small pamphlet on the subject, which I have not the least intention of reading to you now, but which I have presented to some of the members present. I will, however, with your permission, read a short paragraph to explain exactly what I mean. This was a paper read before the Social Science Congress, entitled "The Moral Treatment of Insanity, and suggestions for the appointment of a Royal Commission to inquire into the Treatment pursued in the Asylums of the United Kingdom, and to report upon the system which appears best adapted for carrying out the most approved Principles of Moral Treatment." The passage runs thus:—"I should be glad to pause here and offer a well-merited tribute of praise to the manner in which some of our English and Irish asylums are conducted. I am only restrained from referring to a few of them by name by the consideration that my silence respecting other institutions might be construed as a tacit censure upon their management and conduct. In a work upon the subject of the defects of public asylums, which I published some years since, I have entered more fully into this question than the limits of this paper would admit of my doing on the present occasion, nor is it my purpose just now to travel beyond the general principle of moral treatment. Conceding, as I do, that all public asylums have, since 1792, made steady progress in the direction of a more successful and enlightened principle of treatment, and feeling convinced that the moral treatment of the insane, by kindness, occupation, and amusement, is now firmly established, I would venture to ask why is the principle now carried so much further in some institutions than in others? And, again, would it not be possible to lay down some general code of rules and regulations for the guidance of all public and private asylums in the United Kingdom, and thus afford to their inmates the fullest advantages, limited only by local circumstances of liberty, occupation, and amusement? In visiting public asylums at home and abroad, I have often been struck by the different principles which appeared to guide the governing powers of almost neighbouring institutions. Thus, in England the asylums of Leicester and York have absolutely no boundary walls—nothing beyond a quick-set hedge; while other English county asylums are protected by the old, conventional, high, prison-like walls; and I may add that the official returns of these respective institutions show that the attempts to escape are less frequent in the unwall'd than in the wall'd asylums; and, what in a fiscal point of view is of greater importance, the number of attendants required is

less. At Gheel, in Belgium, the lunatics are confined by no boundary limit whatever; there is no wall, no hedge, no line of demarcation between the mentally afflicted patient and the healthy colony in which he finds a refuge and a home. Indeed, in this admirable lunatic colony I witnessed the insane and the sane working side by side at their various avocations, and with this almost incredibly encouraging result—that whereas Gheel receives only such cases as are deemed incurable, it actually cures 18 per cent. of its, I was going to say, inmates; it would be more appropriate to term them guests. At Turin, again, I saw at the Manicomio Regio restraint imposed in many objectionable forms—patients, for instance, bound and strapped to their beds. Only sixty miles off, in the Manicomio at Genoa, almost all restraint was discarded, and the sleeping-rooms of the patients were not even isolated by a door—a curtain alone extended across the opening. The same disparity in the line of practice pursued prevails amongst the asylums of the United Kingdom. Perhaps I ought not to include Scotland, as I have not personally visited the Scotch asylums. In some of the asylums of Great Britain and Ireland the most enlightened modern principles of treatment are carried out to the fullest extent, and with the most gratifying results; the patients enjoy a considerable amount of liberty; healthy occupation and a fair proportion of amusement are provided for them; they are treated with kindness and confidence. In other asylums the same principles of treatment appear to be in their infancy, judging by the extent to which they are practically carried out. In point of fact, as asylums are at present governed, the inclination or the indolence of the resident staff of officers determines the extent to which the patients shall benefit by principles whose adoption is now admitted to afford the best means for their restoration to the blessings of an unclouded reason. Some of the institutions of this country, in which the moral treatment of the inmates appears to be a matter of indifference to the staff, are little better than county gaols, where the lunatics are merely detained in safe custody; they are, no doubt, clean, orderly, and comfortable; but they hold out little prospect of exercising a curative influence upon their inmates.” Now, what I was peculiarly anxious to prove was this—the advisability of getting a Royal Commission appointed in order to inquire into the various systems, with the view of seeing whether some general rules could not be laid down for the guidance of all public and private asylums. When I said that some of the institutions of this country were little better than county gaols, I was speaking of the asylums of my own country, which I know better than others. In some, such as those with which Dr. Stewart and others are connected, everything is as it ought to be. I felt it was only due to you that, before I took a decided step in the House of Commons, I should lay the subject before you for your advice; and if you think the proposal is injudicious, I will pay that deference to your judgment which is necessary by not proceeding in that direction.

*Dr. Tuke.*—I am sure this Association must feel obliged to members of the House of Commons who take an interest in this matter, and I don't think any one has done more for us than Mr. Blake. If he will give us anything tangible, which could be put in the form of a motion or a distinct resolution, we shall be able to deal with it.

*The President.*—Mr. Blake is simply come to ask if the feeling of the Association is with him.

*Mr. Blake.*—I should like to give the President, as I have already given the Secretary, a copy of my pamphlet. Should you agree to co-operate with me as an Association, you might, as gentlemen residing in different parts of the country, exercise a very great amount of influence. The 'Lancet' and several other papers strongly advocate the proposal; and if I go to Parliament strengthened by your approbation, and with the certainty of

getting whatever local assistance you can give, I am quite certain we shall be able to carry it.

*Baron Mundy.*—I think it extremely important to know if Mr. Blake's motion in the House of Commons has been brought on.

*Mr. Blake.*—I had it on the books for some time, but did not get an opportunity of bringing it on.

*Dr. Wood.*—If I understand the proposition now before us, it is that we should pass a resolution, saying we believe that a Royal Commission would be of essential service to the interests of the insane. I think we all do feel that, and we must certainly feel greatly indebted to Mr. Blake. No doubt the opinion of the Association goes for something, and it would be a matter of duty if it can be carried out. Therefore, I would suggest that we have a resolution drawn up from the chair to that effect, and I shall be happy to move it.

*Dr. Belgrave.*—I very much hope that this Society will accede to the proposition that has been made by Mr. Blake, as I believe very great benefit would be derived. I would respectfully submit that a deputation from this Society should wait upon the Secretary for the Home Department, and, if possible, interest him in the matter. I remember one on one occasion, some few years ago, on a matter of great consequence, similar in its character, and the result was that the subject was taken in hand, and the desired reform accomplished.

*Dr. Wood.*—I am not quite sure that in this instance sending a deputation is quite the proper form of action, because I presume the members of the House of Commons are the parties to appeal to. The appointment of a Commission does not, I think, rest with the Secretary himself, but it is a question entirely for the decision of the House. Mr. Blake will correct me if I am wrong, but I think it is in the discretion of the House.

*Mr. Blake.*—Probably it is too late to do anything this session, but if you pass a resolution, and draw up a memorial, it might be exceedingly valuable at the commencement of next session for as many of the members of the association as possible to wait upon the Secretary of State.

*Dr. Monro.*—May I ask whether it would not be well to appoint a committee to work with Mr. Blake? If the Association approves, and I think it does, of the object of Mr. Blake, I would move that a committee be appointed to assist him in his parliamentary efforts.

*Dr. Tuke.*—I beg to second that.

*Dr. Belgrave.*—Mr. Blake himself being an ex-officio-member of the committee.

*Dr. Wood.*—The committee would arrange the deputation and arrange the memorial.

*Dr. Monro.*—It is suggested, first, that, as a body, we approve of the appointment of a Royal Commission, and, as I understand, Dr. Wood has proposed that the Association should express that approval. I go further than that, and move that we wait upon the Home Secretary in order to get him to inform us as to the course to be taken.

*Dr. Christie.*—Then we are voting for a Royal Commission to inquire into the treatment of the insane throughout the world, I suppose?

*Dr. Wood.*—No; simply throughout the United Kingdom.

*Dr. Christie.*—I merely want to know what we are voting for.

*The President.*—The proposition moved by Dr. Wood is as follows:—"That this meeting considers it most desirable to have a Royal Commission appointed for the purpose suggested by Mr. Blake, namely, to enable it to inquire into the treatment pursued in the asylums of the United Kingdom, and to report upon the system which appears best adapted for carrying out the most approved principles of moral treatment."

*Dr. Wood.*—I would suggest that the special reference to lunatic asylums should be omitted, so as not to limit inquiry. Suppose we say, "to inquire into the best manner of providing for and treating the insane, and those reputed to be insane, in the United Kingdom."

*Dr. Monro.*—"And that a committee be appointed for the purpose of giving effect to the wishes of the Association."

*Dr. Wood.*—That comes afterwards.

*Dr. Monro.*—I think it is a very important thing that we should understand whether we request the Commissioners to go into the present or present and past treatment of asylums, or whether it is to go into the question of what ought to be in the future; because if this commission is to go into all the asylums of the country at present, it will go directly into the work of the Commissioners in Lunacy.

*Dr. Wood.*—That is not what is proposed at all.

*Dr. Monro.*—I certainly think that this Association and Mr. Blake, and every one concerned in this matter, ought to communicate with the Commissioners in Lunacy; it would only be polite to them. Of course, if the commission is only to go into the question of finding out what is the best way in future of treating the insane, it would not interfere with them; but otherwise it would seem as if we were proposing a Royal Commission which should supersede the Commissioners in Lunacy altogether.

*Dr. Wood.*—The resolution says, "to inquire into the best manner of providing for and treating the insane and those reputed to be insane." The object, therefore, is distinctly for the future.

*Dr. Monro.*—I see the words have been altered. They were originally such as to lead to the inference that it was the existing treatment in asylums which was to be inquired into. That is not your intention?

*Dr. Wood.*—Oh dear, no; certainly not.

*Dr. Monro.*—It is not a retrospective judgment that is required, but a prospective one?

*Dr. Wood.*—Certainly.

*Dr. Tuke.*—I propose an amendment upon the resolution which has been moved by Dr. Wood. I propose "That a committee should be appointed who should represent the Association and take such steps as they may think fit in conjunction with Mr. Blake." By adopting this course the Association would not be committing itself to anything.

*Dr. Monro.*—I second that, because I think the first motion may appear to go a little further than a simple proposition of this kind.

*Dr. Wood.*—We first want to determine what the opinion of the meeting is before we take any steps in the matter. Are we or are we not of opinion that we should go into the thing judicially? Certainly the meeting is competent to determine the first grand question—is it or is it not right that this Royal Commission should be applied for? Surely it is better to determine that by putting it to a large meeting than by putting it to a select few. Therefore I am disposed still to stand by my original proposition.

*Dr. Christie.*—I am very glad Dr. Tuke has brought forward his amendment, as it appeared to me we were on very dangerous ground. I think we are travelling very fast. I am quite satisfied that the Commissioners in Lunacy have done a good deal. The improved treatment of insanity has taken a strong hold upon the profession, and the Commissioners have brought an influence to bear which no Royal Commission such as that suggested can ever bring. It seems like saying they have not done their duty. I think we ought to be very cautious how we proceed.

*Dr. Wood.*—I must disclaim any such idea. I am not in the least degree reflecting upon the great service which the Commissioners have rendered to

the cause of insanity; but after Mr. Blake has taken the trouble to come and ask our opinion I think we ought to say whether we think he is right or not in asking for a Royal Commission

*Mr. Blake.*—I will just describe what the action of the inspectors is. They see the house and so forth, but never make any rules for the guidance of the establishment as regards moral treatment, but it is left entirely to the officers of the asylums themselves. Now, my object is not so much to find fault with the existing systems as to devise the subject-matter of rules to be introduced in future. I am very far from wishing to bind this Association all at once to an opinion in favour of a Royal Commission. I wish you to give the matter what weight you think judicious. If I have the honour to meet a committee of the Association next session, we can consider the matter, and you can then give us authority to act in whatever way you think best.

*Dr. Manley.*—All our asylums are managed by committees, who draw up strict rules for the guidance of officers and servants, and it is the business of the Commissioners in Lunacy, not only to see that persons are properly taken into asylums, but also to go to the different houses and see that the rules are carried out, and, if there are improvements to be made, to record their opinions in a book that such and such changes should be effected.

*Mr. Blake.*—I have known cases in which the same state of things has continued for many years. In the case of one asylum the inmates were well dressed and well fed, and all the inspectors passed it as a most excellent asylum, yet there was nothing in the way of exercise or recreation going on; and the very same thing exists in some asylums at present. Some are not a bit better than county prisons.

*A Member.*—I can bear testimony to the Commissioners carrying out the very things you suggested in the asylums round London. They especially look to the moral treatment and amusement of the insane; for instance, going to the seaside, the theatre, &c. It is the same at all the houses in the neighbourhood of London, I think. All these things are specially taken care of by the Commissioners in Lunacy.

*Dr. Monro.*—Considering that the hour of the afternoon meeting has arrived, and that Mr. Blake in his last speech has agreed with the amendment rather than the proposal, viz. that a committee should be appointed to go into the whole subject, and that we should not go quite so far as the proposal itself—and considering that Mr. Blake was the centre and the origin of the whole thing—probably the mover of the motion will withdraw it, and allow the amendment to be put instead.

*Dr. Wood.*—As I made the proposition entirely to suit Mr. Blake's views, I am perfectly willing to withdraw it.

*Dr. Sheppard.*—With the view of saving time and shortening the discussion, I was going to propose (which seems a curious way of doing it) another amendment. There is a great deal of truth in what Dr. Monro and Dr. Christie have said about the dangerous ground on which we are treading, and therefore I submit this amendment—"That while we thank Mr. Blake for the interest which he has taken in the welfare of the insane, we feel that in entertaining the proposition we are altogether losing sight of what the obvious answer of the Government would be, namely, that a Royal Commission would supersede the duties of the appointed guardians of the insane—the Commissioners in Lunacy—and be the establishment of a most dangerous precedent." I need not make any remarks upon it at all.

*Dr. Wood.*—It surely could not have that effect at all.

*Dr.* .—I have much pleasure in seconding the amendment of Dr. Sheppard.

*Dr. Wood.*—The original motion is not before the meeting now.



*Dr. Sheppard.*—Then you withdraw it?

*Dr. Wood.*—I have already done so.

*The President.*—It is now more than half-past two. Is it the pleasure of the meeting that we should adjourn or continue business? I am in your hands.

*Dr. Christie.*—I should think we had much better adjourn for a few minutes.

*Dr. Tuke.*—I move that a committee be appointed to act as the general council to represent the Association, and take such steps as they may think proper in the matter suggested by Mr. Blake. The names I propose are Mr. Blake himself, Dr. Blandford, Dr. Christie, Dr. Brushfield, and Dr. Monro.

*Dr. Sheppard.*—I submit the amendment which I have already read.

*Dr. Tuke's* motion was then put.

*A Member.*—I must rise to order. Dr. Sheppard's proposition is not an amendment on Dr. Tuke's motion at all. It happens to be an amendment on Dr. Wood's motion, which has been withdrawn. Dr. Tuke's proposition is now put forward as a substantive motion, and therefore the amendment goes into a question which is not dealt with in the motion at all.

*The President.*—Suppose we put Dr. Tuke's motion.

*Dr. Sheppard.*—You have already put it, but no one votes for it.

*Dr. Monro.*—It has been misunderstood.

*The President.*—Who votes in favour of Dr. Tuke's motion?

The motion was put and lost.

*The President.*—The next question is as to the adjournment. At what time is it your pleasure to hold the afternoon meeting? It is now twenty minutes to three.

*Dr. Christie.*—Suppose we say three o'clock?

The proposal for adjournment was then agreed to, and the meeting was adjourned accordingly till three o'clock.

#### AFTERNOON MEETING.

*The President.*—We have got through in the morning the whole of our business, the election of our officers and the place of meeting next year, and also the very important subject which Mr. Blake was kind enough to bring before us. The other matter of general business which we have before us is a letter from the Société Médico-Psychologique of Paris. There was a notice inserted in the last number of the Journal calling attention to the very important meeting that takes place in Paris on the 10th, 11th, and 14th of August.

*Baron Mundy.*—The 10th, 11th, and 12th; the 14th is changed to the 12th.

*The President.*—And the members of this Association, among others, are invited to attend. I have received a letter from M. Foville, in which he says—

“Dr. Robertson is specially requested, as President of the Medico-Psychological Association, to favour us, if possible, with his presence, and to express to the members of the general meeting, on the 31st inst., the pleasure with which the Société Médico-Psychologique would receive them.

“For the Board,

A. FOVILLE.”

I hear that physicians from all parts of Europe are going, and I hope some of our body will be present. It is at the Ecole de Médecine. I have also received a letter from Mr. Rumsey, member of the General Medical Council, calling our attention to the question of degrees, and certificates, and qualifications in State Medicine; and a resolution from Dr. Boyd, which, with your

permission, we will leave to the end of the meeting. I shall again, should time permit, refer to these after the business on the *Agenda* is all completed.

The subject on which I propose to address you to-day is the important question of *The Care and Treatment of the Insane Poor*. (See Part I, Original Articles, Article I.—“THE CARE AND TREATMENT OF THE INSANE POOR. By C. LOCKHART ROBERTSON, M.D. Cantab., President of the Medico-Psychological Association.”)

*Dr. Christie.*—I rise with very great pleasure to propose a vote of thanks to our President for the very able address he has given us this afternoon. It has afforded me very great gratification to hear his remarks with reference to the idiots, as upon that very subject I took upon myself to sketch out a plan for the Chairman of the Commissioners of Lunacy this year. Unfortunately it has not been taken up by that board, but I am in hopes that, by the aid of Dr. Robertson, it may be taken up. Every one knows the terrible difficulty we have in the treatment of idiocy in county asylums, and the tribute he paid to Earlswood is not at all undeserved. I cannot help thinking if we can but take a model from that, and push the treatment of idiots into the same sphere of usefulness as the treatment of the insane poor, we shall not only be indebted to Dr. Robertson for this address, but we shall be indebted to him for laying the foundation for it. It is with great pleasure I propose a vote of thanks to him.

*Dr. Langdon Down.*—I have very great pleasure in seconding the vote of thanks proposed by Dr. Christie, and join most heartily in applauding that portion of the address relating to the treatment of idiots. I feel that Dr. Robertson has been too complimentary to Earlswood, but, however, I should only be too happy to see multitudes of Earlswoods throughout the land.

The resolution was unanimously agreed to.

*The President.*—I now call upon Baron Mundy for his address. (See Part I, Original Articles, Article II.—“A COMPARATIVE EXAMINATION OF THE LAWS OF LUNACY IN EUROPE. By BARON MUNDY, M.D.”)

*Dr. Belgrave.*—I have great pleasure in proposing a vote of thanks to Baron Mundy for his address. I may mention that he excluded two countries which do possess lunacy laws, namely, Russia and Denmark. Denmark possesses a definite code of lunacy laws, and Russia has an indefinite code, if I may so express myself; that is to say, a number of disconnected laws, which a council is now engaged in converting into a regular digest, so that they will eventually have a more definite code of laws than we ourselves possess. Then Baron Mundy made one remark which I can testify not to be correct, and that is, that the asylums in Russia very much resemble the condition of Bedlam in years gone by. I am acquainted with a large number of asylums, and I believe that the asylum in connection with the University of St. Petersburg is the best organised and best designed for the purposes of tuition of any asylum in Europe. Every arrangement is good, not only for the recovery of the patients, but also for imparting instruction to medical students. I consider we are greatly indebted to Baron Mundy, as we necessarily must be to physicians who bring to us an account of their works. I have great pleasure in proposing a vote of thanks.

*Baron Mundy.*—I know nothing about a law in Russia; they are merely ordinances and rules, but no law. And even in Denmark there is nothing that you may call a Parliamentary Act at all; they are just detached ordinances, detached rules, but a real law is not in existence. With regard to Dr. Belgrave's remarks about Russia, I quite agree that the hospital to which he refers is a very good one. But to say that, because one asylum in such a vast country as Russia is sufficiently tolerable, therefore all the other asylums are tolerable, is a proposition to which I cannot assent. If you will

kindly show me the law of Denmark and Russia I shall be very much obliged to you.

*Mr. G. W. Mould.*—I rise, sir, for the purpose of confirming Baron Mundy. Some four weeks ago I sent two of my attendants to Moscow for a patient, an English gentleman of large property, who had been shut up in an asylum. They described the state of the asylum as dreadful. The medical man lived three miles away, and visited the asylum only once in eight days. This English gentleman had not any clothing upon him. Two pillow-cases were wrapped round his thighs in a filthy dirty state. He had been confined in a strait waistcoat, and had four attendants. When they wished to go near him and give him any food, they took hold of the four corners of a sheet, threw it over his head, and pulled him head over heels. That is the description my attendant gave of the asylum. I think there are 400 patients, but that is the way they are treated.

*Dr. Morris.*—I beg to second the vote of thanks, and also thank Baron Mundy for the great interest which he takes in the Association.

*The President.*—We are extremely indebted to Baron Mundy for his kindness in coming over from Paris to attend this meeting. I am sure if there is a member who deserves well of this Association it is the Baron, who goes through Europe raising the fame of the English school of psychology. In every quarter of Europe does he sound our praise and make known our good deeds; and I am sure the Association have only shown him a very fitting honour to-day in making him an honorary member. He was not present in the room; but I may tell him we excluded him from the ballot, and elected him by acclamation. I now call on Dr. Davey to read his paper, "ON THE INSANE POOR IN MIDDLESEX, AND THE ASYLUMS AT HANWELL AND COLNEY HATCH. By JOHN G. DAVEY, M.D." (See Part I, Original Articles, Article III.)

*Dr. Tuke.*—I rise to propose a vote of thanks to Dr. Davey for his paper, and I may take the opportunity of asking Dr. Davey to re-examine his statistics. I think if he does he will find he need not be under so much alarm, as he evidently is, as to the increase of insanity. When the last Commissioners' report came out I analysed it very carefully, with a view of watching, as I am in the habit of doing, the statistical increase or decrease of insanity; and I found, as there can be no doubt, that the number of the insane has enormously increased, especially in the home counties. Now, that may be accounted for by the fact that the restless brain of a man about to become insane would naturally lead him to leave the country and come to London, and we therefore get a number round the metropolis. Again, Dr. Davey does not take into account the increase of the population; and he has also forgotten, which is a very important thing indeed, the prolongation of life in the insane. In point of fact, the increase altogether of the insane during the last decade has not been anything so very extraordinary; and, moreover, when we take the number of the richer classes, and compare them, who have been better treated—I mean as far as duration of life has gone, which has always been longer than the paupers—we find the richer class has not increased at all, and, in fact, their numbers in relation to the population have remained exactly the same. Therefore I think the increased number of poor that we have discovered and carried to our asylums, the length of life, and extra care that has been taken of them, fully account for the apparently large increase of insanity; and I do not in the least fear that we shall have in the next ten years the enormous array Dr. Davey has alarmed himself with.

*Dr. Christie.*—I will second that. In reference to the remark of the increase of insanity, in the first report I issued, I called attention to that

subject, that in the North Riding Asylum, for the last seven years, the numbers at the end of the year have been within one or two each year; there has been no increase and no decrease; this year, I am happy to say, we have had hitherto a slight decrease. On an average, there have been 500 patients in the asylum on the 31st December. We have had them this year down to 480; at the present moment we have 482; therefore I am anticipating what Dr. Robertson has stated—that we may have seen the outside of the number of the insane, especially in the agricultural counties.

The resolution was carried unanimously.

*A Member.*—May I ask what is the population of the North Riding?

*Dr. Christie.*—I really cannot give it you, for I have not had the tables put before me. I might mention, although it is the North Riding Asylum, we take the whole of the patients from the north and east, so that there has been no difference as regards the population in that respect. We have really only one manufacturing town—Middlesborough.

*Dr. Belgrave.*—Whatever opinion we may entertain with reference to the statistics of Dr. Davey, I think we may receive one suggestion of very great consequence. The experience of every member present will, no doubt, confirm me when I say that cases are much more curable when treated in the incipient condition. I am sorry to say in this large metropolis there is no institution of the kind where the poor may in their incipient condition apply and receive advice or relief. I respectfully suggest for the consideration of individual members the propriety that some of us should establish a dispensary or hospital for diseases of the brain and nervous system, by means of which we could afford to the poor such assistance when they are suffering from disease in an incipient condition as they may require. At the present time neither at Bethlehem nor St. Luke's are patients received. In the whole of the metropolis there is not any place to which poor relations can apply for assistance when they suspect the existence of mental disease.

*Dr. Bucknill.*—I wish to thank Dr. Davey for his interesting and valuable paper, and to express my own opinion that he is right in recommending that an hospital for recent cases should be established in this county in preference to small asylums which receive chronic patients. I hope also that the suggestion which has been thrown out as to the establishment of a dispensary for suspected cases or threatened cases of insanity may not be lost sight of. I know Dr. Johnson did much good in his experiments on the value of opium as a preventive of insanity, and I believe he carried out those experiments almost solely amongst the out-patients of an hospital. Still, whether an asylum for the chronic patients or an hospital for the curable patients may be established, whatever may be the decision or the opinion of the meeting on that point, I think they must agree with me that any division of the patients in a county asylum which is not rendered imperative by previous mistakes is in itself an evil. This is a question which has been forced upon the attention of the superintendents of asylums for many years past; and I have always felt the greatest apprehension that if what are called the chronic and incurable lunatics were taken out of the county asylum and placed in a separate institution devoted to themselves, they would be treated in a very different manner to that which we are accustomed to see in the present county asylums; and I have always feared that if the curable patients were kept out of the county asylums, and these latter establishments were, therefore, rendered receptacles for the incurable only, that the liberality of the visitors would be so acted upon by the economy of the ratepayers, that the curative treatment which is now the treatment of all patients in the county asylums generally would be cut down to what the ratepayers would consider the requirements of the incurable.

*Dr. Monro.*—I rise to make a few remarks. I most thoroughly agree with

what has just been said by Dr. Bucknill as regards the mode of treating the curable and recent cases separately from the incurable and chronic; and I also agree with the idea that it would be an excellent thing to establish an hospital for the curable a little way out of London. But the remarks which Dr. Davey made would really go to intimate that there are no such places as St. Luke's or Bethlehem Hospital in existence. I cannot sit here and hear it said that there is no place, that there is not any hospital, in London, where the acutely insane poor can apply for entrance. All I can say is, if you are not aware of the existence of St. Luke's, I beg to inform you of it. I think Dr. Williams a little feels the same thing as I do on that subject. There was one other point in Dr. Davey's paper which, if it could be brought into action, might be of use, but I hardly see how it would be, and that is the having a place for the reception of out-patients. It is a new idea altogether. I do not mean to say that because it is a novelty it is to be set aside, but I do not see that you could get men and women in the incipient stages of insanity up to any central place, either in London or the country. I do not, in fact, understand quite what the proposal is. A person, if he is insane, is received into the hospital.

*Dr. Davey.*—I beg your pardon, Dr. Monro; I think the gentleman on your left (Dr. Belgrave) made that proposal, not myself.

*Dr. Monro.*—It is an exceedingly interesting subject, but it comes before me as a fresh matter altogether. I want to know exactly who these out-patients are. Are they to be mad people or insane people; or are they to be persons who you suspect are going insane and want to take the advice of a physician to prevent their insanity continuing? I should like a little explanation on that point. As regards the question of establishing an hospital in the country for the treatment of the acute insane, I am sure I should be very glad to assist in that, though it is not required to such a degree, I think, as some of you imagine. I am afraid that Bethlehem and St. Luke's have faults, but they are a little out of your recollection.

*Dr. Rhys Williams.*—I understood Dr. Davey to say the hospital he wished to establish would be for the pauper class. One of our rules is, if they are proper objects for a pauper lunatic asylum, they are not fit for Bethlehem. Therefore I think Dr. Davey's hospital might be formed without interfering with St. Luke's or Bethlehem.

*Dr. Tuke.*—I take the opportunity to put in the report of the Statistical Committee appointed last year. I do not think I can have the conscience to inflict upon you the reading of my paper. I shall send it to the Journal, and hope you will read it with the attention with which you would have listened to me to-day. ("ON MONOMANIA, AND ITS RELATION TO THE CIVIL AND CRIMINAL LAW. By HARRINGTON TUKE, M.D. See part I, Original Articles, Article II.)

The Treasurer's report was read :

*The Treasurer's Annual Balance Sheet, July, 1867.*

RECEIPTS.		EXPENDITURE.	
	£ s. d.		£ s. d.
To Balance Cash in Hand 1865-6	37 18 9	Annual Meeting	9 18 0
To Subscriptions received—		Editorial expenses (one year)	18 13 0
By Secretary for Ireland	132 9 0	Printing and publishing	151 15 8
By Secretary for Scotland	23 2 0	Sundries—	
	26 5 0	Treasurer	1 10 0
		Secretary for Ireland	0 10 9
		Secretary for Scotland	0 4 7
		General Secretary	11 18 6
		Balance in Treasurer's hands	25 4 3
	<u>£219 14 9</u>		<u>£219 14 9</u>

Audited by W. WOOD.

ROYAL COLLEGE OF PHYSICIANS;  
July 31st, 1867.

*Dr. Maudsley* moved, and *Dr. Brushfield* seconded, the adoption of the report. Agreed to.

*The President*.—The only report we have not had before us is the report of the Committee on Asylum Statistics. This committee was reappointed to further consider the subject, and to make a second report. The six original tables which we recommended have been already introduced into two-thirds of the county asylums during the last year, and we have added to our proposal two or three more simple tables, the use of which the report explains.

#### SECOND REPORT OF THE COMMITTEE UPON ASYLUM STATISTICS.

*The Committee upon Asylum Statistics have the honour to present their second report to the Medico-Psychological Association.*

*Their first report (a copy of which is herewith annexed) was adopted by the Association at the Meeting of 1865.*

*The Committee have now the gratification of reporting that the six tables recommended by the Association have, for the reports of the year 1866, been adopted by the medical superintendents of the public asylums enumerated in the annexed list, including two in Scotland and one in Nova Scotia. The Committee believe the Association are indebted for this success to the favorable notice of their labours in the report of the English Commissioners in Lunacy for 1865.*

*In accordance with the resolution passed at the Edinburgh meeting in 1866, the Committee have further considered the subject of asylum statistics, and submit an extension of their uniform system in four additional tables, being tables VII, VIII, IX, X, of the series.*

*Table VII shows the duration of the disorder on admission in the admissions, discharges, and deaths of each year, according to the four classes recommended by Dr. Thurnam in his work on the 'Statistics of Insanity.'*

*Table VIII shows the ages of the admissions, discharges, and deaths of each year in quinquennial periods.*

*Table IX shows the condition in reference to marriage of the admissions, discharges, and deaths of each year.*

*Table X shows the causes, apparent or assigned, of the disorder, in the admissions, discharges, and deaths of the year.*

*These tables are all of simple construction, and compiled with no great labour, and include, with the series of six tables already adopted by the Association, the chief medical statistical results to be sought from our public asylum records.*

*The Committee have left the financial and domestic statistics unnoticed for the present, save that they annex a general balance-sheet, readily compiled from the various accounts now in use in the different asylums, which gives at one glance the general income and expenditure of the year and on the capital account, and also the average weekly expenditure per head on the weekly rate.*

*The Committee reprint herewith the former six tables adopted by the Association in 1865. Table V (the causes of death) admits of some modification and extension, according to the special requirements of each Asylum in respective years. The modification which may be required is, of course, considerable. Such additions can readily be made without altering the classification adopted. Thus to the division cerebral or spinal disease may be added inflammation of the brain, tumours, &c. &c. One or two such additions are suggested in the revised table V. Such an extension of the classification meets the suggestion on this point made by the Commissioners in Lunacy. This table may require further alteration*

*when the report on the nomenclature and classification of disease by the College of Physicians is published.*

(Signed)

JOHN THURNAM.  
C. L. ROBERTSON.  
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS;  
July 31st, 1867.

APPENDIX.

A. *Nominal List of Public Asylums in which the Tables recommended by the Medico-Psychological Association have been adopted.*

Argyll District Asylum.  
Birmingham Borough Asylum.  
Bristol City Asylum.  
Broadmoor Criminal Asylum.  
Buckingham County Asylum.  
Cumberland and Westmoreland County Asylum.  
Dorset County Asylum.  
Glamorgan County Asylum.  
Gloucester County Asylum.  
Halifax Asylum, Nova Scotia.  
Hants County Asylum.  
Lancashire County Asylum, Prestwich.  
Lincolnshire County Asylum.  
Monmouthshire Joint Counties Asylum, at Abergavenny.  
Newcastle-on-Tyne Borough Asylum.  
Norfolk County Asylum.  
North Riding Asylum.  
Northumberland County Asylum.  
Oxford County Asylum.  
Royal Asylum, Montrose.  
Salop and Montgomery County Asylum.  
Somerset County Asylum.  
Suffolk County Asylum.  
Surrey County Asylum, Wandsworth.  
Sussex County Asylum.  
Wilts County Asylum.  
Worcester County Asylum.

B. **FIRST REPORT OF THE COMMITTEE UPON ASYLUM STATISTICS.**

At the annual meeting of this Association in 1864, it was resolved "That a committee of three, viz. Dr. Robertson, Dr. Thurnam, and Dr. Maudsley, be appointed to draw up a series of tables, and a form of register which might be the basis of a uniform system of asylum statistics; that these tables be submitted to the commissioners when drawn up, and that they be asked to sanction and promulgate them." The committee thus appointed report as follows:

1. That twenty-three years ago this subject engaged the attention of the Association, and a form of register (which the committee annex to this report) was adopted at the annual meeting held at Lancaster in 1842, which contained all the information deemed necessary for the purpose of asylum statistics. This form, however, on which Dr. Thurnam in particular, bestowed much pains, never came into very general use, having been shortly afterwards, viz. in 1845, almost entirely superseded in practice by the regis-



ters of admissions, discharges, and deaths, required under the Acts of 8 and 9 Vict. c. 100 and c. 126; which were re-enacted with slight modification by the Acts of 16 and 17 Vict. c. 97, and c. 100; and which Acts are still in force.

In a very few instances, as at the Wilts County Asylum, the Association-register' in addition to those required by Act of Parliament, has been regularly kept. There can, indeed, be no doubt of the utility of this register, as affording the means for the compilation of statistics more full and extended than those which can be deduced from the legal register.

The committee are not at present prepared to recommend to the Association the printing of a second and revised edition of its register (a step which would involve a considerable outlay), unless a sufficient number of the members pledge themselves to its adoption and use.

The committee trust, however, that whenever the time may arrive for the revision and consolidation of the Acts, under which asylums, hospitals, and licensed houses are regulated, the opportunity may be taken, with the approbation and sanction of the Commissioners in Lunacy, to revise the legal registers, by the omission of a few columns which to the committee appear superfluous, and by the introduction of a few others required for the preparation of medico-statistical tables.

2. Asylum statistics may be divided into three distinct heads :

1. Medical statistics.
2. Financial statistics.
3. Domestic statistics.

The committee, while fully recognising the value of a uniform series of asylum statistics in illustration of each of these departments of asylum management, yet propose on the present occasion to confine their suggestions to the first and more important branch, viz. that of *Asylum Medical Statistics*.

3. The committee have carefully examined the various and varying tables in the several asylum reports. They are of opinion that the information more immediately necessary for medical statistics, may be given in the tables, forms of which they annex to this report.

Table I gives the number of admissions, re-admissions, discharges, and deaths, with the average numbers resident during the year; the sexes being distinguished under each head.

Table II gives the same results for the entire period the asylum has been in operation.

Table III furnishes a history of the yearly results of treatment since the opening of the asylum.

The table also embraces a column for the mean population, or average numbers resident in each year. In other columns are shown for each year the proportion of recoveries calculated on the admissions; and the mean annual mortality, or the proportion of deaths, calculated on the average numbers resident. It is of the first importance that these two principal results under asylum treatment, when given, should be calculated on a uniform plan, and according to the methods here pointed out.

Table IV gives a history of each year's admissions, how many, for example, of the patients admitted, say in 1855, have been discharged as cured, how many have died, and how many remain in the asylum in the year reported on.

The value of this table in regard to the vexed question of the increase of insanity is evident. The table is adopted from the Somerset Asylum Reports.

Table V shows the causes of death classified under appropriate heads. This form is adopted from the reports of the Commissioners in Lunacy for Scotland, with some addition and modification. It appears sufficiently detailed for statistical purposes.

Table VI gives the length of residence in the asylum of those discharged recovered, and of those who have died during the year.

The committee are of opinion that the introduction into all the asylum annual reports of the few simple tables here referred to, the compilation of which would not be very onerous—would be a most desirable proceeding, and would supply in a uniform manner the main facts required for statistical comparison. They accordingly recommend their adoption to those members of the Association by whom they have not hitherto been employed.

The tables recommended, however, are regarded by the committee only in the light of a principal instalment of those which are desirable. Their use will not, of course, preclude that of other tables, according to the views which may be entertained by the different superintendents. Hereafter it may be expedient that the committee should report as to the propriety of recommending to the members the assimilation of other tables to a common standard.

The committee annex to their report the following documents:—

1. The forms for statistical tables which they now recommend.
2. The form of register adopted by the Association in 1842.
3. Copy of a paper by C. Lockhart Robertson, M.D., on "A Uniform System of Asylum Statistics," read at the meeting of the Association, July 5th, 1860.

(Signed)

JOHN THURNAM.  
C. L. ROBERTSON.  
HENRY MAUDSLEY.

ROYAL COLLEGE OF PHYSICIANS;  
July 13th, 1865.

C. OPINION OF THE COMMISSIONERS IN LUNACY (ANNUAL REPORT, 1866),  
ON THIS FIRST REPORT OF THE COMMITTEE ON ASYLUM STATISTICS.

"The importance (observes the Commissioners) of adopting in all asylums a uniform system of statistical tables and registers has long been felt by us, and we are glad to find that the subject has recently been again under the consideration of the Medico-Psychological Association, at whose last meeting a committee to whom it had been referred submitted forms of tables which were adopted and recommended for general use. These tables, confined to medical statistics, are simple in form, and only include the main and most important facts required to constitute a basis for more elaborate and detailed information.

"The superintendents of most county asylums publish in their annual reports tables more or less elaborate, and containing a large amount of valuable information. While, however, the facts recorded may be identical in many if not most of the reports, the form in which they are recorded varies so greatly that it becomes impossible to tabulate them for the purpose of showing general results.

"In any future legislation it would no doubt be desirable, as suggested in the report alluded to, so to revise the present 'Registry of Admissions' as to include some of the more important particulars required, in order to obtain correct statistics of insanity. But in the mean time we trust that, with the view of facilitating statistical comparison, the visitors and superintendents of all institutions for the insane will not object to adopt the forms of tables recommended, which will be found in Appendix (I).

Table I gives the number of admissions, readmissions, discharges, and deaths, with the average numbers resident during the year; the sexes being distinguished under each head.

“ Table II gives the same results for the entire period the asylum has been in operation.

“ Table III furnishes a history of the yearly results of treatment since the opening of the asylum.

“ The table also embraces a column for the mean population or average numbers resident in each year. In other columns are shown for each year the proportion of recoveries calculated on the admissions; and the mean annual mortality, or the proportion of deaths, calculated on the average numbers resident. It is of the first importance that these two principal results under asylum treatment, when given, should be calculated on a uniform plan, and according to the methods here pointed out.

“ Table IV gives a history of each year's admissions; how many, for example, of the patients admitted, say in 1855, have been discharged as cured, how many have died, and how many remain in the asylum in the year reported on.

“ The value of this table in regard to the vexed question of the increase of insanity is evident. The table is adopted from the Somerset Asylum Reports.

“ Table V shows the causes of death classified under appropriate heads. This form is adopted from the Reports of the Commissioners in Lunacy for Scotland, with some addition and modification. It appears sufficiently detailed for statistical purposes.

“ Table VI gives the length of residence in the asylum of those discharged recovered, and of those who died during the year.

“ Uniformity in recording the ages of patients on admission, the duration of the existing attack, and the form of mental disorder under which they labour, is also very desirable; and it is to be hoped that the medical officers of asylums may see the great importance of coming to some agreement upon these points. How far the table of the causes of death may require modification or extension will be a matter for subsequent consideration.”



TABLE III.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and proportion of Recoveries per cent. of the Admissions for each Year since the Opening of the Asylum.

YEAR.	Admitted.			Discharged.						Died.			Remaining 31st Dec. in each year.			Average Number Resident.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on average Num-ber Resident.			
	Male.	Female.	Total.	Recovered.		Relieved.		Not improved.		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Both Sexes.	Male.	Female.	Both Sexes.	
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TABLE V.—Showing the Causes of Death during the Year.

Causes of Death.*	Male.	Female.	Total.
<i>Cerebral or Spinal Disease—</i>			
Apoplexy and Paralysis ... ..			
Epilepsy and Convulsions ... ..			
General Paresis ... ..			
Maniacal and Melancholic Exhaustion or Decay ...			
Inflammation and other Diseases of the Brain, Softening, Tumours, &c. ... ..			
<i>Thoracic Disease—</i>			
Inflammation of the Lungs, Pleuræ, and Bronchi			
Pulmonary Consumption ... ..			
Disease of the Heart, &c. ... ..			
<i>Abdominal Disease—</i>			
Inflammation and Ulceration of the Stomach, Intestines, or Peritoneum ... ..			
Dysentery and Diarrhœa ... ..			
Pelvic Abscess ... ..			
<i>Exanthemata</i> ... ..			
<i>Erysipelas</i> ... ..			
<i>Cancer</i> ... ..			
<i>Anæmia</i> ... ..			
<i>General Debility and Old Age</i> ... ..			
<i>Accidents.</i> ... ..			
<i>Suicide</i> ... ..			
Total ... ..			

\* This table may require modification after the Report of the College of Physicians on "Medical Nomenclature" has been published.

TABLE VI.—Showing the Length of Residence in those discharged Recovered, and in those who have Died during the Year.

Length of Residence.	Recovered.			Died.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1 month ... ..						
From 1 to 3 months ... ..						
" 3 " 6 " ... ..						
" 6 " 9 " ... ..						
" 9 " 12 " ... ..						
" 1 " 2 years ... ..						
" 2 " 3 " ... ..						
" 3 " 5 " ... ..						
" 5 " 7 " ... ..						
" 7 " 10 " ... ..						
" 10 " 12 " ... ..						
Total ... ..						

TABLE VII.—Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths, during the Year.

CLASS.	Duration of Disease on Admission in Four Classes.											
	On Admission.			Recovered.			Removed, Relieved, or Otherwise.			Died.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
<b>FIRST CLASS—</b> First attack, and within three months on admission ... ..												
<b>SECOND CLASS—</b> First attack, above three, and within twelve months on admission ... ..												
<b>THIRD CLASS—</b> Not first attack, and within twelve months on admission ... ..												
<b>FOURTH CLASS—</b> First attack or not, but of more than twelve months on admission ... ..												
<b>Total</b> ... ..												



TABLE VIII.—Showing the Ages of the Admissions, Discharges, and Deaths during the Year.

AGES.	The Admissions.		The Discharges.			The Deaths.		
	Male.	Female.	Recovered.		Removed, Relieved or Otherwise.		Male.	Female.
			Male.	Female.	Male.	Female.		
From 5 to 10 years	...	...	...	...	...	...	...	...
" 10 " 15 "	...	...	...	...	...	...	...	...
" 15 " 20 "	...	...	...	...	...	...	...	...
" 20 " 30 "	...	...	...	...	...	...	...	...
" 30 " 40 "	...	...	...	...	...	...	...	...
" 40 " 50 "	...	...	...	...	...	...	...	...
" 50 " 60 "	...	...	...	...	...	...	...	...
" 60 " 70 "	...	...	...	...	...	...	...	...
" 70 " 80 "	...	...	...	...	...	...	...	...
" 80 " 90 "	...	...	...	...	...	...	...	...
" 90 and upwards	...	...	...	...	...	...	...	...
Total ...	...	...	...	...	...	...	...	...

TABLE IX.—Condition as to Marriage in the Admissions, Discharges, and Deaths, during the Year.

Condition in Reference to Marriage.	The Admissions.		The Discharges.			The Deaths.		
	Male.	Female.	Recovered.		Removed, Relieved or otherwise.		Male.	Female.
			Male.	Female.	Male.	Female.		
Single ...	...	...	...	...	...	...	...	
Married ...	...	...	...	...	...	...	...	
Widowed ...	...	...	...	...	...	...	...	
Total ...	...	...	...	...	...	...	...	

TABLE X.—Showing the probable Causes, Apparent or Assigned, of the Disorder, in the Admissions, Discharges, and Deaths, of the Year.

CAUSES.	The Admissions.			The Discharges.				The Deaths.			
	Male.	Female.	Total.	Recovered.		Removed, Relieved, or otherwise.		Male.	Female.	Total.	
				Male.	Female.	Male.	Female.				Total.
<b>MORAL—</b>											
<i>e. g.</i> Mental anxiety ... ..											
Domestic troubles ... ..											
Religious excitement... ..											
Disappointments in love ... ..											
&c.   &c.   &c.											
<b>PHYSICAL—</b>											
<i>e. g.</i> Hereditary taint ... ..											
Intemperance ... ..											
Onanism ... ..											
Sunstroke ... ..											
Unascertained... ..											
&c.   &c.   &c.											

INCOME and EXPENDITURE for the Year ending 186 .							
INCOME.			EXPENDITURE.			Average Weekly Cost per Patient.	
	£	s.	d.		£	s.	d.
From Weekly rate ... ..				From Weekly rate ... ..			
„ Unions contributing ... ..				Provisions ... ..			
„ County treasurer ... ..				Clothing ... ..			
„ Unions non-contributing ... ..				Salaries and wages ... ..			
For private patients ... ..				House Expenses ... ..			
From Salaries, &c. ... ..				Medicine, Wine, and Spirits			
				Incidentals ... ..			
Total from Weekly rate...				Total from Weekly rate			
From County rate ... ..				From County rate ... ..			
Repairs and alterations ... ..				Repairs and alterations ... ..			
Improvements ... ..				Improvements ... ..			
Total from County rate ..				Total from County rate...			
Total Income ... ..				Total expenditure ..			

AVERAGE WEEKLY EXPENDITURE for the Year for each Patient, from Weekly Rate.						
	Quarters ending.				Average for the Year 186 .	
	March 31st.	June 30th.	Sept. 30th.	Dec. 31st.		
	s.	d.	s.	d.	s.	d.
Provisions ... ..						
House and other Expenses ... ..						
Clothing ... ..						
Salaries and Wages ... ..						
Medicine, Wine, and Spirits ... ..						
Incidentals ... ..						
Total ... ..						
Weekly Rate charged to the Unions contributing to the Asylum ... ..						
Ditto ditto not contributing do.						
Ditto ditto for Private Patients						

ABSTRACT OF CAPITAL ACCOUNT.		£	s.	d.
Total Sums expended from the County Rate on the erection, fitting, furnishing, and enlargement of the Asylum from its commencement in	to the present time			
Total Number of Beds				

The report of the Committee on Asylum Statistics was unanimously adopted.

*The President.*—The next point remaining in the way of business is a *Communication from Dr. Boyd*, calling our attention to the provisions of Mr. Hardy's Bill, and saying he thinks that that Bill might very reasonably be applied to the relief of the insane in the provinces as well as in London. I shall read Dr. Boyd's letters :

"SOMERSET COUNTY LUNATIC ASYLUM, WELLS ;  
July 8th, 1867.

"DEAR DR. TUKE,—Would you kindly place the resolution on the other side for me before the annual meeting of the Medico-Psychological Association on the 31st instant ?

"The resolution is in accordance with the one I had the honour of proposing at the meeting of 1865, which was agreed to. I was prevented being at the last meeting, having to go for one of my children to Germany, owing to the war.

"Yours very truly,  
"R. BOYD.

"COUNTY LUNATIC ASYLUM, WELLS, SOMERSET ;  
July 15th, 1867.

"DEAR DR. TUKE,—I very much regret that the resolution I forwarded to you some days ago was too late to be brought forward at the meeting on the 31st. I was under the impression that a fortnight's notice was sufficient.

"Mr. Hardy's Bill is, in my view, a most important one, as I am convinced that a proper provision for the poor in sickness would very materially diminish the applicants for admission to county asylums, which to a considerable extent, for want of such provision, have become workhouse infirmaries.

"Hitherto, under the contract system, official relief has not been given or generally provided for the sick poor, and it is not surprising that under such a system the asylums for the insane poor in which suitable provision is made should after a time become inconveniently crowded and their efficiency diminished.

"It appears to me that Mr. Hardy's Metropolitan Poor Law Bill, if extended to the whole kingdom, would counteract this tendency to the disproportional increase of insanity amongst the poor; and I consider the subject so important that I shall feel greatly obliged if you will read this note to the meeting, which I exceedingly regret circumstances prevent my attending. I must beg to decline for the present the honour you so kindly proposed, and, with many thanks, remain,

"Dear Dr. Tuke,  
"Yours faithfully,  
"R. BOYD."

Resolution proposed by Dr. Boyd :

"That this Association highly approves of Mr. Hardy's Metropolitan Poor Law Bill, especially the provisions for the care of idiots and the insane in workhouses, and hopes that in the next session of Parliament the Bill may be extended to the whole kingdom, so that the idiots and insane poor may be provided for without inconveniently increasing county lunatic asylums."

I think Dr. Boyd must have misunderstood Mr. Hardy's Bill. The Bill is a specially exceptional Bill for the wants of London. It would lead to great waste of power were such similar interference with and suspension of the local self-government of the country introduced generally. As Dr. Boyd is not here, I suppose it is hardly competent for us to entertain a resolution that he sends us by post, only I could not bring this subject to your notice

without stating my dissent from Dr. Boyd's proposal. The Quarter Sessions and the Boards of Guardians are quite competent to deal with the insane and sick poor in the counties without the introduction of any third authority.

Next I wish, without further intruding on our limited time, to call your attention to a letter which I have received from Dr. Rumsey, relative to his important proposal for the institution of degrees in State medicine. I shall read Dr. Rumsey's letter, which is addressed to Dr. Williams, the Consulting Physician to the Gloucester Asylum :

" WOLSELEY HOUSE, CHELTENHAM ;  
" July 3rd, 1867.

" MY DEAR DR. WILLIAMS,—On the whole, the 'Medical Times' gives the best version of my few and imperfect remarks in Council on June 7th, but even that report is very incorrect ; so I send you a copy, with corrections of some *errata*, which I am sure are not due to myself.

" I shall be much obliged to you to let your son and Dr. Robertson see *this copy*.

" I am anxious to draw their attention to my suggestions of a prolonged education, to be followed by the grant of a special 'qualification' for Psychological physicians, medical jurists, experts, and sanitary officers, so that the public and the authorities might know who are the proper persons to employ for such special duties. Of course, no distinction of the kind would be necessary for those whose reputation in these departments is already made.

" I need not trouble you by recapitulating my reasons for this proposal ; but I may say that when Dr. Christison argued the question against me *from the chair* (which, by-the-by, deprived me of the usual opportunity of reply), he was quite mistaken in assuming that I had any objection to *all* the medical students in Edinburgh attending his lectures on 'Medical Jurisprudence and Toxicology.' I said nothing which ought to have been so interpreted. I merely deprecated requiring more of the *ordinary* student, *as necessary to his admission into the profession*, than he could possibly accomplish ; and I urged the importance of instituting a higher qualification after longer study and observation for a special class of medical students. To none would such a requirement apply more beneficially than to future psychologists.

" I hope that Dr. Robertson may see the matter *somewhat* in this light. I enclose my former paper for his acceptance.

" His recommendation would give *great weight* to the proposal. Dr. Anstie has already backed it virtually, and I am satisfied that it is gaining ground among thinking men. I mean to make another fight for it at Dublin.

" Always yours,  
" H. W. RUMSEY."

Lastly. Dr. Brushfield has kindly brought with him *a new patent night tell-tale*, as distinguished from those clocks that have been in use, and which are certainly very easily tampered with, and not of very much value. Perhaps he will kindly say a few words in explanation of the model on the table

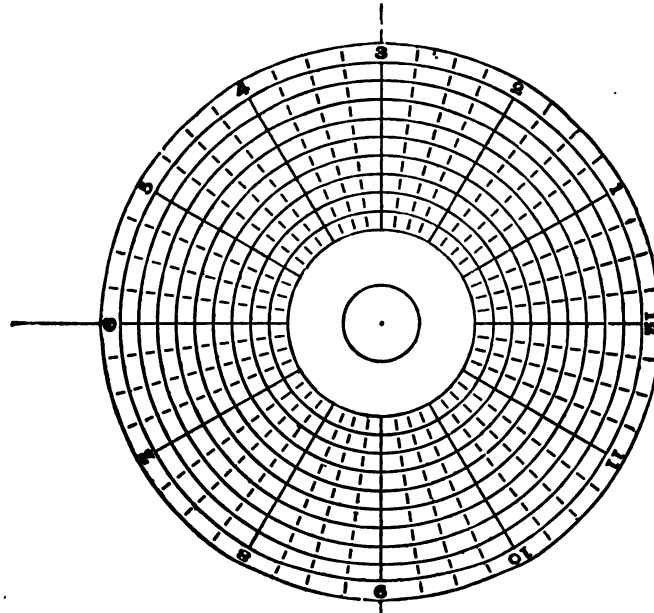
*Dr. Brushfield.*—It is impossible to overrate the great importance of an efficient system of night watching in all large asylums, whether they be of a public or a private character. This department generally causes so much anxiety to the superintendent that a good and reliable night attendant appears naturally and very properly to be looked upon as one of the most important members of the working staff of a large establishment for the insane ; more especially when it is considered that the checks and supervision capable of being brought to bear upon the attendants whose duties are confined to the day are inapplicable and inoperative to those having charge of the wards during the night. The only plan of a mechanical description,

which can be devised to operate as a kind of check, is one which, in the first place, will prove the attendant to have been awake during his period of duty; and, in the second, to have visited certain portions of the building at stated hours. Any simple means of satisfactorily proving the accomplishment of these highly desirable points must do much to relieve the mind of the superintendent as to the vigilance of the night attendants. Hitherto this has been done by fixing, in places to be visited by the attendants, clocks of a peculiar construction, having a series of pegs or studs so arranged on the dial as to be capable of being raised or depressed simply by means of a cord, thus registering for a temporary period the time of the visit, but being in all other respects beyond the attendant's control. In the morning some officer has visited the clock, ascertained whether the proper number of visits have been made, according to the position and number of pegs displaced, and then resets them for the following night. Now, apart from the heavy expense of this plan, rendered necessary by a clock being required at every station to be visited, there are some other objections of a more serious character. For instance, the attendant frequently has to wait for a few minutes before he can displace the peg, owing to his visit not being well timed. Again, I have known the case of a patient who was bribed to sit by the clock and pull the cord at stated times, whilst the attendant was asleep or occupied in some other portion of the building. Moreover, the person whose task it is to inspect the clocks in the morning may not report to the superintendent any actual neglect or irregularity (or, *vice versa*, may report irregularities which have not happened), as shown by the proper pegs not having been displaced. It is therefore hardly to be wondered at that peg clocks have not been more generally employed in asylums, or that in several instances their employment has been abandoned. These objections have, however, been completely obviated by an apparatus of much more recent date, which is not only dissimilar in principle and construction to the ordinary peg clock, but possesses the great advantage of registering the visits by a process of transfer printing. It is known as Dent's portable tell-tale, and is made by Mr. Dent, the well-known chronometer maker in the Strand, who has been good enough to lend me some examples to exhibit to this meeting.

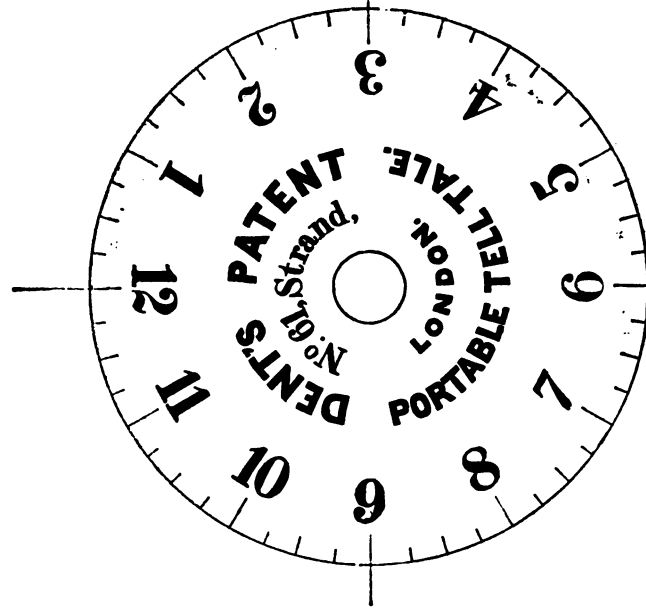
It consists of two distinct parts—(1) a small portable clock; and (2) a number of type-boxes.

The clock is a circular brass box, measuring  $3\frac{1}{2}$  inches in diameter and  $1\frac{1}{8}$  inch thick. It weighs less than  $1\frac{1}{4}$  pound, so that it is light and portable. In the front face are two openings, a small glazed circular one below showing the dial, and a narrow slit above guarded by two pieces of thin indiarubber. A leathern handle is riveted on to the back part. The clock can only be opened by means of the proper key, which is usually kept by the head attendant or some other officer. On unlocking and removing the cap, a paper dial is seen, having at its back a piece of black transfer-paper, both being secured by means of a brass nut to a watch movement, which revolves on its centre once in every twelve hours.

These paper dials are printed on both sides into divisions marking the hours and quarters; but the under side has these divisions continued to the centre, and also a number of concentric circles, the effect of which is to divide the spaces for each quarter, from the centre to the circumference, into ten squares; but, for a reason which will be presently obvious, the hours of the two sides do not correspond, six of one side being opposite twelve of the other, five to eleven, and so on. The type-box is circular in form, made of cast-iron,  $5\frac{1}{2}$  inches in diameter, and 2 inches thick; the front of it hinged as a lid, and closed by a spring lock. On opening the lid a small printer's type is seen projecting into the interior from the back part of the box. A different type is used in each box, and its position from the centre varies in

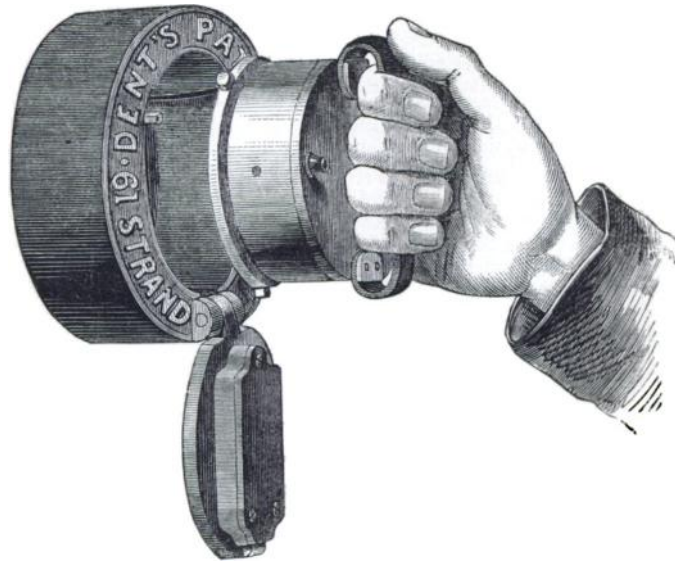


DIAL PAPER.  
Under side (in contact with transfer paper).



DIAL PAPER.  
Upper side.

each. One of these boxes is let into the wall in several portions of the building requiring to be visited. The night attendant, on making his rounds, takes his clock with him, and on arriving at a station opens the type-box, introduces the clock, presses it gently, and so registers his visit. (There are three projecting studs on its circumference, which fit into grooves sunk in the outer wall of the box, and so prevent the clock being introduced in any other way except the proper one.)



Shows the type box opened, and the clock being introduced.

In the morning the officer who has the key unlocks and removes the cap of the clock, takes off the dial paper, and substitutes a fresh one for it, having first dated it, and then forwards the former to the superintendent.

The operation of passing the clock into the type-box causes the type to enter the slit on its front face, and to leave its printed impression on the dial, through the agency of the black transfer-paper beneath it. It has been mentioned that every box contains a different type, and, as a matter of convenience, an alphabetical sequence is the most simple, so that the first station may print A, the second B, and so on. These letters are so arranged that the one at the first type-box is printed on the first square of the dial-paper nearest the circumference, the second on the second, &c.\*

These tell-tales appear to me to possess the several great advantages :—

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\* Instead of an alphabetical arrangement, a word may be used, providing it does but contain two similar letters. At the Cheshire Asylum, where four stations were required for the male and five for the female wards, I employed the word MALE for the former and WOMAN for the latter.



of being comparatively inexpensive;\* of being light and portable; of affording the attendant an opportunity of knowing the hour at any time; of any fraud on the part of the attendant being, as far as can be foreseen, almost impossible; of the attendant being able to register in a simple manner, and without serious loss of time, every visit made, no matter how frequently repeated; of the superintendent being able to receive, at first hand, a registered record of such visits, or to satisfy himself whether they have been duly made during his temporary absence.

Now, although strongly advocating the use of these tell-tales, I do not for a moment venture to affirm that an attendant has satisfactorily performed his duties because his dial-papers prove him to have made the prescribed number of visits. There should be other corroborative proofs, positive and negative, that whilst having actually visited the wards he has paid personal attention to the patients, such as the absence of complaints of neglect, threats, or ill-treatment; the absence of "unaccountable" bruises; the attention to the sick; the proportion of wet and dirty beds, &c. &c. But the very knowledge that the times of his visits are registered is a powerful inducement for him to make his rounds regularly. It is a matter of high importance for the superintendent to feel assured that an alarming escape of gas, an outbreak of fire, or other equally pressing emergency, is more likely to be discovered much earlier than in the absence of the employment of such a check; and, if no other advantage accrued from it, this would be reason enough for its adoption. Take another example: in a long dormitory containing several of the most suicidal patients, a type-box may be so placed that the attendant must traverse the whole line of beds to arrive at it. Under such a system of periodic visitation is not an instance of self-destruction during the night less likely to happen? Again, on the occurrence of a homicide, suicide, death from epilepsy, &c., during the same period, the attendant would be able to prove (which he scarcely could under any other plan) the actual time he was in or near that particular ward where the occurrence took place—a matter of the highest importance to himself, and of great moment in any inquiry before the coroner, the committee of visitors, or the Commissioners in Lunacy.

I have practically found their employment to be an invaluable adjunct in carrying out an efficient system of night-watching, and in this opinion I am borne out by the experience of several superintendents of other county asylums, among whom I may mention Dr. Christie, of North Riding, and Dr. Bayley, of Northampton. They were introduced at my request into the Cheshire Asylum, in October, 1865, and continue in regular use there.

In thus bringing under your notice a simple, ingenious, and comparatively inexpensive invention, I have acted on the principle that everything which tends practically to facilitate the anxious and onerous duties of asylum

\* The following details of the cost are given by Mr. Dent:—

*Comparative Cost of Tell-Tale for 20 Stations.*

	£	s.	d.
By the present system:—			
20 Peg Clocks at £6	120	0	0
By Dent's Portable Tell-Tale:—			
1 Watch Movement	£6	0	0
20 Type Boxes at 15s.	15	0	0
1 Box of Dials	0	10	0
1 Leather Pouch and Belt	0	10	0
		22	0
		0	0
Difference	£98	0	0

superintendents is worthy of being brought under the notice of the members of this Association.

*Dr. Christie.*—I may say I have had this clock in use, and find it exceedingly efficient and cheap. The clock costs £6 and each box 15s., consequently you can adapt it to any institution you like at a comparatively small cost. I calculate that by introducing this I saved our committee at least £100.

*The President.*—I have one or two notices about alterations of rules at the next annual meeting—those dreadful rules,—and Dr. Belgrave has further given an additional notice that it be taken into consideration whether more frequent meetings for the perusal and discussion of papers should not be held in London, which notice is seconded by Dr. Rys Williams.

*Dr. Maudsley.*—I will take the opportunity of adding another motion for next year—a motion for making the President eligible, at the end of his year of office, for re-election, at any rate for another year.

*Dr. Tuke.*—I have given notice for that this morning. Will you second it?

*Dr. Maudsley.*—If you have given notice of it, I will second it.

*Dr. Christie.*—Before separating, I think we are bound to pass a vote of thanks to our President for his conduct in the chair, and for the very able manner in which he has conducted the meeting.

*Dr. Maudsley* seconded the motion, which was carried unanimously.

*Dr. Tuke.*—I am sure we shall offer our unanimous thanks to the President and Fellows of the College for their kind permission to meet here to-day, most graciously given to us by Sir Thomas Watson and the Fellows some five years ago, and which has since been continued. I beg to move a vote of thanks to the Fellows and President of the college.

*Dr. Langdon Down.*—I will second that.

Carried unanimously.

*The President.*—Nothing has done the Association more good in the opinion of the profession than having the use of this College. It has raised our standing very much, and I am sure we owe the College our grateful thanks for their continued courtesy.

The proceedings then terminated.

#### *Annual Dinner of the Medico-Psychological Association.*

THE annual dinner was held in the evening at Willis's Rooms, Dr. Lockhart Robertson, President, in the chair. There was a large attendance of members, including several honorary members, Dr. Bucknill, Dr. Tweedie, &c. Among the guests present were Dr. George Johnson; Dr. Radcliffe; Dr. Brewer; Rev. Henry Hawkins, M.A.; T. W. Nunn, Esq.; Edwin Sercombe, Esq.; Dr. Hoskins; Dr. L. C. Williams; Ernest Hart, Esq.; Dr. Markham; Dr. J. G. Glover; Dr. Pitman; Spencer Smythe, Esq.; Dr. Westphall (Berlin); Dr. Sieveking, &c. &c.

The dinner was well served and of good quality.