

PART IV.—NOTES AND NEWS.

THE ANNUAL GENERAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION, 1884.

The Annual Meeting of the Medico-Psychological Association was held on Wednesday, 23rd July, 1884, at the Royal College of Physicians, London, Dr. Rayner presiding. The following members and visitors were present:—Drs. J. Adam, J. Bayley, G. F. Blandford, David Bower, Stanley Boyd, J. C. Bucknill, Fletcher Beach, David M. Cassidy, Crochley Clapham, J. A. Campbell, T. B. Christie, T. A. Chapman, E. Maziere Courtenay, H. Campbell, J. Langdon Down, F. Pritchard Davies, J. V. de Denne, G. S. Elliott, J. E. M. Finch, Bonville B. Fox, J. R. Gasquet, J. Tregelles Hingston, W. R. Huggard, Octavius Jepson, Henry Lewis, J. Murray Lindsay, H. Rook Ley, J. A. Lush, Baron Mundy (Austria), H. C. MacBryan, W. J. Mickle, T. W. McDowall, G. W. Mould, F. Needham, H. Hayes Newington, Chas. H. Nichols (New York), J. H. Paul, S. Rees Philipps, G. H. Savage, H. Stilwell, J. Beveridge Spence, James Stewart, D. Hack Tuke, D. G. Thomson, A. R. Urquhart, T. Outterson Wood, Francis J. Wright, Henry F. Winalow, D. Yellowlees, &c.

Dr. RAYNER, on taking the chair at the morning sitting (Dr. Orange being unavoidably absent), said that they would be glad to learn from a letter which he submitted that Dr. Manley, who they had at one time hoped would have taken the chair that day, was improving in health.

Dr. MURRAY LINDSAY moved a vote of thanks to Dr. Orange, the retiring President, observing that they all remembered the very able and interesting address which Dr. Orange had given them last year, and fully recognised what an excellent President Dr. Orange had made.

Dr. NEEDHAM seconded the motion, which was carried by acclamation.

Dr. HACK TUKE submitted the minutes of the last annual meeting, which were printed in No. CXXVII. of this Journal (October, 1883).

The minutes having been taken as read, were confirmed.

Dr. CAMPBELL proposed a vote of thanks to the Editors of the Journal. The Editors had very arduous and often thankless duties, and discharged them in a most judicious way. If he might make a suggestion, he would venture to say that he thought it would be very desirable if the names of the members of any standing committees could be given after the minutes of the present meeting. It would also be convenient to have the Index Medicopsychologicus so numbered and paged that it might be bound up as a whole at the end of each volume.

Dr. MICKLE said that the work of the Journal had increased each year with the increased number of members of the Association, and the duties became each year more and more difficult, requiring greater care on the part of the Editors. He was sure they all felt that the Editors performed those duties in the most efficient manner, and he had therefore very great pleasure in seconding the motion.

The motion was then carried

Dr. HACK TUKE said that Dr. Savage and himself would very much appreciate the vote of thanks. It was a great help to them to know that their efforts were appreciated by the members of the Association. He hoped it was not at all implied that the editing of the Journal was perfect. The Editors were well aware that there was room for improvement, and they would only be too glad if at any time members would make suggestions. He was very pleased that Dr. Campbell had made suggestions. As far as he

could see at present, they were good suggestions, and if his co-editor agreed, he thought they might be carried out.

The **TREASURER**, (Dr. Paul) submitted the balance sheet of the accounts for the past year, which will be found on the next page, the same having been duly examined and certified as correct by the Auditors.

Dr. **LANGDON DOWN** proposed a vote of thanks to the Treasurer, observing that they could not be unmindful of the many years that Dr. Paul had filled that office with great efficiency, nor could they omit to bear in mind Dr. Paul's kind efforts in introducing them to their agreeable annual dinners.

Dr. **PHILLIPS** seconded the motion, which was carried.

Dr. **PAUL**, in response, said that his work had always been a labour of love. He had now been connected with them as their treasurer for 21 or 22 years, and so long as he should be spared to fill that office it would always give him very great pleasure to assist the members of the Association when they came to London.

Dr. **JEPSON** moved a vote of thanks to the Secretaries. The secretarial duties were no doubt both onerous and irksome, and it was almost impossible for a secretary, however well-meaning he might be, to please everybody but the secretarial duties were most admirably performed, and their recognition of this was especially due at the present time, when, in addition to the work of the General Secretary, Dr. Rayner had, greatly to their satisfaction, undertaken the office of President.

Dr. **DAVIES** seconded the vote of thanks, which was put to the meeting by Dr. Hack Tuke, and carried with acclamation.

Dr. **RAYNER** thanked the Association most sincerely and heartily for the vote of thanks, saying that it had been a great pleasure to him to carry out his secretarial duties, which he should be pleased to continue to discharge during his Presidency.

Dr. **RUTHERFORD**, Secretary for Scotland, begged to thank the meeting very cordially for the vote of thanks, adding that owing to the prompt way in which Scottish members paid their subscriptions he could not say the duties of his office were very onerous, but they were always agreeable.

Dr. **COURTENAY**, the Secretary for Ireland, also acknowledged the vote of thanks.

On the motion for the appointment of officers and Council for the ensuing year,

The **PRESIDENT** explained the mode of voting, and nominated, in accordance with the rules, the three following gentlemen to act as scrutineers, viz. :— Drs. Yellowlees, Courtenay, and Hayes Newington.

The lists having been collected, the scrutineers retired to examine them, and subsequently reported that the nominations of the Council had been unanimously supported with the exception of two suggestions as to alterations in the names of members of Council, whereupon the following gentlemen were declared by the President to be duly elected as

OFFICERS AND OTHER MEMBERS OF COUNCIL OF THE
MEDICO-PSYCHOLOGICAL ASSOCIATION.

YEAR 1884-5.

PRESIDENT-ELECT ... ..	...	J. A. EAMES, M.D.
TREASURER ... ..	...	JOHN H. PAUL, M.D.
EDITORS OF JOURNAL ...	{	D. HACK TUKE, M.D.
	{	G. H. SAVAGE, M.D.
AUDITORS	{	J. MURRAY LINDSAY, M.D.
	{	W. J. MICKLE, M.D.
HONORARY SECRETARIES	{	E. M. COURTENAY, M.B. For Ireland.
	{	J. RUTHERFORD, M.D. For Scotland.
	{	H. RAYNER, M.D. General Secretary.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.



The Treasurer's Annual Balance Sheet, 1883-84.

RECEIPTS.	£	s.	d.	EXPENDITURE.	£	s.	d.
To Balance—Cash in Hand	...	...	...	By Annual and Quarterly Meetings	...	...	...
To Subscriptions received	263	5	9	By Expenses of Reporting at various Meetings	...	...	13 9 0
By Secretary for Ireland	...	...	...	By Editorial Expenses	...	...	12 13 8
By Secretary for Scotland	31	10	0	Printing, publishing, engraving, advertising expenses, and postage of Journal	...	...	12 12 0
By Sale of Journal, Messrs. Churchill	...	...	...	Prize—Dr. Wiglesworth	...	...	394 1 0
By Interest on £205 7s. 10d. 3 per cents....	...	6	0 8	By Sundry Expenses, Advertisements, &c.	...	...	10 10 0
				By Treasurer	...	...	7 3 6
				By Secretary for Ireland	...	...	6 6 0
				By Secretary for Scotland	...	...	0 9 9
				By General Secretary	...	...	5 5 0
				By Balance in Treasurer's hands	...	...	1 17 9
							246 13 9
							<u>£711 1 5</u>

Examined and found correct,

J. MURRAY LINDSAY, Auditor.

Royal College of Physicians.

July 23rd, 1884.

J. H. PAUL,
TREASURER.

MEMBERS OF COUNCIL.

DAVID YELLOWLEES, M.D.
W. BEVAN LEWIS, L.R.C.P.

D. M. CASSIDY, L.R.C.P.Ed.
HENRY STILWELL, M.D.

Dr. YELLOWLEES said that now the election of officers and Council was over he wished to refer to the balloting list sent out. He was not quite sure that it could be accurately called a balloting list. Although members were invited to alter any names, yet he thought they would not like to do this, from the feeling that it might involve some supposed slight on the name struck out or in some degree reflect upon the Council. He thought that much more choice should be given to members than at present was the case, and with this view he would suggest that—taking the post of President for example—instead of giving only one name, the Council might submit three names. In the same way with the members of Council—instead of four names, eight might be given. Thus, the members might be enabled to exercise their judgment on the balloting list without any invidiousness at all, and without appearing to reflect upon anyone.

Dr. LEY said he would second Dr. Yellowlees' proposal.

Dr. CAMPBELL having suggested that the rule bearing upon the point should be read,

The PRESIDENT read Rule 2 in Chapter 9 of the Rules of the Association viz :—"Balloting lists of the members recommended by the Council for office, shall be prepared and transmitted by the Secretary to each member with a notice of the annual meeting. Opposite the names recommended by the Council shall be a blank space for any other names which the member using the ballot paper may prefer." The President added that he thought the rule would admit of the alteration suggested.

Dr. YELLOWLEES thereupon moved that it to be a recommendation to the Council that the lists be made up in the way suggested—the names to be put alphabetically.

Mr. MOULD asked Dr. Yellowlees to add to his recommendation that any member of the Association who should send up a name should first ascertain whether the member he suggested would serve.

Dr. CAMPBELL said that he did not think it had ever been the rule to ask members beforehand.

Dr. YELLOWLEES said he thought they must keep within the lines of the rule. The rule definitely put it as the duty of the Council to prepare balloting lists, and it was open to anyone to write to the Council saying—"Please put in such and such a name." His suggestion was quite within the rule, only giving the latter a wider application.

The PRESIDENT pointed out that the election must take place at the annual meeting. If it should happen that the member elected as President did not serve the election would then fall upon the Council.

Dr. JEPSON said that if Dr. Yellowlees' recommendation were carried out he thought that the Council should have the privilege of saying—"There are so many names. We suggest that those specified be elected." What otherwise would be the use of the Council in the matter? He thought the Council should have that left in their hands.

Dr. NEEDHAM said that as he understood the proposal he thought it would be exceedingly invidious to subject any of these gentlemen named to rejection by the members. It would probably be the general feeling of everybody present that they would greatly prefer to remain in obscurity than to be dragged into a position they did not seek.

Dr. HAYES NEWINGTON suggested that the opinions of the members might perhaps be elicited by communications to the Council.

Dr. CAMPBELL said that if so it would be best to issue a circular.

Dr. CHRISTIE said he thought the proposal would involve change for the worse. If three names were put forward they would be having committees formed and canvassing, and the Association would degenerate. No one would care to have his name put forward and circulars sent round asking members to support him. They had had good men as Presidents, and the present proposal was being brought forward without any grounds to support it. It would result in Scotch members uniting for one purpose, English members for another purpose, and Irish for another. The objections to the course proposed would hold good also in regard to the other officers. Surely the editing of the Journal would not be benefited by such a rule. He thought the matter was best left in the hands of the Council. Moreover, ought not notice to have been given of this?

The PRESIDENT said that it would scarcely involve a fundamental alteration of the rule, such as would require previous notice.

Dr. DOWN said that there were two methods of election: one being that followed at the Royal College of Physicians, where all present wrote down the name of the gentleman they wished for President, and the other the method adopted by this Association, as well as by some of the other Medical Associations. Looking back upon the past, he did not think they had any cause to find fault with their present system.

Dr. YELLOWLEES said that they ought not to be dictated to by their own Council. There was a blank line to write in, but members knew that they could not alter the name if circumstances arose which should make them wishful to do so. He therefore suggested that there should be given not one name, but several names, and that those names should be given by the Council irrespective of any canvassing of the popular vote. It was the business of the Council to do this, but it was not their business to tie the hands of the members. He therefore laid his suggestion as a formal proposition before the meeting.

Dr. NEEDHAM said he agreed with the principle but not with the method of Dr. Yellowlees' proposal. He would propose as an amendment that the Secretary should, some time before the annual meeting, send out to the members of the Association a request that they would send in the names of any gentlemen whom they wished to propose as their President and officers, and that the Secretary should then frame a list to be presented to the annual meeting for confirmation or otherwise; but that the names of those gentlemen who would then become competitors should not be published.

Dr. CHAPMAN said that if the Council recommended A, the Society would take A, and when next time they recommended B, who would have been twice on the list, B would be chosen. It would come to this—that the Council would have to place names on the list in rotation, and decide on Presidents beforehand.

Dr. LUSH said that they had better leave things as they were. He could not vote for Dr. Yellowlees' proposition, nor could he vote for the very troublesome amendment, so he would beg to move the "previous question."

This being seconded by Dr. DOWN, and the first amendment not having been seconded, the "previous question" was put to the vote and carried.

The PRESIDENT brought under the consideration of the meeting the question as to the place of the next annual meeting, and it was resolved, on the motion of Dr. CAMPBELL, that the next annual meeting should be held at Cork, in Ireland.

The election of ordinary members was then proceeded with. The balloting-box having been sent round, and there being no dissentient vote, the list was taken *en masse*, and the following gentlemen were declared to have been duly elected ordinary members, viz.:—L. R. Cox, M.D., Med. Supt. County Asylum, Denbigh; Ernest White, M.B. Lond., and M.R.C.P., Sen. Assist. Med. Off., Chart-ham, Kent; W. Beattie Smith, F.R.G.S. Ed., Yarra Bend Asylum, Melbourne, Australia.

The following gentlemen were elected honorary members of the Association, their qualifications being reported by Dr. Hack Tuke, viz. :—J. Workman, M.D., Toronto, Canada; J. Curwen, M.D., Warren, Penn., U.S.A.; Frederick Norton Manning, M.D., Inspector of Asylums, Sydney.

The next business being as to Committees,

Dr. HACK TUKE reported that during the past year it had not been found necessary to hold a meeting of either the Parliamentary or Statistical Committees.

The PRESIDENT said that he had to submit a recommendation of the Council that the Parliamentary Committee, if reappointed, should confer with the Parliamentary Committee of the British Medical Association, with regard to prospective legislation, and report to the Council, so that the two Associations might take combined action. After the conference, the Committee so appointed would report to the Council, who, if necessary, would call together a general meeting of the Association to confirm their resolutions.

Dr. CHRISTIE asked whether the Parliamentary Committee was still in existence.

The PRESIDENT said that it was reappointed last year.

Dr. CHRISTIE said he thought it was too large. This time there would be really work for them to do. He should propose that a Committee be appointed of seven members to confer with the members of the Committee of the British Medical Association.

Dr. CAMPBELL was in favour of the Parliamentary Committee being reappointed as it then stood. He thought legislation was not advancing at a very rapid pace.

Dr. DOWN said he understood that action was likely to be taken, and it was of vital importance that the Parliamentary Committee should be constituted at once, and of the best material. He thought it desirable that the size of the Committee should correspond with that of the British Medical Association, which he believed was seven.

After some further discussion, it was agreed that the Parliamentary Committee should be constituted as follows, consisting of twelve members, the names of whom were proposed and carried *seriatim*, five to form a quorum, viz. :—Dr. Lush, Dr. Blandford, Mr. G. W. Mould, Mr. H. Hayes Newington, Dr. William Wood, Dr. Savage, Dr. Clouston, Dr. Needham, Dr. Ringrose Atkins, Dr. Paul, Dr. Stocker, Mr. H. R. Ley.

It was further resolved, on the motion of Dr. MURRAY LINDSAY, seconded by Mr. HAYES NEWINGTON, that the Committee should appoint certain of their numbers to confer with the Parliamentary Committee of the British Medical Association, and report to the Council.

It was resolved, on the motion of the PRESIDENT, seconded by Dr. CAMPBELL, that the Statistical Committee be reappointed, and add to its present functions the consideration of the desirability of adopting a system of collective investigation of disease.

Dr. HACK TUKE reported that the adjudicators, consisting of the ex-President, the President, and the President-elect, had this year awarded the prize of £10 10s., together with a bronze medal, to Dr. S. Rutherford Macphail, Assistant Medical Superintendent of the Garlands Asylum, Carlisle, for his essay on "Clinical Observations on the Blood of the Insane" (see Original Articles, p. 378). Dr. Hack Tuke submitted a letter from Dr. Macphail, who was unable to be present, in acknowledgment of the award, and explained that the striking of the medal had been hitherto delayed until such an essay appeared as would justify the incurring of the expense. The first cost would ordinarily have been about £75, but as the Association already possessed a die for the stamping of diplomas, it would be about £30 to commence with, and it would afterwards cost about a pound for each striking.

The PRESIDENT said he was sorry that Dr. Macphail was not present to receive

the prize, which he very richly merited. He hoped the Association would continue the prize and bronze medal in future years, and that they would have a still larger number of good papers from competitors.

Dr. HACK TUKE said that with reference to his inquiries concerning the use of alcoholic liquors in asylums, he had engaged to read a paper on the subject at the Belfast meeting; but as so many of the members present that day would not be at Belfast, he thought it was only due to them, after giving them so much trouble, to read a summary of the results of his inquiries so far as he had been able to obtain them. Dr. Tuke then gave the substance of a paper which he subsequently read at the Annual Meeting of the British Medical Association.

The PRESIDENT said that Dr. Hack Tuke's very interesting summary would no doubt call for observations from the members, but as their time had all but expired, it would be best to defer the discussion till the afternoon.

AFTERNOON MEETING.

The PRESIDENT read his Address, which will be found at page 337 of this Journal (Original Articles, No. 1).

Dr. MAUDSLEY moved a vote of thanks to the President for his Address, remarking that so far as a general impression would go, he heartily coincided with most of the suggestions made. In regard to any steps which might be taken to bring about more careful proceedings for the admission of cases into asylums, he might say that he felt sure that they would not result in a cessation of the outcry against asylums. Taking the recent case of Gilbert Scott, which was a case tried before a Judge of the Supreme Court, with a jury, although, after a careful trial of three or four days, the jury were unanimous and the judge expressed his entire agreement with them, yet the newspapers, were not satisfied; and probably if every case were tried before a jury, still the public would not be satisfied. He was glad to hear the President's experience as to the use of sedatives in regard to insanity. It agreed with what he had himself said when he occupied the chair, that they were seldom useful, and sometimes positively mischievous. Before sitting down he might say that he hailed with pleasure the presence of a distinguished foreign honorary member of the Association, Baron Mundy. That gentleman would, he knew, have taken great interest in many of the points contained in the Address, and particularly in regard to the treatment of the insane out of asylums. In fact, when Baron Mundy was in this country he was an apostle of the cottage-system of treatment, and he would no doubt be pleased to recognize a very considerable modification of opinion since then.

Dr. HACK TUKE seconded the motion, saying that the Address was full of information, and likely to lead to a practical discussion. As Dr. Maudsley had referred to one distinguished visitor, he might be permitted to mention the presence of another, viz., Dr. Chas. H. Nichols, of the Bloomingdale Asylum, New York, who had been delegated to this Association from the Association of Medical Superintendents of American Institutions for the Insane.

The motion was then put to the meeting and carried with applause.

The PRESIDENT, in thanking the Association for their vote of thanks, said that he felt sure that it gave them all great pleasure to have their honorary members present, and he hoped that Baron Mundy would not fail to express some of his views in regard to the single care of patients.

Baron MUNDY said that, having to leave to attend another meeting, he would take this opportunity of thanking them for the reference they had made to his presence. He said that in France and other foreign countries the lunacy laws were not nearly so well regulated as in England, but there were commissioners appointed, partly from the Ministry of Justice, and partly from the medical corporations, who visited patients after a fortnight. In regard to the "cot-

tage" or "family" system, he said that France stood nearly where it did twenty years ago, although there was much talk there about "family" treatment, and some attempt at it. Norway, Italy, and Sweden were as before; and he was sorry to say that Austria was still behindhand, except in Vienna. In Germany progress had been made. He would call their attention to a report at the Copenhagen Congress relative to the system in question, which was working well on an estate which had cost about £30,000, and which had been bought for a lunatic asylum, but where the insane were living in the different houses which had been built before the inhabitants left. There were central infirmaries, but the system was a separate one. Half of the cost of the estate had already been repaid. It was proposed also to buy such an estate near Munich. From his experience, however, he was obliged to say that he did not think such a system could be carried out in England.

The PRESIDENT suggested that the adjourned discussion on Dr. Hack Tuke's paper might be taken at the same time as the discussion on the Address, as the subject was referred to in it.

Mr. MOULD said that the system described by Baron Mundy had been in existence at Cheadle for seventeen or eighteen years, where they had living in cottages many patients out of the main building of the asylum. He should like to bear his testimony to what Dr. Rayner had said with regard to the certificates. He hoped and believed that in the ensuing year those certificates would be modified or done away with—at all events in their present form. It was impossible to shirk the question. It was all very well for them to be afraid of a law which they knew to be bad in its inception and still worse when carried out. For several years he had, almost in defiance of the law, received patients as boarders without certificates. He had always taken the Commissioners to see them, and he must say that they had never interfered. The regulations were constantly broken, and by no class of people more than by the rich. A rich man's friends would say, "Cannot you allow a couple of nurses to come into the house?" or, "Cannot you do this or that?" but when it came to the legal question they would ignore all that, and help in the prosecution. Only think of the harm which those certificates did! In the case of a man in excellent business it actually took away his means of living. He could mention a case in which the friends interfered, fearing that the patient's future would be ruined, and the man died insane. He hoped that, when the Parliamentary Committee met, some other mode would be hit upon of placing a patient in an asylum. He fully agreed with Dr. Rayner's suggestion, that a patient should be sent to an asylum for a short definite period, and that in that period he should be visited to see whether he should continue under care and treatment. That would do away with the disadvantages of the existing state of things. He had felt the utter inutility and positive obstruction of the certificates, and protested against treatment of patients by simple Act of Parliament, instead of by common sense. He had, at the present time, the good fortune to be indicted for a conspiracy. He had received a patient who was discharged and brought an action against the two medical men who signed the certificates. The action was quashed, and because he had received that patient he had been indicted for conspiracy. Of course it was for him to show *bona fides*, and he hoped to show also the absurdity of the law which allowed a public officer to be indicted and put to a great expense simply for doing his duty.

Dr. SAVAGE said he had always felt the great importance of having some "house of rest" to which patients could be taken at once. There was no doubt that Mr. Mould broke the law habitually, and the older he (Dr. Savage) grew, the more he felt inclined to break it. Cases were brought in which he thought humanity necessitated it. Only last week Dr. Mandsley sent a patient to Bethlem, quite maniacal, without any certificates whatever, and said—"See what you can do with this patient." He took the patient in. Of course he

got the certificates by that evening ; but consider the position. There was a maniacal patient with only a feeble old woman in the cab with her. That often happened. Unfortunately, there was another side to it. Even if they had a house of rest, something also was required in the way of power to compel dangerous people to be retained. Two cases had occurred in his own experience within the week, which were of grave import. A patient admitted into Bethlem in consequence of acute mental disorder following upon delirium tremens, got sufficiently well to understand his business relationship, and his friends said, "We will take him out at once. His business is interfered with." I said, "It is a temporary calm. I am sure he will have a relapse." The patient was perfectly sane. His friends would not believe the medical opinion. He was taken out: an indemnity was given by his wife, and within two or three weeks he killed her. Another patient was taken out under almost precisely similar circumstances. The friends were warned, but they would not believe medical advice, because the patient answered so reasonably. An indemnity was given, and that patient killed himself. Accidents of this kind would occur, and he was afraid he was inclined to look rather easily upon suicidal ones ; but if they were to have a house of rest, they must have some arrangement giving power of detention. As to special certifiers, that would be of the greatest importance ; not because the man who signs usually loses a friend, but because there were many cases in which ordinary medical men had no right to sign a certificate. They were told so and so by the friends, but the symptoms put down in an immense number of cases were worthless and misleading. Of course, the Commissioners were doing their best, and they had much more to do ; but patients themselves complained that they were sometimes three or four or five months in an asylum without been seen by the Commissioners. Perhaps patients would never be satisfied ; but it was just that within a certain time of admission—say within three or four weeks—patients ought definitely to be seen by a State-expert. He could not agree with Dr. Rayner altogether about the dietary. He did not believe—although Dr. Rayner spoke as though he regarded it as likely—that Dr. Rayner thought that the dietetic value of food was to be judged by the mere analysis of it. He should be very sorry to see the time come when patients would be fed according to the amount of nitrogen, hydrogen, or carbon which the food contained. There were some present who felt strongly that there was scarcely a county asylum where the dietary was satisfactory. There would always be many difficulties, and he was afraid there would always be some hotch-potch in the food. He quite agreed with Dr. Rayner that the age of quieting patients by narcotics was coming to an end, but he trusted that the pendulum would not swing too much in the other direction. There were cases in which he believed that treatment of a very severe kind was useful. They might see at Bethlem shaven scalps, and even blistered scalps, and he remembered cases which had improved under that treatment. The same with narcotics. If they had a sharp weapon it might be either extremely useful or dangerous according as they knew how to use it ; and because it might be dangerous he hoped they were not going to exclude the fact that it might be extremely useful.

Dr. BUCKNILL said that he thought the Address was a very able one, but he never heard one with which he so generally disagreed. On certain points which were being referred to when he entered the room, he would reserve his opinion. In regard to the very interesting points touched on subsequently, he must say first of all that he cordially agreed with what Dr. Savage had said with respect to treatment. He was glad to hear him say that shaven scalps and blistered scalps could be seen in his wards, for he (Dr. Bucknill) had seen them there, and he thought he was, to some extent, responsible for that. It was one of those things which, under certain conditions, did so much good ; but they were now so much afraid of responsibility that, as a rule, they had left off

that and other treatment which was beneficial to recovery. They thought too much of what the outside world thought, and were apt to forget that the greatest benefit which they could confer upon a lunatic was to cure him by any means available. He also begged respectfully to refer to the use of narcotics, and especially of morphia. Judiciously used, morphia was one of the best of remedies, and to have a kind of general discredit thrown upon it in the present Address, and also in the Address by Dr. Maudsley on a former occasion, was, he thought, a very mischievous thing. What was to be avoided was the giving of narcotics for the purpose of quieting patients; but to say that they should not be given for curing patients, was a dangerous doctrine and a retrograde one. He agreed as to certificates. The whole thing was wrong. As to the law of "two medical men separately," what could be more absurd? It was the entire reverse of what took place in the case of bodily disease. There concurrent examination was made; but in lunacy each medical man must examine separately, and so the public lost the advantage and security which would be attained by two or more conscientious men examining together. He agreed entirely also with the suggestion that had been made that there should be an intermediate house, as distinct from the asylum; in fact, he thought that the more they treated insane patients on the same lines as patients were treated in hospitals the more they would be honoured, and the better the public would eventually be satisfied.

Mr. HAYES NEWINGTON thanked Dr. Rayner for the kind opinion he had given as regards private asylums. Examination by a Government official was, on the face of it, a very wise thing, and would satisfy the public; but the question was—What was their duty? Was it to satisfy the public, or was it to do the best thing they could for the patient? Would the proposed examination be for the benefit of the patient? Such an examination would be called for only in one case out of ten; but taking that one case, what would be the result? He could honestly say, from his own experience, that the visits of the Commissioners had much prejudiced the recovery of the patient. Suppose the somewhat doubtful case of a lady who had the idea that she was well, and who was much worried by the difficulty she had in getting the doctor to see that she was well. As long as she had the hope of proving herself right and the doctor wrong, she would be at great pains to benefit herself. The Commissioners would come, and would, unfortunately, be obliged to think the same as the doctor, and the patient would begin to rave at once. Then, too, what Government official would ever take the responsibility of saying that two medical men were wrong? He did not see how any Government official in a fortnight would, in the face of two medical men who knew the circumstances of the case, say that they were to be discredited, and the patient set right. Then what was to be done? Possibly he might be thought foolish in saying it, but he did not see that anything had to be done. Perhaps a few trifling alterations might be made in the law; but the best cure for ill-doing was to be found in the fear connected with the responsibility for such ill-doing. Mr. Mould had taken great credit to himself for law-breaking; but if his *bona fides* were not so well proven he would find it a very severe responsibility to break the law. He did not, however, think that they need throw on one side the suggestion as to the magisterial inquiry. He had always held that if the Commissioners were empowered to write confidentially to many of the public servants of a town in the country—say to a Justice of the Peace—the very Justice of the Peace before whom the examination took place—making inquiries as to the family and other circumstances connected with the patient, and the public knew this, it would go a very great way to allay dissatisfaction. He thought they were all too much disposed to run after the "liberty of the subject." This was, of course, sacred to every Englishman, and it required very serious neglect of duty to cause a person to be deprived of his liberty. It seemed, however, to be forgotten that liberty was not a present made unconditionally to every man, but that it had its duties as well as its privileges; and he thought

that the liberty of the friends of the subject was vastly more interfered with by the insane patient than the liberty of the patient was by the friends.

In reply to inquiries by Dr. Bucknill and Dr. Hack Tuke, Mr. MOULD said that he had never broken the law in the sense of detaining patients, without certificates, for profit. He had kept patients from going to an asylum, under certificates, by treating them at their own homes with the aid of their medical men. He had done this sometimes in order to prevent them being thrown out of their business. Only the other day he saw a gentleman who would have been thrown out of his firm if he had been certified. The law, as it at present stood, allowed a person to be suspended at once from his business. He had gone even further. He had frequently, with the full consent of his colleagues, allowed patients to take such active part in their business as would prevent its being lost. In hospitals they were allowed to take "boarders." It was for the superintendent to determine whether these persons were so insane as to need certificates, or whether they required simply a certain amount of control and supervision. He had at the present time something like forty or forty-two boarders. All of them had been seen by the Commissioners, and all were patients staying on of their own free will. He referred also to a case of a lady whom he had detained against her will for a little time.

Dr. CAMPBELL said he was very pleased to hear Dr. Rayner's remarks with reference to imbecile children, whom it was very wrong and improper to send to adult asylums. He had last year a child of eight years of age, and sent the child away. He thought it very hard that an imbecile, who had the misfortune to be epileptic, should be excluded from the imbecile asylum. He was also pleased with Dr. Rayner's remarks on dietary. He thought that the dietaries of public asylums required very much improvement. There should be a summer diet and a winter diet. The amount of fruit and vegetables given to pauper patients was not enough, and the monotony was most wearisome. As to treatment, many might differ from the views expressed both by Dr. Rayner and Dr. Bucknill; but the truth could be arrived at only by discussing the treatment, and they ought all to combine in inquiry as to its relation to recovery. They had not enough data to come to any conclusion about it. In regard to blistering, which Dr. Savage seemed to take to himself considerable credit for, many of them had not as yet come to a conclusion as to the cases it was good for. He thought that they should, at their quarterly meetings, put down some one subject of practical value for discussion, and give their experience. That would conduce very much towards their advancement in knowledge in regard to medical treatment.

Dr. FLETCHER BEACH said he quite agreed with what Dr. Campbell had said about their not being able to take into the imbecile asylum imbeciles who had the further misfortune of being epileptics. It would be of very great advantage if they were allowed to take in patients who were only or also epileptic. At present they were obliged to return such patients. He believed there was a place in the North of England for epileptics alone, but not in the South of England. What happened now was that a child would be removed from one place to another, and perhaps became an imbecile when he would not otherwise have become so.

Dr. YELLOWLEES said that they were supposed to have some peculiarities in Scotland as to lunacy. Their certificates there were endorsed by a legal functionary, the Sheriff, and the result was that they had less grumbling on the part of the relatives, and on the part of the patients themselves. It was his familiar conclusive reply to a patient, "The Sheriff has sent you here." That position was one which shut up the patient, so to speak, and satisfied the friends, and he did not believe that any subsequent examination by a certifier, no matter who he might be, would equally satisfy patients or their friends. He thought that the certifier would be suspected by the public. Some people were never satisfied; and if the certifier were a medical man they would not be much nearer to satisfying this section of the public. The Scotch method was really

therefore answering very well. The patient did not appear before the Sheriff at all, and he must say that sometimes the Sheriff endorsed cases which he (Dr. Yellowlees) would not have received. In Scotland the superintendent of the asylum at once signed a certificate of emergency for the patient, which certificate was valid for three days, thus allowing ample time to communicate with the friends and make other inquiries. The emergency certificate was therefore most valuable. Then the other difficulty, referred to by Dr. Savage, was provided for. In Scotland the friends could not remove a dangerous patient without the consent of the medical superintendent. The mode in which the medical superintendent exercised that power was that he would communicate with the Procurator Fiscal to the effect that a dangerous patient was about to leave the asylum, or rather he would say to the friends, "You may, if you please, take the patient away; but I must acquaint the Procurator Fiscal, who will arrest the patient." That threat was, of course, enough, and he had in only one case had to ask the Procurator Fiscal to arrest the patient. He was very pleased to hear what Baron Mundy told them; but the same thing had been done in Scotland and elsewhere. They would all recognise what Dr. Rayner had said about the increasing requirements of accommodation for lunatics; but he believed they were on the wrong tack, and that until they had got small curative asylums, containing not more than 200 or 250 patients, they would not be able to fight lunacy as they ought. It was only in that way that the curable patients would get a fair chance of recovery, and that the terrible incubus of incurable patients would be lifted away, so as to enable medical officers to do their best for the cure of the others. He very much appreciated the energy and antithesis with which Dr. Bucknill had spoken; but he was not prepared to go that length. He did not at all understand Dr. Rayner to speak of treatment by, but of the misuse of, narcotics. He would very much like to hear more about another point touched upon in the Address. If there was one bit of practice which had assumed to him a greater definiteness than any other, it was that dipsomaniacs should not get stimulants unless their physical condition absolutely required it. He formerly thought that there were no conditions where alcohol was required, but he now thought there were cases in which it was needed.

Dr. STEWART said that it was impossible to assume too decided a position upon the last observation. He would ask what was meant by "dipsomaniac." There was no more misused term. Probably if he asked Dr. Yellowlees to give an absolute definition of that word he (Dr. Stewart) would not be satisfied with it. The majority of the cases called "dipsomaniac" were not so at all. The term was very loosely used by the general public, and they, as practical physicians, should set themselves most decidedly against looseness of application of a term. What was "mania?" They generally accepted, as a fair definition of insanity, that it was a disease of the brain which involved the mind. Now, was the ordinary dipsomaniac one who had got a disease of the brain? And, until they were prepared to say that the majority of the patients called "dipsomaniacs" had a physical disease of that portion of the body which was called the brain, it was extremely unscientific to speak of "dipsomania." Nine-tenths of so-called "dipsomaniacs" were not so at all, and no psychologist of scientific repute would class them as such. A dipsomaniac, in the ordinary sense of the term, was only a person who was in a chronic state of drink. Was that a brain-disease? Was a constant desire of a man to give way to his carnal passions a disease of the brain? Were all the vices he could name diseases? He maintained that there was not one case in a thousand of so-called "dipsomaniacs" in which it was at all necessary, or even good practice, to administer stimulants in any form whatsoever. It had been remarked that they were too careful to regard what the outside world said, and what the Commissioners said. He endorsed this in both ways. A typical case had been brought under his notice the other day, in which an individual, who was decidedly of unsound mind, was brought before a physician who had a great fear of the Commissioners. He (Dr. Stewart) had no such

fear. His first duty was to look upon the case individually, and, having come to a conclusion upon it, he thought the other gentleman might consider it separately, and apart from his fear of the Commissioners. "No," he said, "I will not. The Commissioners may upset the case in a few days." He thought they were bound to do their duty in spite of what the Commissioners might say, and he commended Mr. Mould for the way in which he acted upon his opinions. He was quite sure that an intermediate home would do good; but there was a great practical difficulty in the way, and that was the bugbear of the Commissioners.

Mr. BONVILLE FOX said that as to the place of rest which had been proposed, he should like to ask what would be the legal status of the individuals treated therein? by whom would they be transferable thereto and therefrom? by whose authority and at whose discretion would they be kept there? who would determine whether they should be kept there or sent on? and, while there, at whose risk were they there? He was bound to say he had that afternoon heard one or two things which had rather astonished him and opened his eyes. He heartily endorsed what had fallen from Mr. Hayes Newington, that the fear of the law was the great protection of the freedom of action of the individual. Anything that would relieve the proprietors of private asylums from their responsibility and onus would be welcomed by them as freeing them from the unpleasant position in which they were often placed; and if patients were consigned to them by such an order as that of the Sheriff in Scotland their position would be a very different one from what it was. He would point out especially that, as far as the freedom of the patient was concerned, he would be precluded for ever from bringing any action against a person who had signed that order, when once it had been endorsed by a sheriff or magistrate. With reference to what Mr. Mould had said, he might say that about a month ago a patient was brought to his asylum at ten o'clock at night. The order had not been signed, but the certificates had been. It would have been contrary to their idea of anything legal to have received the patient, so the only thing they did was to send up to the nearest magistrate, who, after a good deal of compunction, signed the necessary order. He found now that they might have received that patient.

Mr. MOULD explained that what he had said referred only to boarders in hospitals.

Mr. BONVILLE FOX said he did not quite understand what Mr. Mould had said about the dipsomaniac lady.

Mr. MOULD said that he was only stating what was the law upon the subject as to voluntary boarders. That lady was received under her own hand. He enforced his bond, saying, "No; you agreed to stay with me." The Commissioners saw her, and they said, "Give her another chance." He did so, but she came back again. The Commissioners had sent round a circular saying that all hospitals could receive voluntary patients. No sanction had to be got whatever.

Mr. BONVILLE FOX asked whether they were kept when they wanted to go away.

Mr. MOULD replied that they could be kept for a definite period.

Dr. NICHOLS, of New York—Mr. President and Gentlemen: I heartily thank you for the cordial manner in which you have received my introduction to you as a member of the American Association of Superintendents. Though well aware that an introduction to your body by such a distinguished and esteemed member of it as Dr. D. Hack Tuke affords ample warrant for your cordiality, I regret that I forgot to bring with me this morning from my distant hotel in this great city a certificate accrediting me to this Association as a delegate from the like Association on the other side of the water. I shall, however, embrace an opportunity to hand it to your Secretary as a sort of official evidence that I am the man that, upon Dr. Tuke's authority, you have kindly taken me to be. That

document authorizes me to offer you the cordial greetings of the body I represent on this occasion. If I am correct in my recollection, our Association takes precedence of yours in age, but as a people we do not forget our national origin, which we consider exceedingly respectable, and still, as I trust we always shall, notwithstanding occasional differences in past times, have a filial regard for the mother country, and a family pride in the grandeur of its institutions and the happiness of its people. The able and practical Address of your President, and the discussion that has followed it, have deeply interested me, partly because of the views expressed, and partly because I find that most of the subjects brought to your attention by the Address are the very same that are now engaging the attention of practical alienists in America. It is true that two or three of them may be said to be *res adjudicatæ* with us. For example, a large proportion of our patients come to us both in an anæmic and neuræsthenic condition, and we are quite agreed that they generally need a generous diet; and, with few exceptions, I think they get it. The variety of food they get is considerable, the quality is generally at least fair, and the quantity is practically unlimited. We everywhere experience the difficulty of cooking and serving the food in the best manner, for large numbers, that has been before referred to in this discussion; and while the cooking and table service in our institutions have been greatly improved in the last twenty-five years and is in the majority of them now fairly well done, without doubt it is in many of them susceptible of much improvement. We give our patients milk and fruits freely. In many institutions malt liquors are more or less used, but I think they are generally prescribed as a tonic rather than used as a beverage or article of diet. Again, so far as I am aware, there is not any sentiment among our practical men in favour of the family care of the dependent insane. We have not suitable families suitably situated, nor does it seem practicable for us to make provision for the requisite supervision. But with respect to what is known as the *cottage* treatment of the insane, alluded to in the Address, I may say that there is with us a growing tendency to disintegrate our patients, most of the latest asylum edifices having been built in separate sections or blocks connected by corridors. In the State of Illinois a public institution has been built, and organized distinctly on the cottage or quite-separate-buildings plan, but the desirability of public provision for the insane upon this plan may be said to be with us an open question. I think we do pretty generally favour detached buildings for the chronic and other special classes, but connection with an ordinary asylum or hospital edifice, suitably furnished and fitted up, for the treatment of the recent and active cases. The Government Hospital for the Insane at Washington, and the Willard Asylum for the Chronic Insane in the State of New York, are examples of such an arrangement of buildings. We have, as you know, in America nearly forty States, each of which is independent of all the others, and of the general government, in the management of its interior concerns, among which is the provision it makes for the care of its dependent classes, including its insane. The natural consequence of this governmental arrangement is that the laws of the different States relating to certification for the purposes of treatment in their institutions vary very greatly. In some States they are much too lax, allowing a patient to be sent to an asylum upon the simple certificate of one physician; in others they are too rigid, not to say barbarous, requiring a verdict of insanity by a public jury, as if the patient were under a criminal charge, before he can be placed under proper treatment. In some States, as in New York, legislation has been enlightened and prudent, and their laws relating to certification are pretty much all that can be desired, being sufficiently rigid to amply protect the personal liberty of the citizen and satisfy popular sensibility upon this subject, while they allow reasonable promptitude in getting patients under treatment. It may be said that, whatever views may be entertained by individuals on our side respecting the restraint and treatment of the insane upon the responsibility of their friends and the medical men having the

care of them, it is not probable that any one of the American States would tolerate such a practice. I know of no law in America that stands in the way of the admission to our institutions of strictly voluntary patients, but our difficulty in such cases is that they will rarely remain under treatment long enough to receive lasting benefit. It has never come to my knowledge that a physician has lost his attendance upon the family by certifying to the insanity of a member of it, precedent to his treatment in an institution or asylum. Except in the case of the poor, supported on the public charge, certificates are usually given at the request, or at least with the concurrence, of the nearest relative or guardian of the patient. While there has not been any material change in our views respecting the nature of insanity, I believe there has been, in a practical way, a more general recognition that it has essentially a physical pathology than was formerly the case, and that the general aim among us is to place the patient in a sound physiological state, and at the same time to give the cerebral disorder and the mental derangement such special treatment as appears to be indicated in each case. We probably resort to medical treatment as often, perhaps oftener, than we formerly did, but I am glad to believe that it is much more delicate and discriminating, and less gross and routine than it formerly was. The views and practice of our superintendents are not altogether uniform, as, from the Address and discussion, they do not appear to be here; but the tendency is, I believe, towards what I have stated. For myself, after a pretty long experience, I am an earnest believer in the value of medicines in the treatment of insanity, but hold that, in this as in all other diseases, they should be prescribed with careful reference to an important end that the physician believes can be attained by their administration, or in conjunction with it, but which can not be as well or certainly attained without their use. It is clear to me that opium is curative in a limited number of cases of mania, and that it may be administered with advantage in some cases of melancholia; also that opium, the bromides, chloroform, hyoscyanus, if discriminatingly used, are so advantageous in allaying excitement and procuring sleep that it at times becomes the duty of the physician to prescribe them, but that their long-continued use in individual cases should generally be avoided. Warm, graduated baths, with the application of cold water—sometimes of ice-water—to the head when the latter is hot, taking great care not to frighten or distress the patient, and following the bath by rubbing the whole surface with alcohol or whiskey, as a swelling is rubbed with liniment, will often procure sleep more satisfactorily than any drug administered internally, while it allays the fever and saves the strength of a feeble patient. Our climate is malarial, and we have occasion to use a good deal of quinine, both as an anti-periodic and tonic. We also use the mineral and special tonics freely. Counter-irritation to the shaven head has gone almost altogether out of practice in American institutions for the insane, from the same feeling that appears to have influenced British practice in this respect, viz., that if it is of doubtful advantage, as we think it is, then it is scarcely justifiable. We have felt that, when such treatment appeared to be indicated, its ends can be substantially as well attained by cups and blisters over the nape, temples, and behind the ears, as by applications to the shaven head. I forbear to further traverse the Address, wishing to confine my remarks strictly to a few subjects of common interest on both sides of the water, and thank you for the patience with which you have listened to what I have said.

Dr. CAMPBELL said that allusions had been made to the boarding-out system. That was a matter he should like to hear about. There was at one time a very great deal written about this in the official records of the Scotch Commissioners, but during the last seven years he had noticed that there had been a gradual diminution in the numbers boarded out, and, as it was a matter involving many points for consideration, he might, perhaps, be allowed to throw out the suggestion that it would form a most admirable topic for a paper from the other side of the border.

The **PRESIDENT**, in reply, said that the discussion on the Address had been so prolific that he could not but feel thoroughly satisfied in having thrown his net as widely as he had done to catch subjects which had excited interest. As regards "treatment," he would only say that he thought Dr. Bucknill misunderstood him to a certain extent. His observations on that head might be summed up by saying that he considered it necessary to be a good physician to be a successful alienist. He spoke of the use of narcotics as a means of restraint as one of the things of the past; but he left it quite an open question whether the brain could not be satisfactorily influenced by narcotics, as some in the profession held that it could be, although he, for one, had not been successful with them. He did not say narcotics were not of use, or might not be of use, but at present his own reliance as to treatment was on bodily health and external applications to the head, which he had found very successful in certain cases of stupor, and even in some cases of hallucination in which there was reason to suspect a localized lesion of the brain. With regard to the treatment of dipsomania, he could say only that he had been much more successful in the cases he had treated by training the patient in habits of self-control than in those cases in which he had tried to get the patient to abstain altogether. He could quote one case of a man whose grandfather and father were dipsomaniacs. The patient himself became insane from drink at the age of 49. He was under restraint for some years, and recovered. After leaving the asylum he lived for ten years, not as a total abstainer, but as a moderate user of alcohol at his meals. With respect to the general question of dietary, he was pleased to find that his remarks were approved of. He trusted that Dr. Campbell's suggestion as to a forthcoming paper on "boarding-out" would bear fruit.

A paper by Dr. Newth, "On the Value of Electricity in the Treatment of Insanity," was taken as read.

A vote of thanks was unanimously accorded to the Royal College of Physicians for the use of the room, and the proceedings then terminated.

The members of the Association afterwards dined together at "The Ship," at Greenwich.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BELFAST, JULY 29TH TO AUG. 1ST, 1884.

SECTION II.—PSYCHOLOGY.

OFFICERS :—

PRESIDENT ...	...	DR. SAVAGE, Bethlem Royal Hospital, London.
VICE-PRESIDENTS]	{	DR. HACK TUKE, London,
		DR. ASHE, Dundrum.
SECRETARIES	{	DR. MERRICK, Belfast.
		DR. REES PHILIPPS, St. Ann's Heath, Chertsey.

There was a fair attendance of members, nearly 50 taking part in the meetings.

PROCEEDINGS :—

30th July.—The **PRESIDENT** delivered an able Address on "The Pathology of Insanity."*

The discussion was opened by Dr. DEAS, who remarked with what pleasure he had listened to Dr. Savage's able and suggestive Address, and said it was particularly interesting to find that he had taken up the subject of the relations

* Published in *extenso* in the "Brit. Med. Journ." Aug. 2nd, 1884, p. 230.