

remarks, he thought, with Dr. Soutar, that many of his statements were open to criticism. He was of opinion that the best class of private asylum was, and always would be, required; at the same time they should not forget that for some considerable time legislation had favoured public control in the management and treatment of the insane. He failed to understand Dr. Lindsay when he said that private asylums were more open to inspection than public asylums, and that patients were safer in the former than the latter. It might be said, being a public asylum officer he was biased, but he could assure the meeting he had a thoroughly open mind. If we could only teach the public to recognise asylums as hospitals for the treatment of disease, much, if not all, of our present difficulties and troubles would disappear.

Dr. BENHAM, alluding to the attitude of the medical profession generally, thought the new regulation that all medical students had to spend some time in an asylum would be of great benefit, for future practitioners would be much better equipped with knowledge and able to sign certificates in difficult cases. Men going out from themselves as Dr. Bristowe had done would do much good, and only by the influence of such gentlemen amongst the general practitioners would the dislike of asylums be diminished.

The PRESIDENT said that it was quite a pleasant surprise to hear the Act of 1890 well spoken of. He had been for years under the impression it was a detestable measure. Why it actually conferred a monopoly on Dr. Weatherly, and he did not think anything could be worse than that! He was firmly of opinion that private asylums should be free to grow and to multiply. Let those that were worthy survive. Those that were not would soon go under. The central difficulty and vulgar error was that all insane persons were regarded with distrust and suspicion and aversion. It did not matter who had to deal with them, they were all in the same category. There could never be a better word than "asylum" for their purpose. What they had to do was to purify the public conception of it and not to change the name. As to the certification of the insane, it was a never-ending wonder to him that they found the medical men of England bold enough to certify. When it came to accurate diagnosis and weighing the *pros* and *cons.* in a difficult case as to whether a person ought to be certified or not, what medical man could be free from fears of future prosecution? It was much easier to let difficult cases alone, but the daily newspapers showed the disastrous results. To make the discussion practical, was there anything the Division could do to mend matters in view of the Bill soon to be reintroduced into Parliament? That was the question for them.

Dr. WEATHERLY, in reply, said he was absolutely in accord with Dr. Wade, and members would remember he had spoken previously of their not hiding their light under a bushel. They should publish their views in the medical newspapers. He quite agreed that each asylum should stand on its own merits, for they got their patients how? simply by recommendation of former patients and their friends. That being so, there was no doubt the properly managed asylums would prosper. He maintained again that the very self-interest of which the public accused them, the private proprietors, was unquestionably the greatest safeguard for the patients and their relatives.

The PRESIDENT pointed out that the superintendents of public asylums receiving private patients stood in no other relationship to their patients and their patients' relatives than did the private proprietors. Any shortcoming in duty, still more any misdeeds, would come back on their own heads, and they would suffer just as keenly.

The members afterwards dined in the hotel, which brought a most successful meeting to a close.

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#### NORTHERN AND MIDLAND DIVISION.

A meeting of this Division was held on the 12th October, at the County Asylum, Mickleover, near Derby.

Members present—Drs. Richard Legge, C. K. Hitchcock, J. S. Adair, S. Rutherford Macphail, W. S. Kay, James Middlemass, Alfred Miller, H. Harold Greenwood, and Crochley Clapham (Secretary). Visitors—Edmund Vaudrey, J. T. Story, John Richards, and F. B. Rackstraw.

Dr. LEGGE was voted in the chair, and the minutes of the last meeting having been read and confirmed, the time and place of the next meeting were fixed for Wednesday, April 12th, 1899, at Hatton Asylum, Warwick.

A paper on the "Thyroid Treatment of Insanity" was then read by Dr. Middlemass. (See page 40).

The proceedings closed with a vote of thanks to Dr. Legge for presiding, and for his hospitality in providing lunch for the members.

After the business meeting, the members of the branch were escorted through the wards of the asylum by the medical officers.

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#### SCOTTISH DIVISION.

A meeting of the Division was held in the Royal College of Physicians, Edinburgh, on Thursday, 10th November, Dr. Urquhart, President of the Association, in the chair. Present: Drs. Clouston, Havelock, Hotchkiss, W. W. Ireland, Carlyle Johnstone, McDowall, R. B. Mitchell, Parker, Ford Robertson, Rutherford, James Rutherford, jun., Turnbull (Secretary), Watt, and Welsh. There were also present as visitors Drs. Ireland, junr., M'Intyre, and Sturrock.

Dr. GEORGE ARTHUR RORIE, Clinical Assistant, Royal Asylum, Edinburgh, was admitted as a member.

Dr. HAVELOCK opened a discussion on the Fatal Accidents Inquiry (Scotland) Act and the Workmen's Compensation Act in their Bearings on Asylums (see page 15).

Dr. GILBERT A. WELSH read a paper on "Syphilitic Insanity," which will appear in a future number of this Journal.

Dr. CLOUSTON said that he wished to direct the attention of the members to the Inebriates Bill, 1898, which would come into force in the beginning of next year, and which, although it applied only to inebriety with crime of some sort, embodied the principle that inebriety could be treated for long periods by the deprivation of the liberty of the subject for inebriety alone against the subject's inclinations. If a man had been three times drunk and incapable he could be brought up, and in addition to being punished he could be kept for three years in an inebriate reformatory. At last what the medical profession had been contending for for many years had now come to pass, that an inebriate might be reformed against his will. That was one step, and the other was that under the provisions of this Act local authorities could take public moneys wherewith to set up inebriate reformatories. The Town Council of Edinburgh, at the beginning of 1899, could assess the ratepayers for an inebriate reformatory. Another part of the Act was not only for the criminal inebriate, but for the habitual drunkard. The Dalrymple Act had been stretched in different ways. The Colleges of Surgeons and Physicians in Edinburgh and Glasgow had combined in a representation to Lord Balfour, on whom, as Secretary for Scotland, was laid the duty under the Acts of making regulations and bringing them into operation. He had nominated five members of a committee for this purpose, but in the committee he had not included any medical opinion. It seemed to be most extraordinary that the regulations for the control of what was often a nervous disease were to be made by five lay members. That was a thing that they felt keenly, for it showed how little medical opinion had got into the minds of statesmen. This was a very important Act; its importance lay in the principles it embodied, and the certainty that these principles would be extended to all inebriates in course of time. In the title of the Act nothing was said about criminality; it was stated to be an Act for the treatment of habitual drunkards, although only applicable to those who had been convicted of being drunk three times.

Dr. URQUHART said that he had asked Dr. Clouston to make this statement so that if anyone present had any suggestions to make, Dr. Clouston could receive and consider them. Had it not been for Dr. Clouston this important matter would have proceeded without comment. They had seen by the newspapers that this non-medical committee had been appointed, and it had been allowed to pass, as the medical profession almost invariably allowed these things to pass. It was largely their own fault that they did not weigh more in the political world.

Dr. CARLYLE JOHNSTONE said that they should support the Colleges, and suggested