

## PART IV.—NOTES AND NEWS.

## THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, St. George's Road, S.E., on Tuesday, 17th November, 1886. In the unavoidable absence of the President, Dr. Eames, the chair was occupied by the Ex-President, Dr. Rayner. There were also present Drs. S. H. Agar, Bryan, C. S. W. Cobbold, David Bower, F. Pritchard Davies, F. G. Gayton, W. J. Mickle, J. D. Mortimer, Conolly Norman, B. Nowell, W. H. Roots, G. H. Savage, F. Schofield, W. H. Platt, A. H. Stocker, H. Sutherland, Hack Tuke, Thomson, C. M. Tuke, Wright, Outerson Wood, &c.

The following gentlemen were elected members of the Association, viz.:—  
T. Duncan Greenlees, M.B., Cumberland Asylum, Garlands, Carlisle; C. D. Sherrard, M.R.C.S., 117, The Avenue, Eastbourne; John Powell, L.R.C.P.Ed., Senr. Ass. Med. Off., Joint Counties Asylum, Carmarthen; J. Cumming Mackenzie, M.B., C.M., Ass. Med. Off., Northumberland County Asylum, Morpeth; Rowes Nowell, M.R.C.S., Camberwell House; Vincent Koch, M.B., C.M.Ed., Hull Borough Asylum, Cottingham.

The CHAIRMAN said that the Council had had under consideration the desirability of expressing to the family of the late Lord Shaftesbury the deep sympathy which had been felt by the whole Association in the loss they had sustained, and the Association's high appreciation of the great services which Lord Shaftesbury had rendered to the cause of the insane in England; but his lordship's death having taken place some time since, and the family having been almost overwhelmed with such communications, the Council had come to the conclusion that it would perhaps be better to let the matter pass with that simple manifestation of sympathy and feeling which the news had elicited, recording at the same time their reason for abstaining from taking any action upon it.

This course having been unanimously agreed to,

Dr. CONOLLY NORMAN read a paper "On Some Points in Irish Lunacy Law." (See Original Articles.) In concluding his paper, Dr. Conolly Norman said it was scarcely necessary for him to comment very largely upon what he had written, but it seemed to go to prove, to some degree at least, the great desirability of assimilating lunacy laws in various parts of the United Kingdom, lest one portion should lag so far behind in the matter as Ireland had done. It also proved that the intervention of magistrates, about which so much had been said lately, might become, in the course of time, a very idle form.

The CHAIRMAN, in inviting discussion, remarked that Dr. Norman's paper proved that it was not unimportant that a point of view of insanity which some people might think was almost imaginary (that of looking at lunacy as a crime) should receive consideration. It showed very clearly the very bad result of its being so regarded. No doubt the long association of insanity with criminality which Dr. Norman had described did not end with the proceedings which culminated in admission into an asylum, but pervaded the whole view of the population in regard to insanity. Certainly, the mode of discharge on bail would seem to be one which would require a great deal of amendment.

Dr. BOWER asked whether the initial legal proceeding to which Dr. Norman referred was detrimental to early treatment, or whether people were so accustomed to it that they did not think anything of it, and were quite prepared to go through the form.

Dr. NORMAN replied that he had no doubt whatever that it acted very largely as detrimental to early treatment. Patients' friends had very strong

feelings about bringing their relatives into what seemed to be a court of law, and swearing depositions against them in the patient's presence, as was required by the Irish law. When asked why the patient had been allowed to remain two or three years at home, the answer would be that they did not like to go and swear depositions against him. The proceeding also acted prejudicially on the patient.

The CHAIRMAN asked whether it acted prejudicially on the patient after admission by engendering feelings of animosity.

Dr. NORMAN said he had no doubt that it did so act, and the reason he omitted to say so was because it was so thoroughly familiar to him. The patient almost always said, "I did no harm, but my relatives dragged me before the magistrates and made an affidavit concerning me;" and this feeling would stick to him even after his recovery.

Dr. BOWER said that he had learnt that under the Habitual Drunkards' Act the fact of persons having to go before a magistrate barred about fifty per cent. of possible admissions, the cases frequently breaking down as soon as the patients were told of this.

Dr. PRITCHARD DAVIES said that it was held by very high legal authority in England that a lunatic could not be shut up unless he was a dangerous lunatic—dangerous to himself or others. It appeared that the difference was this—that in Ireland the man was bound to be certified as a dangerous lunatic, whereas in England he only *ought to be*. Then, as regards the provision that any relative or friend might take the patient under his own care and protection by giving bail, what had they in England? A relative might go to an asylum and sign a form, which was absolutely useless, undertaking to fulfil obligations, for the neglect of which there was no penalty. He had known many cases in which relations had said they were perfectly willing to undertake the responsibility, and they had been allowed to remove the patient, signing an undertaking that the patient should be no longer chargeable to any parish, and should be properly taken care of, and prevented from doing injury to himself or others, and yet, within a very few days, they had gone and thrown the entire burden back again upon the parish authorities. It appeared to him that the provisions in Ireland in this respect were infinitely better than in England. In England any three Visiting Justices of the Asylum, without the consent of the Medical Superintendent, could discharge the patient. In Ireland any two Justices could allow the patient to be taken out. The difference was that in Ireland there was the bail to be escheated; in England nothing at all.

The CHAIRMAN said that in England the justices would not allow the patient to go out if they thought he was dangerous. In Ireland he thought they were obliged to discharge, which was a very important difference.

Dr. CONOLLY NORMAN said that the justices had no power to refuse if bail was entered into.

The CHAIRMAN suggested that perhaps the bail might be put up so high as to be prohibitive.

Dr. CONOLLY NORMAN said there was no provision for fixing the bail in the Act. The relatives might go to any two magistrates in the country, and it rested entirely with those two magistrates to fix the bail. Those two magistrates had no connection with the asylum. In point of fact, the bail recognizance was never laid before the asylum authorities at all. It was simply brought before the asylum superintendent, who had nothing to do but to deliver up the patient, however dangerous—"Provided always that nothing herein contained shall be construed to restrain or prevent any relation or friend from taking such person under his own care and protection, if he shall enter into sufficient recognizance for his or her peaceable behaviour or safe custody before two Justices of the Peace, or the Chairman of the Court of Quarter Sessions of the county in which such person shall be confined, or one of the judges of Her Majesty's Superior Courts at Dublin."

Dr. COBBOLD asked whether the superintendent was not consulted beforehand by the magistrates as to the state of the patient.

Dr. CONOLLY NORMAN said the magistrates had no power whatever to refuse. Occasionally magistrates who knew him personally had consulted him, but it was simply a matter of private talk. It might have influenced the amount of bail.

Dr. PRITCHARD DAVIES observed that he could quite see that it would not do to fetter the hands of the executive in regard to the amount of bail. They ought to have discretionary power. The provisions in the two countries seemed almost identical, except that in Ireland there was a penalty and in England there was none.

The CHAIRMAN thought there was a difference, and a considerable one. He should think the English system afforded a much greater safeguard against the letting loose of dangerous lunatics than the Irish one did.

Dr. CONOLLY NORMAN said that the Irish Boards of Governors were not necessarily magistrates, and had nothing to do with the carrying out of the law in that way. It was any two justices, and they had no power to refuse. He quite agreed that when the power was in their hands it ought not to be limited by the amount of the bail being fixed; but the amount they sometimes required was wonderfully small. There was one thing he might add, namely, that it might happen, as it once did to his knowledge, that a homicidal lunatic might murder the person who became bail for him.

Dr. HACK TUKE said that the subject came before the meeting at Cardiff, and the feeling there was very strong that there were defects in the Irish law which should be removed. He thought that Dr. Pritchard Davies would agree that the mode in which cases were taken to asylums in Ireland was very objectionable. He would like to know whether any Bill had been introduced into Parliament to remove those objections. He did not understand Dr. Conolly Norman very clearly to say what he proposed to do.

Dr. CONOLLY NORMAN said he made no suggestion. He had never heard of any Bill being introduced to alter that Act, at least within the last eleven years. The Act was passed in 1867, and since 1874 he was certain no attempt had been made to alter it.

Dr. HACK TUKE said he was rather surprised at that, knowing the very strong feeling which had existed in Ireland for years.

Dr. CONOLLY NORMAN said there had been a strong feeling among asylum superintendents, but unfortunately they were a very small body.

Dr. HACK TUKE then read a paper "On a Recent Visit to Gheel." (See Original Articles.) In concluding his paper, Dr. Hack Tuke referred to the particulars given in the Lunacy Commissioners' Report of boarding-out of lunatics, and said that he should have much liked to obtain the number boarded-out with strangers in England. This, however, he had been unable to get, but he was informed at the Lunacy Office that the number boarded-out in that sense would be so small that the practice could hardly be said to exist in England.

Dr. SAVAGE said that he had spent three very memorable days at Gheel early in the spring. He arrived there about nine o'clock one evening, expecting to find a somewhat important station and town, and when he got there he found that the only porter at once closed the light, and left him with his portmanteau to find his way as best he could, and after much plunging through mud he managed to get to the little inn. He quite agreed with Dr. Tuke that with regard to the case of the boy referred to, who was spending his life in indolent insanity, it was very unsatisfactory. He got up at one, and had a meal with coffee. Soon after *table d'hôte* came on, and at this, on the second day, he said he would not have any meat, and asked for gateau, whereupon they brought him a huge plum cake. He then called for champagne, and between the two he made a very fair meal. In the evening he was very anxious to join Dr. Savage, who was introduced to the theatre, and to some

patients who were playing exceedingly well. One violinist played beautifully—who was a dement—and had to be carefully looked after and taken out two or three times during the performance for fear an accident might happen. The boy was soon drinking beer with everyone. Certainly, there was liberty enough, but what possible good result could come from such treatment? He was certainly unfavourably impressed by that. The next day he was placed in the hands of a young Swiss and one of the guardians, who passed him on to other guardians. What most favourably impressed him was the freedom with which Dr. Peeters allowed him to go anywhere. The language spoken was perfectly incomprehensible to him, but he went into many of the cottages. It appeared that about every third house was a place where they sold beer. One day it happened to be a feast day, and he saw the patients sitting round fires. Dominoes and cards were being played by the guardians, but not by the patients, who were fed, but not amused. The guardians had become habituated to their presence from childhood. Indeed, the very result Dr. Tuke feared, would appear already to have been established. He saw a young peasant girl who was engaged to be married to a native, a confirmed epileptic. Here was a girl who had grown up in the neighbourhood who had no more dread of nervous disease than to be ready to join herself for life with such a man. Altogether he thought there were great dangers in the present mode of living, the estaminets being so frequent. He saw on the feast-day one or two people who appeared to be drunk, and in the evening the amount of beer consumed in the little theatre and elsewhere seemed to be excessive. He was certainly struck with the cleanliness of the patients. Many of them were demented, and of a class one would think would be wet and dirty; but he saw only one who was wet and dirty when he was there, and he saw them at all times. He was told, "Well, you know, it is so very much to the interest of the guardians to keep them clean, and they do keep them clean." He was also told that bed sores and such things were excessively rare. He did not think it was a place one would at all recommend. One or two imported patients whom he saw there were completely neglected, and he considered that the taking of patients away from their natural surroundings and sending them to a place like Gheel was not to be recommended. He must say, however, that on a fine day the flat lands round about Gheel, with the long meadows and the little dykes and the poplars, presented very striking lowland scenery indeed. He would warn visitors to Gheel to take with them some one who understood the trains, and could talk Flemish. He was put into the wrong train, and found out afterwards that he was going in the direction of Cologne instead of towards Antwerp, and that it was no use making any fuss about it as there was no train at all till the next day.

Dr. PRITCHARD DAVIES said he should like to express his full concurrence with everything which had been said by Dr. Tuke. He had read the pamphlet of Dr. Tucker, who had laid enormous stress upon the religious aspect, and had held it up to ridicule, which it did not quite deserve. The other visitors and himself had been received in the most kindly way by the church folks, who said that although they did not attach much importance to the religious ceremonies, many of the people did; and in the presence of this belief, would it not be wrong to cut away that system and deny it to the poor Belgians? Dr. Tucker had drawn a harrowing picture of the patients who were restrained in different postures. Their experience was directly at variance with what Dr. Tucker said. There could be no doubt that the worship and peregrinations at the shrine had at one time been very great. He went through the place, and noticed that the track, although in stone, was worn, and as it had always to be done on bended knees, it was clear there must have been an enormous number of people going through it. He agreed with Dr. Tuke that the statistics might be very misleading. To the ordinary mind, it seemed impossible to grasp the idea that with sixteen hundred lunatics at

large together, and roaming about at their own sweet will in darkness, there should be no more immorality than was represented. They were told that in a certain number of years there had been only a certain number of bastard children born; but if the evidence of patients was to be credited, the amount of immorality was greater than this indicated. Putting aside the evidence of an excitable patient, that of another could not be lightly passed over. This occurred to him as one of the gravest defects. In one of the other asylums in Belgium they found an English woman, who begged very hard to be allowed to go back. She was thoroughly well taken care of; in fact, some of the Belgian asylums compared favourably with the English asylums, but she complained that she was away from home, and wanted to see her friends. It certainly seemed to him that the most important thing they saw at Gheel was the facility of deporting away the unfortunate members of families—a facility which, if it were more generally known in England, would, he feared, be largely made use of.

The CHAIRMAN asked Dr. Tuke whether he learned any particulars as to the result on the population of Gheel of their contact with insanity which had been going on for some generations.

Dr. HACK TUKE said he found that the proportion of lunatics in the commune of Gheel to the population was rather less than in other districts of Belgium. The evidence, at any rate, was that the number of people who went insane in Gheel was not any larger than that of those who went insane in other parts of Belgium.

The CHAIRMAN remarked that it appeared from Dr. Tuke's account that the chief restraint on liberty in Gheel was the want of money, or, to coin a new term, "pecuniary restraint."

Dr. TUKE said there was no doubt a great deal of truth in that, although, of course, the patients got a little money by their work.

Dr. COBBOLD said that Dr. Tucker mentioned in his paper that mechanical restraint was made use of by the guardians, leather gloves, &c., being freely used, and if the patients resented it or complained they were removed to the asylum. He had listened very carefully to Dr. Tuke's paper, and did not hear him contradict a single fact in Dr. Tucker's paper. Dr. Fritchard Davies certainly did contradict Dr. Tucker's pamphlet to a certain point, but he did not think that the latter condemned Gheel on religious or superstitious grounds altogether. His condemnation of Gheel was more comprehensive. He (Dr. Cobbold) thought they might feel thankful that there was no such state of things in this country, and he hoped there never would be any such.

Dr. TUKE said that Dr. Tucker's objections were very strongly stated in regard to the condition of the houses. That did not strike them. In regard to the two idiots, there was at times a certain amount of restraint, such as cross bars on the chairs in which the patients sat, but they could not criticise that. Altogether, he thought the general impression produced on the mind by reading Dr. Tucker's paper would be more unfavourable than the impression he himself received on visiting Gheel, although, as he had said before, he did not come away feeling at all enthusiastic in regard to the system, or anxious to see it adopted on anything like so large a scale in England.

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#### MEDICO-PSYCHOLOGICAL ASSOCIATION.—SCOTCH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Royal College of Physicians, Edinburgh, on Thursday, 5th November. Present: Dr. Rorie (chair), Drs. J. A. Campbell, Clark, Clouston, Ireland, Love, Mitchell, Ronaldson, Rutherford, and others.

Dr. R. B. MITCHELL exhibited microscopic preparations of diseased cerebral blood-vessels from two cases of general paralysis.

Dr. CLOUSTON showed an enormously-distended stomach, which was interesting from the circumstance that the patient had for some time before death