this morning, and has come to the unanimous conclusion to submit to the Association this resolution in the hope that it will be unanimously adopted:—"It is resolved by the Medico-Psychological Association of Great Britain and Ireland that, having considered the provisions of the Local Government (Ireland) Act for dealing with the insane now in workhouses, it views with apprehension any scheme which will permit or favour the aggregation of insane patients requiring institutional treatment, except under skilled medical supervision. It is of opinion that all patients in auxiliary asylums should be on the same footing in regard to the Government capitation grant as those in the district asylum." I now beg to move that resolution on the part of the Council. No doubt it would have come better from the President, but it is considered that this is a matter which should run no risk of being considered to be a local affair. It affects the Association in all its branches in the United Kingdom, because it is one of the first duties of the Association, it is one of the essential reasons for the constitution of the Association, that it shall do its best to improve the treatment of the insane. In all parts of the kingdom the care of patients singly has been forwarded, especially in Scotland, where there is, under this head, a large amount of home treatment. There is no reason why the same amount of liberality should not be accorded to patients in England or Ireland. But it is quite different when it comes to the aggregation of cases under lay supervision. One of the things this Association has to combat is the neglect, ill-treatment, and other disadvantages attending the aggregation of lunatics who require care and treatment in large institutions without proper medical supervision. We do not for a moment wish to say that ideas of merciful and of good treatment are the monopoly of the medical profession. We know many laymen who have the best instincts, and are most loving in treating the insane, but we say emphatically that the medical element is absolutely necessary in caring for large bodies of the insane in one institution.

Dr. CLOUSTON said: After the exhaustive way in which our Treasurer has brought forward and supported this resolution I feel that it is not necessary for me to say anything, but, as probably the oldest member of the Association present, I have the greatest pleasure in discharging the duty laid upon me of seconding this resolution. I am sure that the gentlemen who brought this matter forward have done a service to the Association and to the insane. I trust that it may be abundantly successful. I suggest that our Irish Secretary should have copies of this printed and forwarded to every newspaper in Ireland; the smaller and the more insignificant the newspaper, the more necessary it is that its readers should be educated. I am sure that there cannot be a dissentient voice to this resolution.

Dr. HARVEY (Clonmel).—I agree that the only way to settle the question is to educate the people. My Committee have come to the conclusion that it would not be for the benefit of the insane to adopt the course suggested by recent legislation. They have decided after mature consideration that it is better to extend the present asylum. With a little attention we shall probably get over the idea of auxiliary asylums under lay management.

The proposition was then put to the meeting and carried unanimously.

Dr. NEWINGTON.—I beg to move that a copy of this resolution be forwarded to the Chief Secretary for Ireland and to His Majesty's Inspectors of Lunacy.

Dr. URQUHART.—I beg to second that.

Passed.

On the Favourable Results of Transference of Insane Patients from one Asylum to another. By A. R. URQUHART, M.D., F.R.C.P.E., Perth.

WE are doubtless of one mind in believing that change of scene and surroundings is necessary for those whose work lies

amongst the insane, and I am sure that our thoughts must turn towards the monotonous lives of our patients during our holidays, spent *procul negotiis*. They are still in the same wards, with the same neighbours, tied to the same narrow round.

These considerations have led us to adopt the principle that our hospitals for the insane should be as varied in accommodation as possible, and that the patients should be induced to take part in useful occupation and amusements, designed to break into the routine of institutional life. But should we not go a step further, and change a patient not only from one ward or one house to another, but from one asylum to another? I plead especially for the chronic troublesome cases. Filled with delusions, resentful against his guardians, introspective and morose, it is a problem how he is to be delivered from the vicious circle into which he has dropped. We have all seen recovery, as by magic, when a patient has been induced to take up some employment. I remember a woman from whom deep and chronic melancholia passed away when she became interested in a machine for knitting stockings. There is nothing new in urging this, and no attendant is more valued than he who is fertile in devising and kindly in persevering with methods such as I have indicated. Attendant G. A. Harvey, in the July number of the *Asylum News*, writes illustrating this principle of treatment, in having persuaded an elderly chronic patient to take up the concertina as an amusement, with the result that he made an excellent recovery. Facts of this nature are most encouraging, and lead us to consider whether more might not be done to awaken dormant mentalisation, or at least to minimise mental troubles.

For many of course recovery is impossible, but there is a group of cases who have progressed so far towards recovery and yet remain stationary. We have left the bath of surprise far behind, though less than a month ago I was seriously asked to administer some such shock to a melancholic lady; but it is possible to replace the element of surprise by less primitive and cruel means.

It is common knowledge that most troublesome patients very frequently turn over a new leaf in conduct on being sent to a quieter ward, or to another asylum. Just as it is

certain that there is a general increase in body-weight among those transferred from one asylum to another, altogether irrespective of dietetic arrangements, so it is true that as a general rule a change more or less complete, more or less lasting, comes over the mental state in the direction of improvement—altogether irrespective of the merits of the asylum receiving the cases. I take it, after a very wide knowledge of asylums, that one institution for the insane is very like another. There is a high level of excellence in the asylums of our country, and any change, mental or physical, is therefore to be credited to the effects of change, and not to rival splendours or rival comforts.

It is a good many years since I first directed the attention of the Association to this method of treatment. Owing to the kindness of my colleagues it has been possible for me to prosecute it with considerable success and to a considerable extent. I always feel diffident about presenting statistics from a small asylum, and shall not detain you long with mere figures. Besides, these statistics refer to patients some of whom were in such an untoward state as to preclude hopes of improvement. Some had gone the round of Scottish asylums for private patients. And why not? The mere cost of removal is not prohibitive, and the physician is in a much better position relative to his patient if he can say, "You have tried all our wards and all our houses, now choose your asylum and take a change wherever you may feel inclined." My observations, of course, refer to private patients; but we have had, in Scotland, instances of changes having been arranged for State-supported patients, although that is still insufficiently developed. These have referred to chronic troublesome patients, and also to cases probably curable and requiring change with that in view.

Gratifying results in relation to mental condition followed closely on the transfer of twenty-one cases in Murray's asylum, and of twenty-five cases in other asylums.

The recoveries in Murray's asylum numbered nine out of eighty cases, and those in other asylums numbered thirteen out of 117. I shall not enter on clinical details in reference to these recoveries. Twelve were of an apparently unfavourable nature. Two were cases of delayed recovery. Three have since relapsed. It would be absurd to claim anything

more than a moderate amount of success in these results. Still, we cannot afford to neglect any reasonable means of treatment, even if benefit is scanty in statistical returns. We arrive at the conclusion that some 5 per cent. of all cases are amenable to improvement under thyroid treatment—one of the most remarkable of our medical discoveries; but here we have a percentage of eleven recoveries, many of them having been in unfavourable circumstances owing to the duration of the mental malady.

The statistics presented have so little to do with State-supported patients that I need not complicate them by differentiating on that score. The period refers to twenty years ending with 1899. In those twenty years there have been 80 patients transferred *to* Murray's asylum (43 men and 37 women): and 117 transferred *from* Murray's asylum (60 men and 57 women). Of the former class 19 (12 men and 7 women) were received from county asylums; and of the latter 42 (21 men and 21 women) were sent to county asylums. There is no marked difference in the results gained between the two classes of asylums—county and private. Indeed, on more than one occasion, patients on going to county asylums have expressed a feeling of relief that their maintenance would no longer be a charge on their friends, and have improved on the feeling of indebtedness having ceased.

In order to revise my impressions regarding body-weight, I have considered our records regarding chronic dements, and, in spite of influenza epidemics, conclude that there is little variation individually from year to year. The results of change in relation to body-weight is therefore the more striking: 41 patients, out of 80 received here, notably improved in bodily condition; out of 117 transferred to other asylums, 56 similarly improved. The total gain in weight vastly exceeds the loss. Only six fell off, consequent on admission to Murray's asylum, and these were all subject to bodily diseases of a wasting nature.

When my friend Mr. Sankey, of the Oxford County Asylum, heard of my intention to address you on this subject, he wrote to the effect that his experience had been that many chronic patients, belonging to the public and private class, had suffered owing to change of asylum. That was a very startling proposition to me, and led to an examination of all

the deaths recorded in the accompanying tables, with results satisfactory in detail: 22 of these transferred patients died in other asylums, and 17 in Murray's asylum—that is 39 in all: 26 deaths which occurred long after transfer had been effected are of course irrelevant to the issue. Of the remaining 13, all of whom died within a few months of transfer, 6 were general paralytics, 3 died of phthisis, 3 died of degenerative lesions of the nervous system, and 1 committed suicide. In none of these was death hastened by the change of asylum.

These are, briefly, the results of my experience in this matter, and it would have been impossible for me to have followed up the history of the cases in detail had it not been for the active and kindly co-operation of the medical officers in the twenty-two asylums to which these cases are referable. At no small labour, search was made in their records, and the results are now presented with every confidence.

Transfers to Murray's Asylum—20 years, 80 cases.

	Chronic mania.			Recurrent mania.			Chronic melancholia.			Delusional insanity.			Dementia.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Early results:															
Mental { Good	4	2	6	3	2	5	3	1	4	...	2	2	2	2	4
Mental { Indifferent	4	7	11	2	2	4	5	6	11	8	6	14	12	7	19
Mental { Bad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	8	9	17	5	4	9	8	7	15	8	8	16	14	9	23
Bodily { Good	4	2	6	4	4	8	4	3	7	3	4	7	7	6	13
Bodily { Indifferent	4	7	11	...	...	...	1	3	4	5	4	9	6	3	9
Bodily { Bad	...	...	...	1	...	1	3	1	4	...	...	...	1	0	1
Total	8	9	17	5	4	9	8	7	15	8	8	16	14	9	23
2. Final results:															
Discharged recovered	3	1	4	1	1	2	3	0	3	...	...	...	...	..	.
" unrecovered	2	4	6	4	0	4	2	5	7	3	3	6	3	5	8
Died	2	1	3	0	2	2	2	1	3	1	2	3	6	0	6
Remain in asylums	1	3	4	0	1	1	1	1	2	4	3	7	5	4	9
Total	8	9	17	5	4	9	8	7	15	8	8	16	14	9	23

Transfers from Murray's Asylum—20 years, 117 cases.

	Chronic mania.			Recurrent mania.			Chronic melancholia.			Delusional insanity.			Dementia.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Early result:															
Mental { Good	2	3	5	3	2	5	4	4	8	1	1	2	4	1	5
Mental { Indifferent	6	13	19	1	1	2	9	11	20	11	7	18	16	9	25
Mental { Bad	...	...	...	...	...	...	2	2	4	...	...	...	1	3	4
Total	8	16	24	4	3	7	15	17	32	12	8	20	21	13	34
Bodily { Good	4	11	15	2	2	4	8	9	17	9	4	13	6	1	7
Bodily { Indifferent	4	5	9	2	1	3	7	8	15	3	4	7	14	12	26
Bodily { Bad	...	...	...	...	...	...	...	...	...	..	...	...	1	0	1
Total	8	16	24	4	3	7	15	17	32	12	8	20	21	13	34
2. Final results:															
Discharged recovered	1	1	2	...	1	1	6	4	10	...	...	...	...	...	...
„ unrecovered	4	5	9	1	2	3	3	2	5	3	2	5	6	2	8
Died	0	2	2	...	...	...	2	3	5	2	1	3	6	6	12
Remain in asylums...	3	8	11	3	0	3	4	8	12	7	5	12	9	5	14
Total	8	16	24	4	3	7	15	17	32	12	8	20	21	13	34

Discussion

At the Annual Meeting of the Medico-Psychological Association, Cork, 1901.

Dr. Hyslop.—We all have experience of transferring patients, and we at Bethlem have larger experience than any, because we receive curable cases, which, if they do not recover, are then sent to other institutions. It is of deep interest to watch the effect of these transfers. Occasionally it is said, "You sent us cases which you had diagnosed as incurable; yet, after a period of five or six months, they have improved greatly." We have come to recognise that it is absolutely desirable that some patients should be transferred from one asylum to another; in certain cases it undoubtedly exercises a salutary effect. There are troublesome cases who make no effort to recover. We recommend their friends to transfer them to a county asylum. That is sometimes followed by beneficial results. This question which has been so ably brought before us by Dr. Urquhart is of great importance.

Dr. Urquhart.—I am indebted to Dr. Hyslop for having spoken from his large experience, and would merely emphasise a remark in my paper, namely, that I had to depend very much on my colleagues, who have developed this system of transferring patients, and who have searched their records and thus enabled me to put these few figures before the Association.