

- (3.) Every such order shall contain a direction to the visitors to visit such person of weak mind at such times and in such manner as to the Lord Chancellor intrusted as aforesaid may seem fit and necessary, and to report on the case of such person at such times as the Lord Chancellor intrusted as aforesaid may direct :
- (4.) No sale shall be made of any real property of such person of weak mind, in pursuance of the powers of this section, nor shall any lease be granted of such property, in pursuance of the same powers, except agricultural leases, for a period not exceeding twenty-one years :
- (5.) Every guardian appointed under this section shall once at the least in every month file in such manner as may be directed by any special or general order of the Lord Chancellor an account of his receipts and expenditure as such guardian during the preceding month, and of the mode in which such receipts have been derived and expenditure incurred, together with a statement of the balance (if any) of funds remaining in his hands at the date of such account :
- (6.) Every such guardian shall pay over any balance found to be due from him on any account in the same manner as if he had been regularly appointed a receiver in a matter of lunacy or in such other manner as the Lord Chancellor may by special or general order direct.

5. Whereas by section twenty of the Lunacy Regulation Act, 1862, it is enacted that "every lunatic shall be personally visited and seen by one of the said visitors four times at least in every year, and such visits shall be so regulated as that the interval between successive visits to any such lunatic shall in no case exceed four months : Provided always, that lunatics who are resident in licensed houses, asylums, or registered hospitals shall not necessarily be visited by any of the said visitors more than once in the year, unless the Lord Chancellor intrusted as aforesaid shall otherwise direct ;" and it is expedient that such visits should be permitted to be made at longer intervals than are required by the said enactment : Be it enacted, that the said section shall be construed as if the word "twice" had been inserted therein instead of the words "four times," and as if the words "eight months" had been inserted therein instead of the words "four months."

#### QUARTERLY MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION AT MANCHESTER.

A quarterly meeting, for scientific discussion, of this Association was held in the Board-room of the Royal Infirmary at Manchester, on Thursday morning, April 27th. Dr. Hitchman presided, and there were present—Dr. Lockhart Robertson, Dr. Sutherland, Dr. Henson, Dr. Batty Tuke, Dr. Deas, Dr. Eastwood, Professor Inglis, Dr. Braddon, Dr. Noble, Dr. W. Roberts, Dr. Eason Wilkinson, Mr. G. Southam, Mr. E. Lund, Mr. Aldridge, Mr. S. Bradley, Mr. Thompson, and Mr. Mellor.

The CHAIRMAN, in opening the proceedings, expressed his regret at the absence of the President (Dr. Boyd), and of the President elect (Dr. Maudsley), and then called on the Secretary (Dr. Batty Tuke) to read the minutes of previous meetings, which were approved.

#### PATHOLOGICAL SPECIMENS.

Dr. BATTY TUKE exhibited the calvarium of an insane patient who had been under his care. Jane M., æt. 36, transferred from a private asylum 9th August, 1866. No history ; deeply demented, with occasional paroxysms of excitement and restlessness. Bodily health, fair ; suffers from amenorrhœa. Three months after admission became persistently maniacal. In January she was much exhausted, and debilitated from the excitement, refusing food and requiring artificial feeding. Six months after admission she was attacked by a large carbuncle on the right hip, which was treated in the usual manner—she lay comatose for a fortnight before death, and died on 28th February, apparently from maniacal excitement and carbuncle.

No symptoms during life manifested themselves bearing on the *post mortem* appearances.

Autopsy, 60 hours after death. Dura mater very much thickened. Arachnoid thick, opaque, and of greenish colour, strongly adherent. Vessels of Pia Mater deeply injected. Over whole surface of brain a thick layer of matter, resembling pus, was found, which on microscopic examination was found to consist of aggregated molecules and granules. On opening membranes a considerable gush of a greenish fluid took place. On denuding convolutions, the grey matter of right hemisphere was found of a greenish-grey colour, much softened, in places, pultaceous. Convolution of left hemisphere natural in colour, membranes strongly adherent, anteriorly. In right temporal fossa a deposit of matter similar to that in superior surface was found, and the corresponding portion of nerve substance far advanced in grey softening. On removal of brain the surface of both the occipital and temporal fossæ were discovered lined with a thin recent apoplectic clot, thicker on left than right side. Arteries atheromatous; in left middle carotid an organized clot. On section the grey matter of right side was seen of a greenish hue, more particularly the external layers. White matter soft. Floors of both lateral ventricles covered with broken down pultaceous brain matter, of creamy consistence, which, under microscope, showed aggregated molecules and granules; choroid plexus pale and very cystic. Pineal gland very large. Cerebellum slightly congested. Other organs healthy.

Portions of the brain were prepared in chromic acid, cut and set up in Canada balsam. The outer layers of grey matter of convolutions were found much disorganized; nerve matter being in shreds, and between the fibres aggregated molecules and granules were found. The deeper layers were permeated with a green homogeneous matter, which, in some places, extended as deep as the white matter, in which large spaces of miliary sclerosis were seen. The capillary vessels were tortuous and varicose, and the perivascular canals distended. Very much the same appearances presented themselves in the corpora striata and optic thalami. Cerebellum healthy. In pons varolii and medulla large spots of miliary sclerosis. The calvarium was macerated in water for three months, when it was seen to be extraordinarily thin, in some places riddled—the inner table over right hemisphere was destroyed, sulci obliterated; over portions of the left parietal and occipital bones a fine frosted growth of new bone was formed, consisting of spiculae about the one-eighth of an inch long. The calvarium after drying weighed 4 oz. 7 drchms.

Dr. NOBLE remarked that this was a most remarkable case, more especially from the absence of head symptoms. It was wonderful that no more definite symptoms had been noticed. It reminded him of a converse case, in which all the pathognomonic signs of inflammation of the brain existed, and on *post mortem* examination nothing whatever was discovered; the brain had the ordinary healthy appearance. He was anxious to know whether no headache had been complained of. He was aware that it was not uncommon for mutilation of the nerve substance to take place without pain, but when the membranes were involved, it was invariably present. In rheumatism of the dura mater pain was always a suggestive symptom.

Mr. THOMPSON asked whether in Dr. Tuke's case any softening of the bones in other parts of the body had been noticed.

Dr. DEAS remarked that the frosted appearance much resembled the medullary sarcoma of bone. Was there any history of cancer or syphilis?

Dr. BARRY TUKE replied that he could explain the total absence of symptoms by, first, the impaired condition of the nervous system of the patient; reflex action was originally interfered with before the special disease set in; those present well knew how many serious diseases occurred amongst the insane without any physical symptoms. Secondly, he thought that the extent of the mischief was such as to reduce still further the power of exhibiting pathognomonic phenomena. He proposed forwarding to the Journal a more detailed account of the case, with remarks. His attention had not been drawn to the other bones of the body, and the history of the case was so imperfect that he could not speak as to syphilis or cancer. When the patient came to him she was imbecile, both mentally and bodily.

Dr. ROGERS said some of the specimens he had intended to bring had been exhibited at Edinburgh, and an analysis had been made. In one case a man had died, nothing having been noticed to be wrong with him, but after death it was found that several ribs had been broken, the condition of the ribs being the same as in *mollities ossium*. Since then he had had another case of a man, of 6 ft. 3 in., who was sent to bed in the infirmary of the asylum to keep him from doing harm

to himself, and they then found that he had sustained an injury of this kind, and that he had broken the second rib. Dr. Ormerod reported a case, which was quoted in the *Journal of Mental Science*. In this case there was only a thin lamina of bone of the thickness of a playing card, and all the interior of the bone was soft. It seemed a very good example of the manner in which these injuries had occurred, at first without notice, and on the bone being taken out they found only a "kink" both in relation to the centre and the outward lamina of bone. The two bones he now exhibited were analysed by Dr. Brown, of the Liverpool School of Medicine, and in them were found a great deficiency of earthy matter, and too great an amount of organic matter. He regretted that he had omitted to bring the other bones, as well as the analysis to which he had before referred, as without this the case could not be of much use. It was no doubt a case of *mollities ossium*.

Dr. L. ROBERTSON said that was a very interesting paper by Dr. Ormerod.

Dr. ROGERS replied that if he had published his own paper it would have shown the other side.

Dr. L. ROBERTSON stated that Dr. Ormerod was still working on the subject, and would be glad to receive specimens of these bones.

Dr. BATTY TUKE read a letter from Dr. Howden, of Montrose, accompanying a series of diagrams of the brain. Dr. Howden expressed his opinion that it was of the utmost importance to notice the exact seat of every lesion, and that this could be done much more readily by means of diagrams than by any written descriptions. The diagrams were electrotype copies of Professor Turner's illustrations of his paper on "The Convulsions of the Human Cerebrum," which he had kindly supplied to Dr. Howden. The idea was to map out in these accurate diagrams in colour the regions affected—they consisted of (1) a vertex view of brain; (2) a profile view; (3) a view of the orbital lobule and the Island of Reil; (4) a view of the inner surface and tentorial surface of the hemisphere. It was intimated that these cuts could be provided at a very small cost.

Dr. TUKE strongly urged on the meeting the propriety of adopting these diagrams. They were the suggestions of a practical man, and would do much to promote exactitude of description. He thought that they might be multiplied, so as to show the base of the brain, and sections through the cerebellum and lateral ventricles.

The meeting acknowledged the value of the suggestion.

Mr. S. M. BRADLEY showed the brain and a specimen of a bone from an idiot. Microscopically, the brain was healthy, with the exception that the cortical cells appeared fewer in number than is usual in healthy brains. The sp. gr. was 1,030. The entire encephalon weighed 34 ounces. On the right side the collateral sulcus was absent; on the left it was well marked. All the annectant convolutions were present. The chief abnormality was met with in the cerebellum—the right hemisphere being only half the size and half the weight of the left. During life the man from whom the specimen was taken never walked, but sat crouched upon a form, swaying himself backwards and forwards from morn till night. His bones were so soft that he frequently broke them against the edge of the bed. After death, nine important fractures were noted, which were all united by bone. On examination after death, it was found that all the bones were exceedingly brittle, and the appearance of their fractured ends very remarkable. The whole strength seemed to reside in the outer shell, the interior of the bone presenting the appearance of a wide open lace work, something like the femur of an ostrich on transverse section. Beneath the microscope many oil globules presented themselves, and the Haversian canals appeared much enlarged.

Mr. MOULD took the opportunity of exhibiting a specimen which could, in his opinion, be hardly regarded as morbid, or coming under the head of Pathology. Still, it might be of service. It was a new species of floor cloth, called Bonlinokon, manufactured by Messrs. Goodal and Co., King-street, Manchester. It was prepared entirely from animal tissues, hair, wool, &c., was impervious to moisture, and in consequence of the materials employed, was warm to the feet—in this an improvement on Linoleum or Kamptulicon. Its price was 4s. per square yard. It had been tried in the London and North Western Hotel, and was found to serve its purpose.

The CHAIRMAN asked Mr. Mould to favour the meeting with a paper he had prepared on "The Cottage Additions to the Cheadle Asylum."

Mr. MOULD, before reading his paper, said he had no experience in boarding out pauper patients, and must leave others to speak as to its success. At Cheadle all the patients paid something towards their board, and in the villa residences as much

as £500 or £600 a year, and this for the use of only two rooms, so that the committee made a profit of £2000 to £3000 a year. This profit was quietly applied in the reduction of the charges made by the friends of patients originally of a good social position, as those who paid the higher rates, but who had come down in the world. The committee were exceedingly liberal, and allowed him to distribute this money as he thought best for the general management of the asylum. Mr. Mould then proceeded to read his paper.

A short discussion followed.

Dr. LOCKHART ROBERTSON said they were much indebted to Mr. Mould, and the Association, for this valuable paper. It was owing to Baron Mundy's efforts to secure family life for the insane that its value had been recognised and more or less carried out in practice. The experiment of Dr. Bucknill, at Exeter, was, perhaps, the first instance of pauper patients being placed out to board in the village. He had never before heard of so complete a system as that described by Mr. Mould; and if it could be carried out in the neighbourhood of London it would be a great advantage. With regard to the boarding out of pauper patients Mr. Mould said he had had no experience, but he rather expressed a doubt whether it could be done for the same expense as was now incurred in asylums. He (Dr. Robertson) had recently seen in Scotland, at Kennoway, Fifeshire, an attempt of this kind. It was an old spinning village, and, of course, to anybody accustomed to the south it did appear a little rough and bare. The people were engaged in hand-loom weaving, which trade was failing. The houses were larger than in most other places, having been used for carrying on that work. There were also three or four acres of land allotted to each house. They could hardly hope to find such favourable circumstances in England. The Scotch Commissioner had been in the habit of boarding out demented patients from the Edinburgh workhouse at this village. He had visited about thirty of these patients, and had noticed their condition as to boarding, clothing, and bedding. Their condition was very favourable, but it certainly did not come up to the state of luxury and comfort in English asylums, nor of that provided in those of Scotland. The bedding was the same as that of the people with whom they lived. The clothing was provided by the parish, and there was no cause of complaint. As far as he could make out, the patients preferred the boarding out to the comforts of the poorhouse from which they had come. One of them was employed as a messenger, and another looked after a cow. It was sufficient to say that it was a Scotch copy of the village of Gheel. The reduction of expenditure on this system would be a great recommendation, as the ratepayers of counties were now so heavily taxed for the maintenance of pauper patients, which, after all, was not the greatest and most important work in the land. They should try to keep down the rates, which were rising year by year; and this might be done along with reasonable care for the patients. The average cost at Kennoway was 5s. to 6s. per week, and the parish clothing (as all who were familiar with the subject would be aware) would not exceed 6d. per week. The average cost in Scotch Asylums was £24 per annum. If a larger number could be boarded out for the lower sum it would be a great saving to the community. Dr. Tuke had remarked that there was a great want of washing. The Scotch peasantry did not wash, nor the English either, as a general rule. Such a thing as a bath would not be found in many villages; and these patients were as well off, in this respect, as the peasants about them. In England, especially in rural districts, it would be difficult to provide these houses of accommodation, and the landlords increased the difficulty by refusing to sell land on which they could be built. He (Dr. Robertson) had tried the boarding-out plan in Sussex, but they could not induce cottagers to take patients under 8s. per week, and when to this was added the cost of clothing and washing, the expense came pretty nearly to what it was before. A point noticed in Mr. Mould's paper was the sending of half-cured patients home to their friends. In visiting private asylums cases were often observed of patients who could be as well managed by respectable friends at home as by the authorities of the asylum. When this was the case the friends ought to do it, and should be ashamed of their neglect. But this did not apply to the poor; they had no homes suitable. With regard to inspection, it was very well when general practitioners were less qualified than they are now to deal with the insane. But now, as a body, they were quite as capable of looking after such patients as the managers of asylums. If arrangements could be made to send out patients to their friends, or to board them out elsewhere, it would be very easy to make a report from time to time of their condition to the proper authorities. The whole question would have to be dealt with before long, and the

system of building and furnishing large asylums, supported by compulsory rates, was doomed. Who that visited such asylums could fail to be struck with the number of poor objects to whom the assiduity and kindness of the most skilful physicians could do no good, and yet each of these patients costs the county as much to keep as a working man and his family!

Professor INGLIS had inspected the condition of the patients at Kennaway, where they were quite as well off as the inmates of the house. The pauper patients were not so comfortable as those who were sent out to board with their friends.

Dr. TUKE remarked that the plan which Mr. Mould had described had been in operation in Scotland for some time, at Morningside, Aberdeen, and at Montrose, where the villa or cottage residences were in connection with the original asylum. As to what Dr. Robertson had said with reference to Baron Mundy's labours for the improvement of the treatment of lunatics in England, he (Dr. Tuke) considered that a part of the credit of this improvement was due to the Scotch Commissioners. Dr. A. Mitchell by his arguments and good solid hard work had done a great deal to advance this. He quite agreed with Dr. Robertson that there were too many people in asylums, and that the system at present in force must come to an end. In working the plan in Scotland he had tried to find out those patients who had friends, and who were able to take the patients, and do for them as well as the asylum authorities could. If the friends refused to take them at his wish, he could at the close of the year refuse to renew the annual certificate which was the detaining instrument. Most of the objections which the Scotch Superintendents had made to the Scotch boarding out system had arisen from its friends advocating it to the detriment of the character of the asylum treatment. If they had been content to say the system was good enough for such people these objections would not have arisen, but when it was said it was better, that set the asylum man's back up. Kennoway, which he knew very well, had some good points and some very bad points. These last had been noticed by Dr. Robertson. He could not understand why a patient could not be kept as clean out of the asylum as in it. If his shirts and sheets were kept clean, his body might also be kept clean by the use of a common tub on Saturday night, and if this were attended to they would be more reconciled to the boarding-out system. It would be found a great relief from the overcrowding of asylums, and must sooner or later be brought into use.

Dr. EASTWOOD was sure they must all feel obliged to Mr. Mould for the experience he had given as to the work carried out at Cheadle in connection with a private asylum. The separation of patients into small numbers was carried out in all private asylums; the cottage system, or home system of treatment, was carried out more or less; and every private house, if it were large enough to allow the patients to be separated, became the cottage system. In other cases, where the house was not large enough to admit of this separation, the patients might live together with the head of the family, and thus enjoy home life. It had been his constant endeavour to secure this home life in his own experience; but it could not be carried out in a large house. Then in private asylums many patients were allowed a great deal of liberty. He found advantage in four or five patients going out together, unattended; they walked about the lanes in the neighbourhood, or over the farm, and came home to dinner, and were in fact more like boarders than anything else. So far as this could be carried out with private patients, it secured them greater comfort than they could enjoy at home, where they would be subject to greater restrictions. He thought the Chairman could give some valuable results of his experience in private asylums, with which he was formerly connected.

The CHAIRMAN said he had been much pleased with Mr. Mould's paper. He thought no objection could be made to these separate dwellings near the Central Asylum, and under the supervision of some one not pecuniarily interested in the condition of the patients. His dread of the cottage system was that its managers were thus pecuniarily interested in the condition of the patients. They would be only demented and chronic cases; and he was afraid they would not deal very gently with such cases. There was less danger of the attendants losing temper with violent and excitable patients than when they had day by day to clean after these unhappy chronic patients. He quite agreed with Dr. Lockhart Robertson that asylums were becoming over-crowded, and that it was desirable to provide smaller homes and means of separation. He was struck with the great advantage of being able to remove a patient from other patients, and a separate dwelling for this purpose near the Asylum was a great advantage. A large amount of freedom was given to the patient; and when an asylum was not large, where there were only 12 to 15

patients, they had home life as good as in a cottage home in connection with a large asylum. It was desirable to secure this individual life; and, in the management of the insane, to give them an opportunity of contact with the central authority. It would, however, be very desirable, in his opinion, to place patients with their friends when the friends were willing to receive them.

Dr. LOCKHART ROBERTSON—I suppose, sir, you find some desire on the part of friends to have the patients at home?

The CHAIRMAN replied that country asylums were too full, and it would be a great advantage if superintendents could be allowed to persuade the friends to receive their unfortunate brethren back again to their own homes; many would be glad to do so.

Mr. MOULD, in reply, stated that he ought to have mentioned at the outset that he was only describing what had been done under his own supervision. He was quite aware that a similar plan of separate dwellings had been carried out in Scotland as mentioned by Dr. Tuke, before it had been tried in England, and that Dr. L. Robertson had also established boarding out. Baron Mundy, on Mr. Mould showing him a photograph of the first villa residence at Cheadle, exclaimed, "Mein Gott. Why! you have got my house!" referring to the model house sent by the Baron to the Paris Exhibition, after which plan the house had been erected at Cheadle. Dr. Robertson had said that the expense of boarding out patients was nearly as great as keeping them in an asylum. On that point he (Mr. Mould) had no experience. He knew of one casewhere a patient had been boarded out at the Isle of Aman, he did tolerably well in the summer, the reports of the medical man were admirable, and wound up by saying, "leave him a little longer, and he will recover." He had then been there 16 years, and he was very dirty. (Laughter). That was the only instance with which he was acquainted of the results of boarding out patients apart from medical superintendence, and he thought it was hardly favourable. Dr. Wickham had sent him a pamphlet in which the Scotch system of boarding out patients was fully described, and gave it as his opinion that there were individual cases in which the practice answered, but as a rule they would be better cared for in the county asylums. At Cheadle they took the labourers' cottages, as many as they could get, and thus became proprietors to a large extent in the district, and if any cottager or cottager's child interfered with a patient, the cottager would be evicted, just as in Ireland, and very properly so. Professor Inglis had told them that patients boarded out were quite as well off as in asylums, but that this should be under supervision, and these patients were under his own control. He had not, however, stated the expense, nor whether the separation was complete, and free from irregular control. With regard to Dr. Eastwood's experience in private asylums, he had no doubt that living in a family was better than the plan adopted at Cheadle, but he could not have a patient in his own house without exciting the jealousy of other patients, and he took care that none were admitted. With regard to the separation of a bad-tempered patient from the rest, this was a great advantage; he had a lady at Cheadle who would upset the order of the whole place, and if they had not a cottage in which to place her, she would have to be removed at once and altogether.

The CHAIRMAN next called on Dr. Eastwood to read a paper "On Craniology," as stated in the programme, though the title might, perhaps, have to be slightly altered.

Dr. EASTWOOD said he accepted the title, although it was not quite what he wished.

(The Paper, which is in type, will be published in the next number of this Journal.)

The CHAIRMAN said the paper just read had travelled over a great extent of ground and opened up many interesting subjects for investigation. He hoped they would have many remarks upon it.

Dr. LOCKHART ROBERTSON asked on what authority Dr. Eastwood made the statement that the head of Napoleon I. was smaller than those of many men in his army.

Dr. EASTWOOD replied that he was unable to give the authority, but he had read some statement to that effect, and believed it to be true.

The CHAIRMAN said if it were true, it was a remarkable fact, because from the portraits of Napoleon the contrary would be assumed.

Dr. ROGERS suggested that as Napoleon was a small man, his head, though large relatively, might be smaller than the heads of some of the big men of his army.

Dr. ROBERTSON remarked that all men who greatly influenced other men had had large heads. Men of great general power of mind were thus distinguished. The

late Dr. Whewell was an instance of this, and no man at Cambridge in his time could at all compare with him in mental power.

Dr. BATTY TUKE took exception to Dr. Eastwood's statement that higher orders of instinct amongst animals was associated with complexity of the convolutions. The dog and the fox had much less complex convolutions than the sheep or goat, and no one could say that the latter possessed a higher order of instinct.

The CHAIRMAN said, wherever great intellectual power - not special faculty - was possessed there would be found a large head. It was a thing that struck ordinary observers, that in any gathering of a scientific society, the heads of its members were of a different class altogether to those found in a gathering of the mere "lewers of wood and drawers of water." A man with a small head might have special power, as for music for instance, but a man of large general mental power would have a large head. The title of the paper "Craniology" was not inappropriate, as it had dealt with the cranium and mind. The title "Phrenology" was a misnomer as applied to the mind. It was impossible to accurately measure the large convolutions of the hemispheres, so that they could not reach the shape of the brain from that of the skull. To him it was a very interesting fact to learn from a gentleman like Dr. Eastwood, that the form of his head had changed between the periods of two measurements of it, before and after an interval of several years. This was a point admitted by some and disputed by others, and he for one thanked Dr. Eastwood for the facts he had stated.

Dr. EASTWOOD, in reply, said that what he had stated about the head of Napoleon was quite correct. He was a very small man, but had absolutely a large head, and relatively a large head; still, not so large as some in his army. We noticed this, in actual life, that some persons had very large heads. He had been very much struck the other day on measuring the diameter of a very large head. He had gone to a hatter to try to procure a very large hat for a patient, when the shopkeeper showed him one, remarking at the time that it was the largest size they kept, and would fit only two persons in the place—the one being the hatter himself, and the other the vicar, who was an average clergyman, not remarkable for his intellectual attainments. With regard to the convolutions of the brains of animals, there were many exceptions; and these did not seem to have much relation to the intelligence of the animal. Dr. Livesay had gathered some very interesting particulars as to the character of the patients, and the diseases under which they laboured; and his plan for noting these particulars was very good.

Dr. BATTY TUKE then read a paper on the insufficiency of the naked eye to observe the brain of insane persons. The paper was illustrated by microscopical specimens, and an instrument for preparing these.

Dr. L. ROBERTSON suggested that Dr. Tuke should contribute his valuable paper to the Journal, and in this way it would be far more useful than in being thrown away on a small local meeting like the present.

The CHAIRMAN thought it would be well to accompany the paper with illustrative diagrams. They were all much indebted to Dr. Tuke for bringing the paper before them, and he deeply regretted there had been so small an attendance of members to listen to it. He concurred very heartily in the suggestion that it should appear in the Journal.

Dr. LOCKHART ROBERTSON proposed a vote of thanks to the Weekly Board of the Manchester Royal Infirmary for the use of their board-room, and also to the resident medical officer (Dr. George Reed) for his hospitality.

Dr. LEY seconded the motion, which was adopted unanimously.

The CHAIRMAN said the Secretary of the Association would be instructed to convey the resolution to the respective parties.

Dr. ROGERS proposed a vote of thanks to the gentlemen who had read papers, regretting at the same time that there was not a larger attendance to listen to them.

The resolution was seconded, and carried by acclamation.

Dr. EASTWOOD and Mr. G. W. MOULD briefly responded to the vote of thanks.

Mr. MOULD moved a vote of thanks to Dr. Hitchman for his services in the chair, which was seconded by Dr. HENSON, and adopted.

The CHAIRMAN having acknowledged the compliment, the meeting closed.

The members attending the meeting afterwards proceeded to the Cheadle Lunatic Asylum, and dined with Mr. Mould, the resident Medical Superintendent.