

PART IV.—NOTES AND NEWS.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, November 20th, 1890, the President in the chair.

There was a large attendance.

The following gentlemen were elected as members:—Edward Emerson Rosenblum, M.B., B.S.Melbourne, Senior Assistant Medical Officer, Lunatic Asylum, Yarra Bend, Melbourne; W. F. Menzies, M.D., B.Sc.Edin., Assistant Medical Officer, County Asylum, Rainhill; Robert Sinclair Black, M.A., M.B., C.M., D.P.H., Pathologist, County Asylum, Whittingham, Preston; Charles Lloyd Tuckey, M.D., C.M.Aber., 14, Green street, Grosvenor square; Ernest Milner, M.B., C.M.Edin., Assistant Medical Officer, Leavesden Asylum, Watford; Walter H. Barker, M.R.C.S.Eng., L.R.C.P.Edin., B.A.Cantab., M.A.Melbourne, Deputy Medical Superintendent, Hospital for the Insane, Kew, Melbourne; G. Alder Blumer, M.D., Medical Superintendent of the State Hospital for the Insane, Utica, N.Y.; Wm. Douglas, M.D. Queen's University, Ireland, M.R.C.S.Eng., Medical Officer, Provident Dispensary, Leamington Spa, Dalkeith House, 7, Clarendon Place, Leamington Spa; James Cameron, M.B., C.M.Edin., Assistant Medical Officer, Dundee Royal Asylum; Francis Neel Gaudin, M.R.C.S., L.S.A., M.P.C., Medical Superintendent, The Grove, Jersey; Farbrace Sydney Gramshaw, L.K.Q.C.P.Ireland, L.R.C.S.Edin., The Villa, Stillington, York; Arthur Nicholas Little, M.B.Lond., M.R.C.S., L.S.A., Assistant Medical Officer, Holloway's Sanatorium; John Abernethy Hicks, jun., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., Assistant Medical Officer, Whittingham County Asylum, Preston, Lancashire.

Dr. POWELL exhibited a lock for single-room doors now in use at the Nottingham Asylum for outer doors and ordinary ward doors. The chief object was to avoid the slamming of doors. A knob was made to take the place of a key for fastening. The bolt was flush with the door frames, and all that had to be done was to lay a hand on the knob and shove the bolt. It could not be opened without the use of a key. The mechanism of the lock was extremely simple.

Dr. HYSLOP exhibited two pathological specimens:—

Section I. Fresh method $\times 350$. Vacuolation of nerve cell. (a) Several small vacuoles in one cell around region of nucleus; (b) Displacement or disappearance of nucleus; (c) Granular degeneration of protoplasm of nerve cell; (d) Nucleus vacuolation not confined to upper layers of cortex. Section II. Fresh method $\times 500$. Vacuolation of nerve cell from motor area. (a) Apparently primary vacuolation of nucleus of large pyramidal cell; (b) Granular destruction of cell protoplasm; (c) Vacuole surrounded by outer border of nucleus.

CASE.—E.I.C., *et.* 27, admitted Oct. 23rd, 1890. Family history, *nil*.

History.—First attack seven months' duration; cause unknown. Began with simple melancholy ideas of being lost to God and man; constipated; wet and dirty. On admission almost stuporous, refused to speak, tongue foul, resisted everything, bowels confined; urine 1015, albumen. Subsequently continued in the same condition till Nov. 13th, when he developed peritonitis and died on the 15th.

Post-Mortem.—No cause for peritonitis found on examination. Dura mater was slightly adherent to skull cap. Inner membranes somewhat congested. In region of Sylvian fissure the membranes were matted together and could only be removed with difficulty, leaving the brain substance soft and torn. No evidence of coarse brain disease. On section of cortex of motor area there was found vacuolation of both nucleus and nerve cell.

THE WORKING OF THE NEW LUNACY ACT.

Paper by Dr. Percy Smith. (See Original Articles.)

The PRESIDENT—I will ask the Secretary to read the replies which he has received from superintendents in other parts of the country who have experienced similar difficulties in the working of the Act.

Dr. Spence, Burntwood, has found none except in the matter of filling up certificates, and that is righting itself.

Dr. Sheldon, Macclesfield, says the number of magistrates at first appointed was too few, but has now increased. The constant recurring formalities in the case of private patients is very annoying.

Dr. Wade, Somerset, says there is a difficulty in obtaining magistrate's signature for pauper patients in outlying parts of the country. Lunatics are carried from house to house looking for a magistrate. There is unwillingness on the part of the magistrates to have anything to do with the Lunacy Act.

Dr. Macdonald, Dorset, says the friends of private patients have experienced much difficulty because of magistrates' intervention. The general indefiniteness of many of the more important sections is sickening. The letter notices are disgraceful.

Dr. White, City of London, has found no difficulty. For the City *all* the Aldermen have been appointed to act.

Dr. Stilwell, Uxbridge, says he has had three applications for the admission of patients, but the friends when they heard a magistrate's order was necessary declined to take the necessary steps.

Dr. Bower, Bedford, says the appointment of too few magistrates has given trouble on several occasions. The forwarding of unopened letters to certain relatives has caused difficulty and done harm to the patient.

Dr. Weatherby, Bath, says the chief difficulty is want of knowledge on the part of the magistrates' clerks. With regard to the letter notices, only the worst lunatics have acted up to the suggestion. There will be no difficulty in getting the orders of admission duly signed in a district provided the medical men attending the case have the requisite knowledge of the Act, and energy enough to see it carried out.

Dr. Campbell, Assistant Medical Officer, Shrewsbury, says: Impediment to early treatment of pauper, but more especially of private patients, caused by the trouble relieving officers and petitioners have in procuring magistrates willing to examine lunatics and sign the necessary orders, in several cases has hindered recovery and rendered the prognosis unfavourable. There are worry, expense, and anxiety to the friends of insane persons, not only on account of the difficulty of obtaining an interview with the justices, but the ignorance of the latter when confronted with their duty. On account of these difficulties, persons who would otherwise have been placed in an asylum have been withdrawn from official cognizance. On account of increased clerical work, the superintendent and assistant medical officers have to spend time at the writing-desk which would otherwise be better employed in the moral and medical treatment of patients. In consequence of the fuss made about the employment of mechanical restraint and seclusion, chemical restraint has to be employed.

Dr. Ward, Warneford Asylum, says there is difficulty from errors in admission orders on account of magistrates and medical men being unfamiliar with the forms. More magistrates are required. A great many erasures are required in the forms, which nearly always call for correction, especially the one where the patient is certified to be or not to be fit for removal.

Dr. Savage, London, says there are difficulties arising from only a few magistrates being able to act. This is illustrated by a case, which also shows that the order-form must be provided by the petitioner, as the duty of the official authority is only to *sign*. There is also difficulty when the judicial authority assumes medical functions. A case illustrates this where the prejudice of the magistrates' clerk prevented action being taken in a suicidal case.

A medical man, who does not want the name of his asylum to appear, if his remarks are printed, says difficulty has occurred in consequence of a justice having signed an order who was not specially appointed for the purpose. The remedy is to make sure that a J.P.'s signature is by one specially appointed. The addition of a justice's address to his signature would be a great convenience.

In another case, the wife procured the necessary petition and certificates, but could find no magistrate at home. She objected going to a police magistrate and making a police case of it.

In another case, a melancholy patient implored to be sentenced and executed for his crimes. Notice was given to the patient that he could see a magistrate, and the request form was filled up. The patient thought the magistrate was going to sentence him to death. The result may be imagined.

In another case, the magistrate signed the order for the reception of a private patient though the medical examination had been made a month previously to the petition being obtained. The friends were upset because the medical superintendent would not admit the patient.

Dr. Hack Tuke, London, has sent me an important statement, which can only be read as a whole.

Dr. FLETCHER BEACH—Altogether 17 answers have been received to the slips sent out in the October number of the Journal. Four only have not found difficulty in the working of the Act.

Dr. SAVAGE—Although it appears to me that we must remember that the Act is on its trial, and that magistrates may improve, I quite agree with what Dr. Percy Smith has said—that all magistrates ought to be allowed to act; that the difficulty is, that one magistrate being qualified, his next-door neighbour not being qualified, and then the next perhaps being qualified, there is in consequence endless confusion. Then as to the question of signing the order. It appears that it is necessary for the petitioner to have the order ready for the magistrate to fill up, attached to the rest of the papers, for in one case of a suicidal patient, the whole certificates having been signed rapidly with the idea of getting him under control at once—he residing in a house where there were three or four women, and being utterly beyond control—the forms were taken to the magistrate, but there not being a form for the order, he declined to have anything to do with it, saying that his duty was to sign an order when brought to him and not to provide one. Therefore, because the form of order was not at hand, the patient had to be sent back uncertified. The difficulty was got out of for the time, as many of these difficulties may be, by the use of an urgency order. The next thing is the difficulty in a case in which a magistrate distinctly decides to act on his own judgment and recommends treatment. I may mention the case of a patient who had been advised upon by six or eight of the leading physicians and surgeons in London, including the ex-President of the College of Physicians and the President of the College of Surgeons, the Physician to Guy's, the Physician to University College, the doctor who had known her from her childhood, the doctor who had known her for very many years, and two local doctors, where she was stopping as a voluntary patient. These gentlemen all gave their opinion that she was only fit to be under certificate. They did not wish to send her into an asylum, they wished to have authority to see her. The magistrate went to see that patient, and although she had attempted suicide, and the opinions of these doctors were given that it was absolutely necessary that she should be controlled; though the magistrate knew that she had taken no food for three days and a half, and that she had said that she had but one desire, which was to get away from where she was to have connection with certain persons—notwithstanding all that, he declined to sign the order for detention in a private house and recommended that she should go for a little change of air to the seaside! For a time there seemed great risk. Her mother had to be sent for from a distant part of England, an urgency certificate was obtained, and then another magistrate living in the same district had to be persuaded to sign the order, having of course laid before him the reasons for the dismissal before. That is a real practical difficulty. You may say that these magistrates may be educated, and there is a way out of the difficulty, but one feels that for the practical treatment of cases the Act works badly. Two other cases have occurred quite recently in which one is afraid to recommend patients to be under certificate simply because one knows that though there is evidence enough to satisfy any medical officer that the patients are insane and ought to be under control, yet it is rather loss of control than the presence of delusions

that characterizes the insanity, and, therefore, these persons who have lost their control may temporarily recover themselves, as it were, before a magistrate and deceive him. So that at this present moment there are two patients that ought to be under certificate, and for their own good under control; but medical men of experience decline to certify because they are sure that no ordinary magistrate will act, and they know that if they certify, and the patient is after all allowed to go free, it would be much more dangerous to society than if no steps at all had been taken.

Dr. HACK TUCKER—I should like to support all that Dr. Smith has said. As a member of the Bethlem Committee, I have seen the practical working of the Act in most of the cases to which he has referred, and certainly the labour and annoyance which it has caused have been very great indeed, the greatest of all being the delay in placing the patient promptly under proper care and treatment, and the increased expense, not only with regard to the small fees mentioned by Dr. Smith, but in many other ways. For instance, a patient is brought up to London and arrangements made for that patient being placed in Bethlem Hospital or some other asylum, it being hoped that he or she will be admitted on the same day; but the difficulty of getting a magistrate on that day is often so great that the friends of the patient have to stay in London for at least a night—often two—very much to their inconvenience and cost. I have seen several cases of this kind which have shown very forcibly the way in which the Act at present works. Therefore, both from what I have seen myself, and what I have seen in connection with Bethlem Hospital, I feel very strongly indeed that the working of the Act in regard to the action of the magistrates is injurious; and if it is possible in any way to mitigate the evils connected with it, we ought to do all in our power in that direction. Then there are so many formalities required, so many papers to fill up, so many detailed statements made that it is most difficult for people to avoid making some omission or actual mistake, do what you will. With regard to another point, one which comes before us at Bethlem, that is the regulation that some member of the Committee a month after the admission of the patient shall satisfy himself on behalf of the Committee that the patient is properly detained, and see the report made by the Superintendent at the close of the month after admission, I may say that this involves much trouble; and if the member of the Committee who does it is not a medical man, it may well happen that his going to see the patient and initialling a paper to say that the patient is properly detained in the asylum is a complete farce. And then, of course, what is yet to come, and will tell so hardly upon the superintendents of large pauper asylums, when the reception order expires at the end of the year, or in chronic cases at a longer period, will throw an enormous amount of work upon the asylum officers; I understand, indeed, from one superintendent to-day, that in view of that extra work he is going to have an additional medical officer in his institution. On these and many other grounds I am forced to the conclusion that the practical working of the Act is at present mischievous, and this to a greater extent than many of us expected. The whole thing is characterized too much by red tape; and in illustration of that I may hand round a comic drawing by a gentleman who is no mean artist, and formerly on the staff of Bethlem Hospital, in which you will see he represents a figure swathed in red tape. Whether it refers to the patient or to the superintendent it is equally clever. That really in sum and substance is, I think, the great evil of the Act, that it is red-tapism almost from beginning to end.

Dr. BLANDFORD—I may state that my experience of the Act is nothing like the experience of gentlemen at Bethlem, but I have suffered not so much from the unwillingness of justices to sign orders, but from their too great willingness, that is to say, they have signed without being specially appointed for the purpose, and they do not seem to know whether they are appointed or not. This is a source of immense confusion and expense both to us and to the friends of the patient. A patient is sent up, as has been stated, from the

country with an order signed by some justice or other, and we have no means whatever of knowing whether he has been properly appointed or not, and, indeed, why should we have to find this out? The papers go before the Commissioners, and in process of time come back again, and then the justice is referred to, and it comes out that after all he is not appointed. By that time the medical certificates have got out of date, and fresh certificates have then to be signed. The friends may have to be brought all the way up from the country to see some properly-appointed justice in London, and no end of trouble and expense is caused in that way. I think it will be a very great improvement to the Act if every magistrate were allowed to sign, and I believe in some counties that is the case. There are various other points in connection with the Act which work badly, and which I should like to discuss here, but I do not think we can enter upon that at this period; we have quite enough at present before us.

Dr. THOMSON—I should like to ask whether there has been a definite decision as to what constitutes the pending of a petition subsequent to the granting of the urgency order. I think we understood Dr. Percy Smith to say it was necessary that the petition had been actually presented to constitute what is meant by pending. I should like to ask for information on that point.

Dr. R. JONES (Earlswood)—As a practical outcome of this discussion, I may say at present there is a British Medical Committee inquiring into the working of the new Lunacy Act; and it might be of advantage if we were allowed to make use of Dr. Smith's paper, and also of the opinions read by Dr. Fletcher Beach before that Committee. No doubt this Act is on its trial. Meanwhile we have to ascertain whether it is considered desirable that its working should be smoothed. If that is the general opinion, I shall be very glad to do what I can in furtherance of that object.

The PRESIDENT—I imagine it would be open to this meeting and this Association, if it thinks proper, to take any action of its own as the result of this discussion, or, if it thinks well, to endeavour to strengthen the hands of the British Medical Committee, they having a common object. It will be for this meeting to say whether, as the result of our discussion to-day, some representation should not be made with a view to rectify some of the difficulties that have been referred to.

Dr. PERCY SMITH—I may say, in reply to Dr. Thomson, that the decision arrived at is that a petition is only to be considered as pending when it has actually been presented.

Dr. CLAPHAM—I may mention that in the West Riding of Yorkshire the magistrates are spoken of as belonging to one or other division of that county, which means nothing at all. I do not know whether those divisions are political or otherwise. The addresses of the magistrates are not given. It is therefore a very great difficulty indeed to find out who are the particular magistrates belonging to your division. I may say also that when you have found them the patients and their friends very often object to appear before a magistrate.

Dr. WEATHERBY—I may say that, with regard to my own district, that of Bristol and Bath, the Act seems to work smoothly. The clerk to the magistrates of Bristol sent out a notice to all the medical men in the district to say who the magistrates acting under the Act are, and that they are to be found every morning at certain times, and that the petition can be signed at those times. They do the same in Bath. In the county of Somerset all the magistrates are appointed to act in their districts; but a difficulty has arisen from the fact that the clerk has not known his duty, that is to say, he has kept back the petition, thinking that he ought to keep it and only send the order. The magistrates in Bristol have medical men appointed who see to their pauper cases; and the first case which came before the Bristol magistrates happened to be one which was sent to my asylum. The clerk said: "The magistrates will not look at your medical certificates;" and yet one of the medical certificates was signed by the doctor appointed by them to see the patient. A great

row was created, and the matter was brought before the British Medical Association.

Dr. BAKER—I have had very little difficulty myself with the new Act. Perhaps the magistrates appointed have been people who have known their business. The difficulty that has presented itself to me has been that already mentioned, of an individual member of the Committee having to visit a case at the end of the month. My Committee have always been guided entirely by their medical officers; and they do not like to have to visit the patient and to express an opinion as to the sanity or insanity of a patient a month after admission.

Mr. ADAMS, J.P.—Although I am not a member of your Association, I am a medical man, and one of the judicial authorities for London. I came rather to learn than to speak. I was very anxious indeed to learn how my brother magistrates had been doing their work in London. I had heard, directly and indirectly, that there were many difficulties in carrying out the Act, especially in some of those cases which Dr. Smith has put before us. Knowing that, I brought the matter before the County Sessions at the last county day, at the time the new appointments were made, and urged that the judicial authorities then appointed should be called together for the purpose of discussing their duties; for I felt very sure, from what I knew of the irregular way in which my brother judicial authorities were acting, that, though they were—I will not say, ignorant of the Act, there was a great difference of opinion as to what their duties were with reference to granting the reception order. It was thought premature, at all events, to discuss the question or to call them together, and our Chairman, Sir Peter Edlin, suggested that the matter should be put upon the agenda paper for the next county day. I shall be greatly fortified in bringing that matter before the justices on that occasion by the remarks which I have heard from Dr. Percy Smith, and I hope his paper will be printed, because it will be a very great help to us. I have no doubt whatever that the justices appointed are very desirous of doing their duty, and also to carry out the Act properly; but there is amongst the non-medical element a great deal of ignorance prevailing as to what really should be done. I know some justices will not act at all unless the clerk is present. Of course, every medical man must know that that would be attended with a fearful amount of loss of time, and it really might lead to dangerous consequences to have to send out to the justices' clerk to bring him to the patient's house, whilst a sort of legal inquiry was carried on, before the judicial order was granted. I know that that was the case with one of the justices in my own Petty Sessional Division; but, happily, he is not re-appointed for the current year, he having declined to act. I think if we can bring the judicial authorities together as we are here to-day, and have such a paper as that of Dr. Percy Smith's read to them, they will then see exactly the points of difficulty, and how important it is that they should be carefully attended to. I hope we shall get some information from members present as to the duties of judicial authorities in acting beyond their own Petty Sessional Division. I confess I have a very strong feeling, being appointed for my own (St. Pancras), where three others besides myself are appointed, that the proper and more workable plan would be if the justices would confine themselves exclusively to their own Petty Sessional Divisions, and, that being so, we should take care that two or more of them should always be ready to act; so that if a judicial authority leaves town he should depute a brother justice to do his work. If the justices realize their responsibility in that respect and carry out their duties thoroughly, I do not think there will be any difficulty. One other point I should like to mention is with regard to cases that are sent from one's own Petty Sessional Division under urgency orders. It has happened in two or three instances in my own division—and I believe one or two of the cases came to Bethlem—that after being admitted on an urgency order, then the petition was presented to me to sign. Now, I do not think that the justice should be called upon to go beyond the bounds of his Petty Sessional Division to grant an

order. I think if, under an urgency order, a patient is taken away on the certificate of the doctor and a relative and is admitted to an asylum, unless the asylum happens to be in his own Petty Sessions Division, he ought not to be called upon to follow that patient or even to incur the responsibility of signing any order without seeing the patient. There is considerable difference of opinion as to whether justices should visit the patients. In my own case, as a medical man, I prefer to exercise my right of seeing the patients, not, perhaps, to raise any question whether the patient is insane or not, but if the patient is not seen by the judicial authority before he signs the reception order, what is the result? The patient is to be presented with a notice by the superintendent of the asylum that he or she has a right to be brought before a magistrate to be examined. One knows that in many cases, especially acute cases from drink, they recover very quickly, and it might be an awkward thing if one signed the order without seeing the patient, and then another judicial authority was called in, found the patient was not insane, and ordered his discharge. That is obviated absolutely by the justice going to see the patient. I prefer, then, and I intend to exercise that right, to see all my patients, and I do not think, except under very special circumstances, I shall be inclined to sign a reception order without going to the house, seeing the patient, his certificates and surroundings, and then granting the order. There are one or two points that Dr. Tuke referred to with regard to patients being brought up from the country to be admitted to Bethlem, as throwing blame upon the judicial authorities in London for not facilitating the admission of such a patient. I do not quite know how the Act would work in that matter; but it seems to me that all the forms should be complied with, and the order should be given in the county from whence the patient came, and that there should be no further trouble given to the judicial authorities in London. I thank Dr. Smith for the paper he has read to us. It has exposed a great number of faults on the part of judicial authorities, and I hope that his paper will find its way into print; and I will do my best to lay it before my judicial friends in the County of London. I may say, with regard to the appointment of justices, I believe there will be no difficulty whatever in appointing any number. They are not selected. In London a letter was sent to every justice before the 29th of September asking him if he would be disposed to take upon himself the duty of a judicial authority, and, I believe, everyone that replied to that letter was so appointed. The difficulty is to get an ordinary justice of the peace to take up these responsibilities.

Dr. HACK TUKE—In reference to one remark of Mr Adams', I would say that the friends of a patient in the country very frequently strongly object to making the illness of their relative known to the local magistrates. That is one reason why the case comes up to London without a reception order. A second reason is that, in many cases in the country, the magistrates object to act even more strongly than in London; and a third reason is that, when the forms are filled up in the country, it is usually found, when they come to London, that there is some blunder, and it has to be all gone over again.

I should also state that I have obtained the names of magistrates, from the proper authority, on whom I could rely to sign orders in one division of London. I called on one of them and found he had let his house for six months. A second was out, and I was told that he went to the City immediately after breakfast and came back to a late dinner, and, therefore, was not available, and so on. The result is that the difficulty is extremely great in getting hold of a magistrate who can, and if he can, who will, sign the order.

Dr. RAYNER—A difficulty may arise from the character of the delusions of the patient. In a case where a patient had a delusion that she had been drugged and raped by a medical man—she had had other melancholic delusions, was disposed to cut her throat, and so on—if she had been seen by a magistrate it is quite possible that he might have thought there was some foundation for

the delusion, and it might have led to some unpleasant consequences. During the discussion of the Bill I strongly objected to the whole body of magistrates being appointed. I preferred that a limited number should be selected. I thought then, and I still think, that a wholesale appointment to these duties would be objectionable. I cannot, therefore, support the proposal.

The **PRESIDENT**—It seems to me desirable that this discussion should not end in merely a blank shot, but that some definite steps should be taken. I think the paper should be circulated amongst the gentlemen who are specially interested in the matter. Perhaps the Parliamentary Committee might take the matter in hand, and circulate either this paper or any other information that they think proper, and so bring the weight of the opinion of the Association to bear, and get these matters rectified. I am exceedingly thankful that in Scotland we are free from this perplexing Act.

Dr. NEEDHAM—I think it is very undesirable that we should adopt any resolution expressing our feelings about this Act, which would go to the Lord Chancellor. Of course, we are all perfectly conscious of the great difficulty of working it—nobody can dispute that for a moment. We said all we could against the various clauses of the Act before it was passed, and objected to it in every possible way. We objected to the introduction of the magistrate because we thought the introduction of a lay person to decide questions which were medical was not at all a desirable thing. But however, all our remonstrances were perfectly unavailing, and the Act became law. It does seem to me, therefore, that it would be rather unwise on our part to formulate any resolution which would go to headquarters about this Act. I think we ought to give time to the people who have to work it to become familiar with it, and I would much rather try and adopt some method of informing the magistrates as to their duties. It seems to me one of the blots in the working of the Act is the quite insufficient appointment of magistrates. I must say in my own county the Act has worked comparatively smoothly, although there have been hitches and some difficulties, and the reason is that all the magistrates of the county are specially appointed. You go to any magistrate in the county of Gloucestershire; you cannot get wrong, because every man is appointed as a special magistrate for the purposes of this Act. If that was done all over the country this particular difficulty would vanish. Of course magistrates, like other people, do foolish things. A man sent me a patient the other day with an order signed by a magistrate who had never even seen the petition; in fact, there was no proper petition. There were half-a-dozen lines written on a petition. There was no signature, no statement of particulars. The consequence was, from my point of view, that the magistrate's order could not be made valid. Therefore I sent my patient into Gloucester that he might have a fresh magistrate, who saw the patient, and gave an order which was in perfect form. There is another very serious difficulty, and that is that in the order there is no provision made for the address of the magistrate being given, and if there is any informality one does not know where to find him to get any alteration made. That has happened to me once or twice. I think the great thing for us to do is to let the public feel the inconvenience of an Act which they demanded, and which has been passed in obedience to this public demand, and as soon as the public have sufficiently felt the inconvenience of an Act which we always objected to, I think they will demand a public remedy.

Dr. SAVAGE—I cannot see that any harm could arise by circulating to the judicial authorities engaged under this Act the address given by Dr. Percy Smith, and will formally propose that that be done.

Dr. NEWINGTON seconded the motion.

Dr. WHITCOMBE—So far as we have seen at present the errors made in carrying out this Act are confined rather to the Metropolitan area. The whole business seems to me rather one of magisterial duty. I have received several private patients, and had no difficulty whatever. I would like to point out to Dr. Smith that the Act provides for the rectification of clerical errors, and so on.

Dr. NEEDHAM—I should like to supplement what I have said by expressing my great gratitude to Dr. Percy Smith for having brought the subject before us in the way he has done, and given us these facts. It is very desirable indeed that we should circulate his paper.

After a brief discussion, it was agreed that the paper should be printed and circulated among the judicial authorities in the Metropolitan area, and that a certain reserve should be kept in the hands of the Secretary for the use of any superintendent of a public or private asylum who might wish them to be circulated in his district.

Dr. WEATHERBY asked whether the quarterly meetings could not be fixed a longer time before the meetings than a fortnight or three weeks. Many country members would, he thought, avail themselves of the opportunity of coming to the meetings much more frequently if they knew their date a month or two beforehand, as they could then make their arrangements for coming to London coincide with the date of the meetings.

The PRESIDENT said the matter had been carefully considered by the Council, who found there was great difficulty in fixing the dates earlier. To a good many people, including the readers of papers, notices were sent out by the Secretary a fortnight or three weeks before the meeting. It was found impracticable to do more than that, or at the beginning of the year to fix the meetings for the year.

Dr. PERCY SMITH then replied. Several members have said they have not much difficulty with the Act, but that must simply be because they have had very few private cases to admit. In Bethlem, since the 1st of May, we have admitted 145 new cases, exclusive of voluntary patients, and of those 62 have come in on urgency orders, meaning, of course, three certificates for each of them. Out of those cases I think about 100 had not been seen by the justices before admission. Considering the large number of acute cases, it cannot be surprising that in 81 it was certified that it was prejudicial to them to be taken before the magistrate or a justice. The other 19 or so I think gave notice of an interview, but only four desired to see the doctor. There has not been much difficulty in that way, but still, of course one has to go through the process of deciding whether you should admit the patient; there is a distinct mental effort in each case. Then Dr. Tuke spoke of the inspection by the committee of a copy of the superintendent's report at the end of the month after admission, and the examination of the patient by one member of the committee. As we have the great advantage of having Dr. Tuke on the committee, of course it is very simple, but I think from a medical point of view one would feel it rather degrading to have to submit the question of the proper detention of a case of insanity to a member of the committee who perhaps had never been in the place before in his life, and is perhaps a new member. With regard to Dr. Jones' remark as to the British Medical Association, there has already been communication with Mr. Ernest Hart about it, and it is hoped that the facts will be laid before the committee referred to. Another thing that occurs to me is that medical superintendents require a special examination in geography to see whether they can carry out the Act. I do not know where the county of Surrey begins or ends, and even if I did know, one side of a street may be in London and another in Surrey, and the same justices may be perfectly able to see the patient in both cases, and yet not able to act. Mr. Adams spoke of the justice acting only in his own petty sessional division, but any justice in London has a right to act in any part of London. And with regard to the justice seeing the patient before signing, we find that 100 cases have not been seen by the justice before signing. Although a medical man may say whether the patient is all right, yet the inexperienced justice can go into the patient's case, and worry the patient very much and do great harm. One feels the uncomfortableness of sending a justice of the peace to see the patient after the order has been signed without seeing him, and yet he cannot see the uncomfortableness of having to sign at all. Then, with regard to patients from the country having the trouble they have about justices, in one case from Sussex the justices of Sussex had

improperly detained the petition. There was nothing else to be done but take the patient to a London justice and have a fresh order, unless he was taken to the workhouse for the night, to allow of time to get back the petition. No wonder that it is found more convenient to apply to a London magistrate, assuming he is willing to do his duty.

Mr. ADAMS—I should like to ask Dr. Percy Smith whether his experience is that things are improving.

Dr. PERCY SMITH—There were a number of cases in November, and also at the end of October—in fact, all through.

Dr. NEEDHAM—By the 35th clause of the Act it does not seem to me that it is the business of the superintendent to decide as to the jurisdiction of the magistrate.

Dr. PERCY SMITH—Clause 9 says: "The powers of the judicial authority shall be exercised by justices of the peace specially appointed."

Dr. NEEDHAM—The onus lies on the people who bring the patient, not on the superintendent.

Dr. SMITH—The Commissioners say it lies upon us.

Dr. NEEDHAM—I should refer the Commissioners to the Act.

SCOTCH MEETING OF THE ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held on the 13th November in the Hall of the Faculty of Physicians and Surgeons, Glasgow. Dr. Yellowlees, President of the Association, occupied the chair, the other members present being—Drs. Buchan, Campbell Clark, Clouston, Hyslop, Ireland, Carlyle Johnstone, Keay, Macpherson, R. B. Mitchell, A. Robertson, Rorie, Watson, and Urquhart (Secretary).

The minutes of the last Scottish meeting were read, approved, and signed.

The following new members were duly elected:—

Frank Hay, M.B., C.M., Assistant Medical Officer, James Murray's Royal Asylum, Perth.

John McCubbin Johnston, M.B., C.M., Assistant Medical Officer, Govan Asylum, Glasgow.

Alexander Keiller, LL.D., M.D., F.R.C.P.E., 21, Queen Street, Edinburgh.

Robert Lawson, M.D., Deputy Commissioner in Lunacy, Edinburgh.

George R. Wilson, M.B., C.M., Assistant Medical Officer, Royal Edinburgh Asylum.

Dr. A. ROBERTSON reported a case of recovery from Acute Dementia: Treatment by Heat and Cold and by Electricity to the head. (See Clinical Notes and Cases.)

Dr. CLOUSTON remarked that they were all much indebted to Dr. Robertson for this report. Personally, he must only regret that he had not used one of Dr. Robertson's "caps." He should certainly do so after hearing this case. The question came to be whether this was a cure due to therapeutics or whether it was a case of ordinary recovery. Was it an ordinary case of stupor?—though stupor at that age was rather uncommon. It might be important to learn if improvement had not set in before the application of his treatment. Hitherto they had all used electricity, friction, massage, good food, fresh air, stimulating moral treatment; but they had still to make use of the cap introduced by Dr. Robertson, and apply heat and cold to the heads of stuporose cases. And if they applied it in stupor, why not in many kinds of melancholia, in cases where there was a want of general energising in the brain convulsions? This treatment, at any rate, was well worth trying.

Dr. IRELAND said it seemed to him that Dr. Robertson had the right to claim a very remarkable success. No doubt the point here was the novelty in the