

Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE GENERAL MEETING was held at the Rooms of the Association, 11, Chandos Street, Cavendish Square, W., on November 20th, 1902, under the presidency of Dr. J. Wigglesworth.

Present.—A. J. Alliot, W. Lloyd Andriezen, Henry T. S. Aveline, Horatio Barnett, Fletcher Beach, H. A. Benham, George F. Blandford, Charles H. Bond, David Bower, A. N. Boycott, A. H. Boys, G. Braine-Hartnell, J. F. Briscoe, P. E. Campbell, Herbert N. Cappe, James Chambers, J. W. S. Christie, Robert H. Cole, John B. Cook, Sydney Coupland, Maurice Craig, William Douglas, Charles C. Easterbrook, F. W. Edridge-Green, Charles Edwards, Francis H. Edwards, G. Stanley Elliott, James W. Evans, Wm. J. Farquharson, David Ferrier, David Fleck, Edwin Goodall, Horace E. Haynes, J. Carlyle Johnstone, Robert Jones (Sec.), Walter S. Kay, Harold A. Kidd, Percival Langdon-Down, Reginald Langdon-Down, Henry C. MacBryan, P. W. Macdonald, T. W. Macdowell, S. R. Macphail, H. J. Manning, Charles A. Mercier, William J. Mickle, Alfred Miller, W. B. Morton, F. W. Mott, James Neil, A. S. Newington, H. Hayes Newington (Treasurer), Edwin S. Pasmore, Robert N. Paton, Bedford Pierce, Henry Rayner, J. Peeke Richards, William Roots, Edward H. O. Sankey, W. J. Seward, James Scott, G. E. Shuttleworth, R. Percy Smith, J. Beveridge Spence, R. C. Stewart, R. J. Stilwell, F. J. Stuart, D. G. Thomson, Alex. R. Urquhart, George A. Watson, Lionel A. Weatherly, Ernest W. White, James R. Whitwell, Joseph Wigglesworth (President), Henry F. Winslow, T. Outterson Wood, David Yellowlees.

Apologies for non-attendance were received from Drs. James M. Moody, Adam R. Turnbull, and E. B. Whitcombe.

The following visitors were present:—P. Beecher, Sir William H. Broadbent, Bart., Thomas Buzzard, Sir William S. Church, Bart., Sir William R. Gowers, C. Juler, M. Squire, James M. Swainson, Richard D. Sweeting, Jas. Taylor, Sir John Batty Tuke, M.P., R. J. Wicksteed (Canada).

The following candidates were elected ordinary members:—Collie, Robert John, M.D., Assistant Medical Officer, School Board for London, 25, Porchester Terrace, Hyde Park, W. (proposed by S. Rutherford Macphail, R. N. Paton, and Robert Jones); Green, Philip Anthony Mark, M.R.C.S., L.R.C.P., Assistant Medical Officer, Claybury Asylum, Woodford Bridge, Essex (proposed by F. W. Mott, J. S. Bolton, and Robert Jones); Greene, George Waters, B.A. Cantab., M.R.C.S., L.R.C.P., Assistant Medical Officer, Claybury Asylum, Woodford Bridge, Essex (proposed by F. W. Mott, T. E. Ewart, and Robert Jones).

SANITY AND INSANITY—LUNACY AND LAW.

An address on this subject was delivered by Sir William Gowers. This address is printed in full in the *British Medical Journal* and the *Lancet* of November 22nd, 1902. An abstract of it is appended:—

SIR WILLIAM GOWERS, after some introductory remarks, said that the special subject which he desired to bring before them was the harmful influence of the present Law of Lunacy in so far as concerned patients taken in private for treatment. The ostensible object of the law was the personal safety of the subject. To ensure this it is decreed that all persons of unsound mind shall be treated alike, certified as insane, deprived of liberty, and placed under the control of the Commissioners in Lunacy. No distinction is made as to the nature of the case, the needlessness or harmfulness of the proceeding. Thereby injustice and injury are done far exceeding that which the law can prevent. One criterion only is adopted—the technical evidence of mental unsoundness; one condition only deter-

mines its application—whether the care of the patient was paid for. The conditions are the same for the most harmless patient and the most dangerous. Yet any person, however violent, may remain uncertified in his own house, or under the care of those on whom he is dependent; but no other person, even a relative, may take a patient for payment without certification. Besides the many cases of mental unsoundness for whom the process of certification is needless and sometimes harmful, there is the large class of border-line cases, patients on the verge of insanity, some just over it. Many of them may recover, but they may be actually rendered insane by the process of being declared so, which certification constitutes. Such cases are very numerous. Three examples were mentioned. In one, a harmless delusion was the residue of a graver state, but made the patient technically unsound in mind. The law was broken by a doctor who received him into his house. In a fortnight the patient was quite well, and he has continued so now for six months. Had the law been complied with, the distress would certainly have greatly retarded the improvement, and perhaps would have prevented it altogether. In another case a harmless delusion prevented a patient obtaining a much needed change. An aunt who desired to take her could only do so on payment; she had been a nurse, and knew the law, and dared not run the risk. In a third case mentioned great strain in private life had recently brought a single woman to the verge of unsoundness, perhaps over it. She had an intense dread of going out of her mind. Under the care of a lady, who ran the risk of prosecution by taking her, she steadily improved. To have had her certified according to the law would probably have made her definitely insane.

It was well to consider what the process of certification is to the patient. The nearest relation must undergo the pain of signing a request that the patient shall be "detained and taken care of as a lunatic, idiot, or person of unsound mind." The last term is generally chosen, but it is well known to be synonymous with the first. Then follows an examination by two doctors, separately, who have, with such tact as they possess, to probe the inner secrets of the mind and find out any delusion and the degree and character of any depression. Each has to make a declaration to the effect just mentioned. These documents are presented to a justice of the peace, who has power personally to examine the patient, happily not often exerted. Then follows removal to someone's care, a virtual imprisonment under the Commissioners until they release. The nature of the process cannot be concealed from many patients, and is most clear to those to whom it is most harmful. Too many on the brink of insanity are always haunted by the question "Shall I go mad?" To them it sounds the knell of hope, for it gives the answer "You are mad." If the present law were strictly carried out, it would cause a large increase in the number of the insane by destroying the chance of recovery which is often secured by breaking it.

It is a monstrous thing that the interest of the patient should be absolutely without influence in deciding whether certification should take place. That it is needless matters not; that it is harmful matters not. According to the law it depends solely upon technical evidence of mental unsoundness, upon what is essentially a legal point.

Why was this regulation made? The great fear was that the sane should be treated as insane, but this cannot be prevented by compelling all insane persons to be treated alike. It doubtless arose from a desire to guard against ill-treatment by placing all insane persons under the supervision of the Commissioners, but the danger of ill-treatment of those for whom there is payment is small. The cases of ill-treatment have been chiefly by those on whom the patients were dependent, and for these the law makes no regulation. Instances of ill-treatment of the weak-minded by those who received them for payment have been very rare, and of other forms of insanity almost unknown. A patient can leave or be taken away at any time. The present law actually does more harm than it prevents, and if strictly enforced it would do vastly more harm. That which constitutes the hardship is that it compels the compulsory certification of every case, however needless it may be, as a condition for the skilled care which can only be obtained for payment.

All the security the present law can give, and more, would be ensured, and all its harmful effects would be avoided by a system of notification. Let the law remain as it is for cases in which certification is necessary in the real interest of the patient;

but for all cases in which this process seems unnecessary, and especially in early cases, in which there is so often a prospect of recovery, and all border-line cases, substitute the following system. Let every one who receives such a case inform the Commissioners within a certain time. Let them, or some one deputed by them, visit the patient, and enjoin certification, if necessary in the patient's interest. The visit could be repeated, and information should be given when the patient passed from care. But let the well-being of the patient, and the safety of others, be the only criteria. For justice' sake, for right's sake, abolish once and for all the artificial standard of technical mental unsoundness as determining the proceeding. It might involve an increase in the number of the Commissioners, but this is needed for other reasons. To give a large number of cases their best chance of recovery, the law must be constantly broken, with grave risk of prosecution to those who take charge of such. They feel that a sword is ever above them, hanging by what seems a thread.

The injustice of the present law is shown conspicuously by some of the prosecutions for its infraction, for the "illegal charge of cases" which the Commissioners are obliged to undertake. Several examples of these were given from the reports of the Commissioners. In one, an old lady was bedridden from paralysis of all her limbs, due to brain disease, which had also caused delusions. She was well cared for in the house of a doctor. Information was received by the Commissioners, perhaps from some discharged nurse, and the doctor was prosecuted, convicted, and fined. The unhappy lady, at the instigation of the Commissioners, was certified as a lunatic, removed, and placed under other care. Again, a lady in a nursing home at York had to be certified and moved to an asylum. She had been in the home for three months in the hope that the treatment there might do good. In consequence, the lady manager of the home, and the nurse also (though there was no allegation of ill-treatment), were prosecuted, convicted, and fined. A patient was received by a lady in an East coast town who, in a few days, wrote to the friends that the case was too serious for her, but, because a month elapsed before the patient could be transferred under certificates to an asylum, the lady was prosecuted. The Justices seem to have had no choice but to convict, although their common sense prevailed, and they only told the lady to come up for judgment when called on. In other cases of prosecution there was no pretence of need, so far as the patient was concerned, but a professional opinion of technical mental unsoundness ensured conviction.

In Scotland the law is far more reasonable and humane; any patient, either on the verge of insanity or definitely insane, can be taken uncertified for six months, "with a view to recovery," on a simple medical recommendation. The system answers well, and prosecutions seem unknown.

How vast is the work of the medical Commissioners the Reports show. They have their own responsibility for all the insane under their supervision. They are three, the same in number as when they were first ordained in 1845. The number of the insane under them is not known before 1859; it was then 36,700. Now it is 110,700; so it is not likely in 1845 to have exceeded 27,000. There would be then one medical Commissioner to 9000 cases, and now there is one to 36,000. If the original proportion was right (and more supervision is exacted now than then), there should, at the present time, be twelve medical Commissioners instead of three. In Scotland there are now two for 15,800 insane, and the same proportion would involve fourteen for England and Wales. Doubtless the work of the three legal Commissioners has correspondingly increased, but it is less in evidence. Besides the six Commissioners there are five other legal members of the Board which presides over this vast department of disease. Surely these are grounds for a thorough examination of the work and organisation. Other subjects also press for consideration. The need for hospitals to receive border-line cases has often been urged, and is unquestionably great. The time has certainly come when a Royal Commission should investigate both the work and constitution of the Board of Lunacy, the working of the Lunacy Act, some remedy for its unjust and harmful effects, and the need for other provisions than those it affords. The time—twelve years—which has elapsed since that Act was passed has furnished ample experience of its effect and deficiency. But a thorough investigation must of necessity take time. Meanwhile should this hardship be unrelieved? It is earnestly to be desired that as a temporary measure

either the Scottish system should be made legal, or, what would perhaps be simpler, the following brief enactment should be passed—so obviously right and just that it could scarcely meet with opposition,—an enactment that “the provisions of the Lunacy Act relating to private patients taken for payment should apply only to such cases as, in the judgment of the Commissioners, need to be certified and detained in their own interest or for the safety of others.”

The head of the Board of Lunacy is the first lawyer of the kingdom, and at the present time he is such not only by position but in reality, and is one who has also a sense of what is right and just so keen that an adequate appeal to him cannot be in vain. Vast and multifarious as is his work, so great is the trust in the Lord Chancellor that the Lunacy Act was passed through both Houses of Parliament in 1890 without discussion, as Hansard shows. But even the Lord Chancellor is beneath the law, and grave indeed is the responsibility of the Legislature. If its members having eyes saw not what was outside their range of vision, they were free from blame; but if, having ears they now hear not what is testified by those who see, is not their condemnation written?

Finally, Sir W. Gowers said that he had taken the opportunity of bringing the subject forward under a compulsory sense of duty. He might fail, and indeed could succeed only by arousing the efforts of others, but failure could not be for long; no grave injustice, once perceived, remains long unredressed.

The PRESIDENT.—I am sure that we owe a very special debt of gratitude to Sir William Gowers for his exceedingly able, exceedingly interesting, and extremely important address. I think it is greatly to our advantage, and I hope I may say our mutual advantage, that hospital physicians should at times come amongst us and give us the benefit of their experience on subjects with which we are specially concerned. The tendency of our speciality is to be too narrow, and anything which will lift us out of that and give us an interchange of ideas with general physicians is greatly to be desired. There is no question about the social importance of this subject, and I hope that the discussion we shall have this afternoon will not be altogether nugatory, but will lead to some action being taken. I must at once express my personal agreement with a great deal of what Sir William Gowers has said. I think that there are many cases, not merely border-line cases—to which I think he did not confine himself—but cases of really definite insanity which are capable of being certified, and are habitually certified, but in which it is quite unnecessary to certify, and which might be treated without certification to the advantage of the individual. Asylum men do not see many of those cases. I have myself had personal experience of some of them, and I have known persons definitely certifiable who have been under care without certification, whose surroundings under private care without being certified were everything that could be desired; and yet, the patients being certifiable, it was illegal to detain them under those surroundings. I will not, however, take up your time by quoting my own experiences. We are honoured this afternoon by the presence of some very distinguished physicians, and I am sure we shall be very glad to have the opinions of those gentlemen upon this question, as hospital physicians see more of these cases than asylum men do. We shall be very pleased to hear Sir William Church if he will give us the benefit of his experience on this subject.

Sir WILLIAM CHURCH.—Mr. President and Gentlemen,—Until I came into this room I had no idea that I should be called upon by you to speak first on the matter which we are now going to discuss. It is one of very great importance, but one with which I cannot claim to have much personal acquaintance. In fact, I came here to learn rather than to express any opinion of my own. Sir William Gowers, to whom we are indebted for the very interesting and forcible manner in which he has brought the subject before us to-day, was kind enough to send me beforehand a copy of most of that which he has delivered this evening, and since I received it I have endeavoured to make myself better acquainted with the subject than I was before. I think all of us who have been in general practice, or who have been in consulting practice as physicians, have recognised from time to time the great hesitation and difficulty with which we act in what Sir William Gowers so well calls border-line cases. I myself have always had a most wholesome dread of being in any way mixed up with them, and have wished to keep myself as clear as possible of such cases. But in the course of one's life one has met with many, and I must say that Sir

William Gowers has seemed to me to make a very strong case for our trying to get some alteration in the existing laws with regard to certification. I think the strongest argument that he brought forward is that in the neighbouring country of Scotland the law seems to be much more reasonable, and he tells us that the result is good. That seems to me a very strong argument for our requesting some change in the certification of lunacy in this country. If the profession in this country finds that there are, as undoubtedly I take it all who have any knowledge of these cases admit, great defects in the certification of what are called people of unsound mind and those on the borderland, and we hear from our professional brethren over the border, where a six months' grace is given, their difficulties are less, a very good case for reform is established. By this six months rule—I speak under correction—most of those cases which make a good and complete recovery have recovered before there is compulsory certification; that is to say, a person who has not recovered his mental balance in six months is apt, as far as my own ignorance of the matter goes, not to recover for a long time. Therefore, when we are told by our professional brethren over the border that these six months of grace act well, we have very strong grounds for requesting that we shall have the same period of grace, or that some other means of effecting the same purpose is given us. For it must be most inadvisable, not to use a stronger term, for us wilfully to infringe the law. Our profession is one which touches so closely upon the life of the nation that we ought to be most particular never to go beyond the letter of the law, so that those who wish to detract from us can never lay a finger upon any spot, however small, and say, "There, you are not doing what is right; you have broken the law." And, therefore, although we cannot but regard—I was going to say with admiration—those who are willing to run the risk of making themselves martyrs, it is not a right thing to do; and, although Sir William Gowers and many in this room probably have done so, I am clearly of opinion that it is wrong for any of our profession to infringe the law in any way whatever. That seems to me another very strong argument for asking that the law with regard to certification shall be modified and amended. Very likely I may be going to tell you what many know much more about than myself, but since this matter has been brought to my attention, and since I have felt it my duty to interest myself more or less in the matter, I have been making some inquiries, and I find that at the present moment the Lord Chancellor has got a Bill for amending the Lunacy Act in his pocket, and that it is not owing to any fault or laxity or want of interest in the subject on his part that the Bill has not become law. (Hear, hear.) He has, I think, twice passed it in the House of Lords, and the Government have never found time for it to be brought forward in the Commons. It seems to me, therefore, that now is a most favourable and advantageous time for the profession to approach him. I daresay some in the room may know what the contents of his amending Bill to the Lunacy Act of 1890 may be. I do not know that myself, and have not had the opportunity of finding out, but it does seem to me that now is a very favourable time to approach the Lord Chancellor and find out whether there is anything in the amending Act pointing in the direction of Sir William Gowers' proposal, and if there is not, to bring it to his notice. And I cannot help thinking, from the very slight knowledge I have of him, that anything which would appeal, as I think this would, to his common sense, would be favourably received, and I think he would be willing to introduce it into the Bill.

Dr. GEORGE SAVAGE.—Mr. President and Gentlemen,—I rather hoped that the outsiders—if I may use the term—would have spoken before one so intimately connected with the subject as myself, for I rather hoped that I might have been placed somewhat in the position of one who was summing up. But as I am called upon to speak now I would first of all say that this subject has my most sincere sympathy. I have felt for very many years that some kind of notification is absolutely necessary, and many of you who are here present will remember that in a former deputation, which waited upon the Lord Chancellor some five or six years ago, I was at all events one of the spokesmen; and I was then impressed by the fact that the Lord Chancellor was almost converted to the belief that something in the way of notification, apart from certification, was necessary. Since then, on one or two occasions it has been my duty to give evidence on behalf of some of those who have been prosecuted by the Commissioners. On the occasion of the prosecution of Dr. Broadhurst, who afterwards committed suicide, I maintained that there were

two distinct clauses; that you might certify that a patient was of unsound mind, but that this did not mean necessarily that he was a right and proper person to be detained. The legal people on the other side said, "No; the reading of this certificate is that every person of unsound mind is a person who ought to be detained as a lunatic." It is this chiefly which we wish first to have removed in England, for it is absurd to suppose that every person who is of unsound mind is necessarily a person who ought to be detained; because, after all, insanity is a negation; it is a statement that the person is not sane, and the degrees of that negation vary immensely. I do feel most certainly that Sir William Gowers' suggestion would be for the good of the patient in every way. First I accept the statement that every patient who is seen by a medical man and recognised by him to be of unsound mind, and who cannot be properly treated at home, should be notified as a person so suffering; there would be practically no greater difficulty than there is in notifying smallpox or measles. It is perfectly certain that if such persons were notified and information was given as to the places they were going to be sent to, such places and such people should be visited by some one in authority. That would be essential; and I believe that, instead of it preventing people being sent to asylums who were most fit and proper persons for asylums, it would increase the number of proper asylum patients. What occurs? Every week of my life a patient being on the border-line of insanity is sent into a layman's or a doctor's house, and in a week, or a fortnight, or a month, or three months, the patient gets worse. The doctor or the layman says, "This patient must now be sent away; I cannot keep him any longer. But for goodness' sake don't have him certified from my house." They know that if the patient is certified from the house there will be an inquiry, which may lead to a prosecution. And yet the patient when admitted into that house was not a certifiably insane patient, and the person who is responsible has done the right thing in notifying the friends that the patient must be removed. But they will do anything rather than run the risk of prosecution. The friends say, "No, we are not going to run the risk. If the patient has to be certified we will see if something else cannot be done"—which means that many of these patients are hidden away. Therefore what is now advocated would be a very great gain. Another thing which is constantly occurring is this. The patient is sent to a private house. Those of us who are in consulting practice and have most to do with insane and nervous people know that one of the first things the friends say is, "You understand my relation is not going to be certified." You say, "Very well, I quite agree with you at present, but you must adopt some definite course of treatment." If Sir William Gowers' plan is followed the patient is sent into a nursing home or a medical man's home, and if an official goes and says, "This patient must be certified," the friends would accept this official statement very much more readily than they would accept the statement from the general practitioner. In fact, general practitioners have a very healthy dread of recommending patients to be certified. Over and over again we hear the same tale, "I recommended at your suggestion that Mrs. So-and-So should be certified, and I have never seen any member of the family since." If there were an official notifier I believe that source of trouble would be removed. I do feel that the Commissioners are doing their very best. (Hear, hear.) I think one has in the Commissioners' friends, but one feels that they are overweighted; and one knows that they even recognise our small peccadillos. When one of the legal Commissioners asked me if I was breaking the law as frequently as usual, I said "Yes." He said at once, "We recognise that you consultants do what you believe is best for your patients, and have to disregard the law." And so, rather in opposition to Sir William Church, I would say there are cases where we feel we have to be above the law. But already I have expressed my feelings very, very strongly. It has been said that a larger consumption of whisky is justifiable in Scotland than in England. It does not follow necessarily that everything across the border is the best for everywhere. But I think the fact that a particular enactment has worked there successfully should enable us to press forward for an inquiry. I agree with Sir William Church that it would be just as well to see what the Lord Chancellor has in his pocket before we urge too much of a campaign. But my feelings, I say, are that the time has come for some step to be taken in which notification should replace certification; and I believe that it would be found to answer admirably.

Sir WILLIAM BROADBENT.—Mr. President and Gentlemen,—I am happy to say that my experience in such matters is extremely small, but that has not prevented me from forming a judgment upon the very important question which has been brought before the Society by Sir William Gowers; and I think he has rendered a very important service to the public in general and to the medical profession, not only by bringing the subject forward, but by doing so in such a clear and emphatic manner. He has, I think, struck the true key-note of what should be the guiding principle of legislation for the insane—that no man should be certified unless it be either for his own advantage, or in the interests of the public, or for the safety of the public. When we remember what it is to be certified—that it is practically a sentence of imprisonment much more severe than our worst criminals are exposed to—(No, no);—in the mental suffering involved, which is a very important point—(No, no);—I say in the mental suffering involved, for those who are unsound in mind are sufficiently appreciative of the conditions to which they are exposed when they are mixed with lunatics in general;—I believe it will be seen that their punishment and their sufferings are worse than those of the habitual criminal when he is sent to prison—(Hear, hear, and No, no);—not of course from anything which is inflicted upon them in the asylum, but from the subjective point of view. And when we remember that the fact of any member of a family being sent to an asylum brings a stigma upon the individual, and that even if he gets well his self-respect is wounded for ever, that he can never lift up his head again in society, and that the family is injured in perpetuity, you will see the force of what I say. This question should be tested from the view of the public, and you may depend upon it I am stating what does not go beyond the truth. (Hear, hear). I think we cannot have safeguards too great against the possibility of anyone being pronounced a fit subject for detention and sent to an asylum, unless it is necessary in his own interest or for the safety of the public. For my own part, I had no idea that the law was as strict as it turns out to be; and unconsciously, in the few cases which have come before me, I have no doubt been guilty of an infraction of that law; and, in spite of the authority of the President of the College, I should rather break the law as far as that lay in me than send a patient to an asylum and say that he needed detention, unless the conditions of his own advantage or the public safety required it. Again, I had absolutely no idea that there could go on in England such prosecutions as seem to be imposed by the Lunacy Commissioners. I had no idea that they could enter upon a prosecution and not make public the original source of knowledge. One cannot but be astonished that two systems should have survived side by side as that which prevails in Scotland and that which operates in England, because that in Scotland is very much superior to the law here. One cannot understand how they could have subsisted side by side. Of course the question is very greatly complicated, because many of these mild cases of insanity which do not require to be shut up, many of these border-line cases, many of these weak-minded cases, do require protection in their own interests, and some system of notification, or whatever it may be called, which brings them into the purview of a responsible public authority, which shall prevent them from falling into the hands of unscrupulous men, who prey upon these weak-minded people very often; an authority which shall prevent such injury as has happened several times within my own knowledge—cases of men getting married in the first stage of general paralysis of the insane;—which would prevent men ruining their families in the initial extravagance of that and other diseases. The question is an extremely complicated one, and I think it is most desirable, before any amending Act is passed, that at any rate the Lord Chancellor and the other responsible authorities shall in some way have the fullest possible information on all the complicated questions which are connected with this subject of dealing with those who are unsound in mind, and those who are on the border-line of that condition.

Dr. HAYES NEWINGTON.—I think, Mr. President, I speak the truth when I say that as regards most of what Sir William Gowers has said he has been preaching to very willing ears on the subject of an alteration in lunacy law in the direction he has suggested. And I may say that not only shall we flatter him by following his advice, but we have done him the great flattery of to some extent anticipating it. The Lunacy Bill which the Lord Chancellor had in his pocket contained a provision that if a medical practitioner certifies that a person is suffering from

mental disease—that is not the ordinary terrible certification entailing “imprisonment,” but a document a little more advanced than mere notification—and that the disease is not confirmed, and that it is expedient, with a view to his recovery, that he be placed under the care of a person whose name and address are stated on the certificate for the period therein stated (not exceeding six months), then during that period the provisions of section 315 of the principal Acts shall not apply. The effect of that is that the specific penalties incurred under the statute for unlawful reception are removed, as regards such cases, and the common-law rights mentioned by Sir William Gowers, to receive them, are restored. But that only covers part of the ground, that referring to incipient and curable cases only. I may say that that provision was inserted in this Bill, and accepted by the Lord Chancellor on the representation of a joint committee of this Association and the Parliamentary Committee of the British Medical Association. And we are encouraged so far by the elasticity of the legal mind to hope that we may some time go further. In fact, quite recently—that is, within the last two years—we have addressed the Lord Chancellor on the point, and this is the text of our last communication to him:—“It is also suggested that section 315 of the principal Act shall be amended so that penalties should only apply to a person who regularly receives *and* detains a patient. It occurs sometimes that a person, being of unsound mind, is not sufficiently deranged to justify giving a medical certificate which requires on the part of the certifier a definite opinion that detention under care and treatment is necessary. Such a person may have neither a home nor immediate relatives to receive him, and anyone receiving him to board and lodge would be exposed to prosecution (unless no charge were made), however willing the patient might be to reside.” That is our recommendation. Whether we shall get it accepted or not is a matter of uncertainty; but it goes as far and possibly further than what Sir William Gowers desires. The Act imposes penalties on every person who receives or detains. We propose that the “or” shall be made into “and;” and the only question which would forbid reception would be necessity for detention. I think common sense, and certainly our experience, would say this: that if a person is so ill as to be detained against his will, then the law should step in with a considerable amount of formality. Of course it would be idle to suppose that the law would allow anybody to receive a person, even if he did not require detention, unless there was some provision for giving information to the authorities and for visitation, both of which are recommended by Sir William Gowers. He goes for notification alone; but I do not think it would be possible to stop there. To begin with, mere notification that So-and-So has come to live with the person would be of no avail to the Commissioners. They would probably say, “What has this to do with us?” It would be necessary that the notification should contain some facts, and then the notification would contain at least the germ of a certificate. There is another very strong reason why one would say we must have a definite certification. It would be all very well if the matter were in the hands of gentlemen in the eminent position of Sir William Gowers and others, but it would not be right to place such a power in the hands of everybody, so that they could take patients and board them without some little supervision. (Hear, hear.) And it would further be right to have a certificate, because we must remember that persons needing such treatment are frequently unstable; they may change their opinions as to wishing to reside, and may turn round at any moment on their former hosts, and allege all sorts of things against them. The person who receives on the request of the medical man ought for his protection to have the certificate to the effect not only that that patient was suffering to some extent under mental disease, but that the person should not be detained. That is most important, and I think notification, or whatever you call it, should express an opinion against the necessity for detention. It has been said by Sir William Gowers, and I think by others also—and to some extent rightly—that this might increase the work of the Commissioners indefinitely. I am now speaking entirely on my own responsibility, and I do not think that that follows. The Act of 1890 produced, or started, a large machinery in regard to private cases in the shape of justices specially appointed for the purposes of the Act, who might be made use of for this purpose also. The most important part of the lunacy law is now administered on an order of a Justice of the Peace, who has to take a very serious responsibility. But in the question of the visitation of these borderland

cases, if the real test was simply one of detention, no such responsibility would rest upon him; he would have to judge of one simple matter, on lines perfectly familiar to him when sitting on the bench. He would merely have to satisfy himself that the person was not detained against his will; and I should take it that visitation by a Justice who, as a rule, is not very easily convinced, would be an ample safeguard under such circumstances, because, if he felt the least doubt, he would report to the Commissioners. I do not altogether like to hear the law called harsh or unjust, and in regard to this lunacy law I do not think it is quite proper. We must remember that the lunacy law, as it at present exists, was designed originally to overcome a very serious evil. One hundred years ago there was no lunacy law to speak of; one hundred years ago there was a terrible state of affairs, arising not merely from the brutality and greed of individuals, but from entire absence of healthy public opinion in regard to lunacy. I think I may say that at that time the highest in the land, when they became insane, were treated in a way that would certainly entail prosecution now-a-days, and that was then considered the right way to treat insanity. Then public opinion became aroused, and the law has been altered in obedience to public opinion up to the Act of 1890. And perhaps you will allow me to offer a little correction of what Sir William Gowers said. The Act of 1890 was a mere Consolidating Act, and required very little attention at the hands of Parliament. But the Act which was passed the year before, and which was at once repealed by the Consolidating Act, was passed after much debate for five or six years. This I am certain of from personal watching during these years. It was debated up hill and down hill. This Act having now been in operation several years, I think we can go to the law and say, "You have done your work well; so well that you have abolished malpraxis." And we can almost go as far as saying, "You have not only done that, but you have satisfied public opinion that there is not much wrong." Cases arise now and again, chiefly outside asylums, which arouse public attention, but these, if proved, depend more on personal infraction of the law rather than on failure of the law; and we may say that, outside the jealousy with which everybody must look to the treatment of insanity—a very right jealousy which must always exist—the public are to a great extent satisfied as to the sufficiency of the law. I think further that we can say to the law, "You have succeeded; and now that you have succeeded so well, you can well afford to relax your strictness." In this particular matter I think strictness might well be relaxed, and I should hope that with our own action, backed up, as it is, by the help of such important members of the medical world, we may succeed in persuading the Lord Chancellor to adopt our views on the point.

Dr. YELLOWLEES.—Mr. President and Gentlemen, I had no idea until I listened to Sir William Gowers' paper that matters were so bad in England in this respect as they are; and I share the surprise expressed by Sir William Broadbent that this state of matters should have existed so long after the very different system which obtains in that remote and unknown country called Scotland. I am free to say that for the last fifteen or twenty years this whole matter has been solved there in the most satisfactory way, and with great benefit alike to the patients and to the profession. I think no one in Scotland believes that a person of unsound mind necessarily requires treatment in an asylum; there are two classes of insane persons, those who require asylum care and treatment, and those who do not. These are entirely different categories of patients, and our Legislature in Scotland has dealt with them quite differently. Of the first class, those who require asylum treatment, I need not speak, as they have not been the subject of to-day's paper. But as to the other class, the Legislature has distinctly recognised that they also need care, and has recognised it in two ways. The first method is that of the six months' certificate, which Sir William Gowers has wisely declared to be of the greatest benefit. That it is so I can personally and emphatically testify. The certificate that is given is not only a certificate of illness, but it testifies that the patient does not require asylum care and treatment. The mental illness is treated as any bodily illness might be, by placing the patient, under his ordinary physician, in the circumstances most favourable for recovery, and during six months that course can be followed without let or hindrance from anyone. The certificate is given simply for the protection of the person who receives the patient, so that it might be produced in the event of anyone objecting to the patient residing there.

But—and this has not been spoken of, though it is most important in view of what the paper has touched upon—there is a further and most important provision for another class of cases altogether. The six months' certificate refers only to incipient cases. But there is a large class of confirmed cases, who, while still mentally unsound, do not require care and treatment in an asylum, and for that class also we have ample and wise provision. We have many houses in Scotland recognised and licensed by the Commissioners in Lunacy as suitable places in which such patients can be boarded; the certificate given for such cases testifies that the patient, although of unsound mind, is not dangerous to himself or others, and does not require treatment in an asylum. On receiving such a certificate the Lunacy Commissioners grant their sanction to the residence of the patient in the particular house selected, and the patient may remain there for years and years, subject only to a visit every three months from his own medical attendant or from the local practitioner, who must report in a book kept in the house for this purpose as to the condition and care of the patient and the suitability of his surroundings; and subject also to visitation and inspection at any time by the Commissioners or by their deputies, to whom the visitation book must be submitted. This arrangement secures, I believe, perfectly sufficient and satisfactory care for such cases. And there has never been, during all my experience, any difficulty in Scotland either as regards the care of the incipient cases during the six months, or the care of those harmless chronic cases boarded out in these private houses. It seems to me that this, as I have described it, meets completely all the necessities of the case, and the sooner you have it in England the better. I may add that it was at the instigation and with the cordial approval of our Scottish Commissioners that these provisions were made, and I do not understand why the English Commissioners do not themselves take an active part in introducing them here.

Sir JOHN BATTY TUKE.—Mr. President and Gentlemen, My friend Dr. Yellowlees has so completely taken the wind out of my sails by the admirable statement of our Scottish law which he has made that I feel I have very little to say. He stated the case exactly. The patient under the six months' certificate is never certified to be insane; his name is never recorded in the books of the General Board, and he is entirely under the care, as he ought to be, of his own family medical attendant. The whole responsibility in the matter is thrown upon him. The certificate only protects the householder who received the patient. Now, this has worked with us admirably, and I think I am not very far from the mark when I say that about one half of all patients coming from the monied classes—well-to-do classes—are treated in that way. The consequence is, I believe, that we have only a very small increase, if any, in the number of private cases in asylums, from the simple fact that a large proportion of incipient and mild cases are cured by treatment at home and under the six months' certificate, and, of course, never bear after recovery anything like what is generally considered the stigma of lunacy. But, sir, it must be recollected that we live under very different conditions in Scotland to those under which you live here in England. Scotland is a small country, and everybody knows everybody else, and we have—and I hope in saying so I shall not be hurting the feelings of any person here—an efficient Board of Lunacy. The public requires the assurance of an efficient Board of Lunacy to carry out such a scheme as the one we are considering. For about 10,000 patients we have four Commissioners in Lunacy,—that is to say, two Commissioners and two deputy Commissioners. In England you have three medical Commissioners for something over 100,000 patients. How can there be any elasticity in a system in which the men who work out the law are obliged to work without anything like elasticity? It is impossible. I think I express the feeling of the public in Scotland when I say that there exists north of the Tweed a sense of perfect security and safety, and as high a feeling amongst the public for lunatic hospitals as there is for medical hospitals and infirmaries. (Hear, hear.) To bring about the same state of matters in England you require that country to be broken up into six or eight districts, with resident Commissioners in each. Such officers working in a limited area could, like the Scottish Commissioners, be in close touch with all the neighbouring hospitals for the insane, and, in fact, know each patient by headmark. Sir William Church said he did not exactly understand why there should be a difference of law in England and in Scotland. The main reason is that the English law arose out of a series of what may be spoken of as regrettable incidents which

occurred a hundred years ago. Our Scottish law had a different origin. It arose not from asylum scandals, but from the bad provision for a certain number of pauper patients in pauper private asylums. We had been blessed for one hundred years with those noble institutions the Royal Asylums of Scotland, which provided for a large number of the insane. But it was discovered that a certain number of pauper lunatics were very badly provided for, and a law was made with regard to them, and district asylums were established. Thus the origin of the lunacy laws in the two countries was entirely different. One was merely to improve the condition of the insane, the other was conceived in a spirit of suspicion; and I think if we look upon the law under which you now work we shall find that that suspicion is not dissipated. I fear that you in England will have some considerable difficulty in getting a provision such as we have in Scotland until that suspicion is removed, especially from the legal mind, and until you have convinced the law officers of the Crown that they have to depend much more on the good faith and the honour of those honourable and upright practitioners of medicine who administer the law in asylums than on any provision that can be enacted by the law itself. I think, sir, it would be opportune at the present moment to make a very strong representation from this Association on the matter, backed up by the leaders of the profession throughout England. And I can only say, if in my own small way I can be of any service to you in promoting that object, I shall be only too happy to do so. (Loud applause.)

Dr. DAVID FERRIER.—Sir, I am very unwilling to take up the time of the meeting unnecessarily, as I think we are all pretty much agreed on the main points. But I should like to say, as a physician and neurologist, that I am in thorough agreement with all that Sir William Gowers has said on this subject. I am convinced that the law as it at present stands is exceedingly harsh and cruel; and, at the risk of incurring the censure of my president and of my official self, as censor, I confess I feel justified, in the best interests of my patients, in frequently transgressing the law, or aiding and abetting in the transgression of it. In the class of cases which Sir William Gowers has alluded to it is exceedingly cruel to stigmatise the patient by certifying him as insane, for though it ought not to be so, it is unquestionably commonly regarded as a stigma, and we ought to prevent that to the best of our ability. If we could get the English law assimilated to that of Scotland, or even if the law could be modified by the insertion of the clause Dr. Hayes Newington has alluded to, I think the main defects would be removed. Therefore I hope this Society and all who are interested in this matter will urge the Government to pass the new Act as soon as possible.

Dr. BLANDFORD.—I have very little to add to what has been said already. I agree with all Sir William Gowers has said on the subject. I only wish to remind you and all the gentlemen who are here that this subject has been before our Association for a considerable number of years. I have attended a great many meetings on the subject, meetings of our own Parliamentary Committee and the Parliamentary Committee of the British Medical Association. We have at those meetings thrashed this subject out at very considerable length, and we went to the Lord Chancellor and recommended to him that provision which they have in Scotland, and we carried him and his opinion with us to the extent that the clause which we drafted, based upon the Scottish law, he introduced into his Bill without any alteration whatsoever. (Hear, hear.) That Bill was brought in, I think, for the first time in the year 1899, and passed the House of Lords. It was brought in again in the next year, and, I think, passed the House of Lords, but it went to the Commons, and there it stopped. And that is our difficulty, gentlemen. You know it is all very well to come here and talk about alterations in the law, but you have to get those alterations made. The Lords have plenty of time, and they go into the matter and send a Bill to the House of Commons; but the Commons have got an Education Bill, or something of that kind on hand, and the Bill goes down to the end of the Session, and then gets swamped. I have no doubt that when we have this next Bill we shall have a somewhat similar clause inserted, and what we really have to do is to get that Bill made an Act. We cannot pass Acts of Parliament ourselves, however desirable we may think them. To get an Act of that kind passed through the House of Commons is an extremely difficult matter. I daresay some of you may remember how that Bill which was passed in 1889, and was eventually consolidated in 1890, took years to go through the

House of Commons. It was referred to the Committee of Law, and I there heard it discussed at very great length, and it did eventually become law; but, as I say, it took years to accomplish it. All I can say in conclusion is that I beg of you to do your utmost among the members of Parliament with whom you may be acquainted to get such a clause as this passed in an Act of Parliament during the next session.

Dr. RAYNER.—Sir, I wish to thank Sir William Gowers for having brought forward this subject so admirably. It is a matter in which I have been interested for some years, having read a paper on the same lines at Carlisle in 1896, when a resolution was passed which led to the formation of a joint committee of the British Medical and Medico-Psychological Associations, with the result that a clause founded on the Scottish clause, but adding notification to the Commissioners, was submitted to the Lord Chancellor, who adopted it in his Bill. The clause which the Lord Chancellor has adopted very fairly meets the case; but we have also to consider another side of the question, and that is, to try and get properly qualified and experienced people to take charge of the patient. Considerable dangers and difficulties may arise from unskilful treatment if large numbers of the incipient insane are treated under this proposed clause. At present, however, we might try to get this greater freedom of treatment. When we have obtained it we can consider what regulations are required for getting the right kind of people to take charge of these cases in suitable houses. At the present time one comes across cases which have been placed under quite the wrong kind of person, and with quite unsuitable house accommodation.

Dr. MERCIER.—Sir, Sir William Broadbent and Dr. Yellowlees have expressed surprise that the law of England could be so different, with respect to the detention of persons of unsound mind, from the law of Scotland. This law cannot be properly understood unless we have some regard to its history. The intense prejudice against asylums, the stigma of insanity, as it is called, was due entirely to that obstructive Scotchman Lord Eldon, that luminary of the law who for many years obstructed every reform. The law, previous to the Act of 1889, was exceedingly satisfactory; it worked from the year 1845 to 1884 with perfect satisfaction to all concerned. (Dr. Blandford: Hear, hear.) But in 1884 there occurred a *cause célèbre* to which I will direct your attention. A certain lady—a very attractive lady, a very clever lady, and a somewhat eccentric lady (Mrs. Weldon)—was considered by her friends to be a proper person to be detained under care and treatment; and they applied to Dr. Winslow to aid them in this respect. He made the attempt, and the attempt failed. It failed disastrously and ignominiously, and Mrs. Weldon remained mistress of the situation. She brought actions in the Court of King's Bench against Dr. Winslow, against Dr. Semple, against Sir Henry de Bathe, and she was awarded £500 damages against Dr. Winslow, £1000 against Dr. Semple, and, I think, another £1000 against Sir Henry de Bathe. Well, the public clamoured for an alteration in the law. They said that the law was not strong enough; that anybody might be seized and taken to an asylum under the law as it existed. They seemed to imagine that asylums sent out pressgangs in order to knock people down in the streets and carry them off to asylums. A more illogical outcry it would be impossible to conceive. Mrs. Weldon was not detained for a single hour. The attempt to place her under detention absolutely failed, and for that attempt the persons who made the attempt were practically ruined. It was as if John Bull had possessed a safe, in which he locked up that inestimable jewel or fetish of his, "the liberty of the subject," and it was as if burglars had made an attempt to open the safe, with the consequence that the jewel or fetish remained perfectly secure, but that the burglars had £2500 taken out of their pockets and transferred to the pockets of the custodian of the safe. Most people would have considered that an instrument like that was worth preserving, that such an apparatus was good enough. Not so John Bull; he was in a panic, and when he is in a panic it is no use appealing to such reason as he possesses. And the clamour for an alteration in the law was so loud and persistent that the Government of the day had to yield. Well, the consequence of that was that we had the law as it at present exists. It was as if John Bull said, "This safe of mine is not good enough; I must have a new safe, with a gun attachment to it, so that if a burglar makes an attempt upon it it will shoot him." And he went to the Legislature, and he got his new safe made with its gun attachment. And John Bull has gone to sleep, and the

gun is going off and maiming and mutilating innocent passers-by. But John Bull does not care about that. The picture would not be complete unless we remember that this safe has no back to it, and that anybody can go round to the back and take out that fetish and pound it up; and John Bull will look on approvingly and shout, "Well done!" Anybody who remembers the case of Mrs. Cartwright, which was tried a few months ago before the House of Lords, will understand what I mean. In regard to the existence of the evil, I should be in agreement with Sir William Gowers and others who have spoken; but in regard to the mode of remedying it I should not be in agreement with him. I am no advocate for resorting to the Legislature for remedying grievances. In my own opinion—in which I fear that, as usual, I am in a minority of one—the proper function of the Legislature is to supervise and control the expenditure of the country, and when it exceeds its proper function and embarks upon legislation it usually does mischief. Every mechanic knows that if a defect exists in a machine, and you attempt to remove that defect by some alteration *ad hoc*, you usually, if you remedy that defect, introduce half a dozen others which you did not expect. It is so with the Legislature. If it attempts to remedy grievances by legislation *ad hoc* it generally, as in this case, introduces other evils which it neither foresaw nor expected. I think in this case, as in other cases, we should not appeal to the Legislature to help us until we have done what we can to help ourselves. I do not see that it is necessary to have an Act of Parliament to insert that word "not," which Sir William Gowers speaks of, in the certificates. I submit it is open to us all, when we give a certificate, to say that the patient is of unsound mind and is *not* a proper person to be detained under care and treatment. It is true that Sir William Gowers regards "the second part of that clause as essentially connected with the first," and it is true, moreover, that Dr. Savage has told us that the legal authorities who advise the Commissioners have the same opinion. I do not give my own opinion upon a legal point; that would be worthless, but, in venturing to question the validity of these dicta, I am not without authority for what I say. In one of the numerous trials of Weldon against Winslow, Mr. Justice Manisty, sitting with Mr. Justice Watkin Williams, in a Divisional Court, made remarks as follows:—He read the statutory documents which were produced, and in the statement of particulars he read, "Whether dangerous;—doubtful." That," he said, "is the whole question. Everything depended upon that. For," he said, "it is not every harmless eccentricity or delusion which renders it necessary to place a person in confinement; it is not even every delusion which incapacitates from making a will or contract. The statute required a certificate not only that the party was unsound in his mind, but in a state which required detention;" and therefore the Court set aside the non-suit, and ordered a new trial. And upon that the judgment in the Court below was upset. It was taken to the Court of Appeal, and that judgment was confirmed by the Court of Appeal, by three very strong judges, the then Master of the Rolls and Lords Justices Bowen and Fry. And therefore I say there is considerable authority for my view that those two clauses in that sentence are to be regarded as separate; and that it is open to us to give a certificate that a person is of unsound mind but is *not* a fit person to be detained under care and treatment. And, armed with such a certificate as that, I maintain that the person who for payment receives the patient need not fear prosecution, for already magistrates and juries are by no means eager to convict. On the contrary, even where the law has been flagrantly violated, it is not at all easy to obtain a conviction. And, armed with such a document as that, I say no conviction could be secured, and no prosecution would be undertaken. We should then be able to address the Legislature as Dr. Johnson addressed Lord Chesterfield; we could say, "I hope it is no very cynical asperity to confess to no obligation where no benefit has been received, nor to be unwilling that the public should ascribe that to a patron which Providence has enabled me to do for myself." With regard to the peculiar phrase which our Scottish friends are unable to understand, the phrase in the Act—"lunatic or alleged lunatic"—perhaps I may relate a little incident which occurred last night to show what a very peculiar condition this law is in. It happened yesterday evening that I was in the Hôtel Métropole with my good friends Dr. Urquhart and Dr. Carlyle Johnstone. And it happened, in some extraordinary and unaccountable and unprecedented manner, that a difference of opinion arose

between Dr. Carlyle Johnstone and myself. Well, Dr. Urquhart intervened in the discussion. Evidently Dr. Urquhart saw that I was right; but we know Dr. Urquhart's tender heart, and his patriotism and loyalty, and that he is not the man to see a fellow-countryman getting the worst of it without intervening on his behalf. And Dr. Urquhart used a phrase which I have no doubt he has since regretted, and the effect of which I have no doubt he did not appreciate at the time. But the spoken word cannot be recalled. He spoke to me in these terms—"Why, Mercier, you are getting demented." Now, if the terms of the Act are to be severely construed in their literal sense, Dr. Urquhart has rendered the directors of the Gordon Hotels Company, Limited, and I do not know whether he has not rendered the whole of the shareholders also, liable to prosecution, for they were for payment receiving, to board and lodge, an "alleged lunatic."

Dr. ERNEST WHITE.—Mr. President and Gentlemen, You have already heard so much on the subject before us this afternoon that I will not detain you long. But you know I am connected with an institution which receives now over one hundred private patients annually, and of these no small number come from single care. Dr. Rayner touched the chord which appealed to me, and that is, that those having charge of these people must be suitable and skilled, and trained in the care and treatment of the insane; otherwise the patients under single care go there merely to be housed, and to drift into chronic insanity. We know all our patients in rate-paid and private institutions are thoroughly well fed and clothed, but it is the influence of skilled people which is to counteract moral obliquity amongst the insane, even in the earliest stage of their disease. I refer to those bad habits which are, unfortunately, very marked amongst the more civilised and highly-educated classes of the community, far more than I ever found them in the old days amongst agricultural labourers and the industrial classes. You must bear carefully in mind that the nurses having charge of these people should be thoroughly trained in mental work, and should be the proper people to take charge of patients, not merely with regard to their care, but having in view their recovery also. The medical men who are in attendance on these patients must be thoroughly trained in the treatment of mental disease. Otherwise your patient is merely put under care, and the very object you have in view—recovery—is lost. The chief advantages of single care, I presume, are to preserve secrecy and to give greater domesticity to your patient. I know of no other advantages. There are many disadvantages, for there is the monotony of the life, the being under the charge of a lady who knows nothing of the care of the insane. There is the want of the complete school discipline, as I would call that discipline which brings your patient into line with natural life, where the day is apportioned out—so much for pleasure and recreation, so much for work or occupation, and so much for meals—so that the patient is taken out of himself or herself. And all that is most important in single care, as in institution life. It is the very essence of our success in many cases. There must be the school discipline to correct the moral obliquity and bad habits which are so common. Self-abuse amongst the educated classes of the insane community is very common, far more so than amongst the lower classes. I have been very much struck during the last ten years with the enormous difference in the proportion of immoral habits among private insane patients compared with the pauper or rate-paid patients, with whose habits I have for many years past been so thoroughly conversant.

Dr. URQUHART.—May I say a word upon this question? I would merely declare that, as far as this Association is concerned, our withers are unwrung. We have listened to Sir William Gowers with due attention, but he must remember that we have for long called upon the general physicians of the country to come and aid us in this matter. (Hear, hear.) As you have been reminded, in this Association and in the British Medical Association we have been no laggards in trying to induce the Legislature to give facilities for the adequate treatment of incipient insanity in private care. And I would emphasise what Dr. White has said, that if we indicate private care we mean medical treatment, active treatment by a medical man in a medical spirit. It is absolutely useless to us to have our patients stowed away in back parlours and left there to rot mentally. (Applause.) For myself, I represent an institution which, fortunately, has at command every kind of house suitable for the medical care of the insane, and therefore I am in a position to place patients either in separate care or in institutional care, according

to the state of mind in which they are. I am not restricted by licence. If I find that a patient is better placed in a separate house, if I am assured that the morbid introspection which private care so often engenders will not be encouraged, I may so place him with one or two skilled nurses. But, remember, that is an expensive affair. It is only comparatively few persons, in Scotland at any rate, who can afford eight or ten guineas a week to be so treated adequately, and command that attention and nursing and medical skill that is essential for one who is on the verge of declared insanity. I lately treated a patient in one of our detached houses. She declared, "I shall never be well until you take me into the asylum." She went from bad to worse until she had to be brought into the asylum, where she rapidly recovered. This was done at the expense of the "stigma" of the lunatic asylum. We hear a great deal too much about stigmata, and one becomes rather impatient of the iteration. Another case: We received from a doctor's house in the West End of London a young gentleman, who had been condemned to a back parlour existence for months, with the result that he, too, very soon recovered. Being brought face to face with the facts of life, and being told that he was insane, and that he must be properly treated, in his own interests, we have had the satisfaction of knowing that he in due time passed well into Sandhurst, and that he has been serving his country ever since. These are facts, illustrating the other side of the case, which might easily be multiplied by every one here, and which we cannot forget. We should deal with these cases in hospitals for the insane, discriminating between the patients suitable for asylum or for private treatment in the first instance, but always from the point of view of the physician, doing what is best for the person in the particular circumstances in which he is found. That is our test, and if we have, in the past, given our authority and our influence to enlarge the sphere of private care in England, it is with the proviso that private care shall only be employed when it is the right and adequate course for the patient. It is the individual patient we have to do with; every other question is subsidiary to that.

Dr. ROBERT JONES.—I rise to say a few words of thanks, and to express, as an official of this Society, how much indebted I am personally to Sir William Gowers for his paper. Anything Sir William Gowers says exacts attention. He is the possessor of a style which we all admire, and he has attacked this question with great point and frankness. He has refused to bend the knee to a law which is unjust, and I feel sure that the Lunacy Commissioners will help us if necessary to have this pressing question fully considered.

The PRESIDENT.—Before asking for a reply, I should like to congratulate the Association upon the exceedingly important discussion which has taken place, and it would be a great pity if it were allowed to remain without action being taken. (Hear, hear.) We are not in a position to pass any definite resolution; there is nothing to that effect on the agenda, and therefore we cannot pass a resolution making a definite recommendation. But I propose that the matter be referred to the Parliamentary Committee, for them to consider it and take any action which may be thought fit. (Applause.) If that meets with your approval we will take that course.—Agreed.

Sir WILLIAM GOWERS.—I have only to express my keen sense of the manner in which my effort has been received. There is little in what has been said which calls even for a semblance of a reply. I think I might make a trifling correction of Dr. Hayes Newington by saying that he may search the pages of *Hansard*, not only in 1890, but in 1889 also, without finding anything like a semblance of real discussion; for I have been through every volume of *Hansard* for 1889. There was a little discussion in 1888, but not in 1889. With regard to the remarks of Dr. Mercier, it is rather curious that I struck out of my address the remark that I should very much like to know what would be the effect of sending a certificate with the word "not" inserted, to the Commissioners, but that I apprehended the result might be a visit of a superintendent of police. I am sorry if I have not done justice in this address to previous efforts of the Society. I knew a good deal about them, but I thought that more effect might be produced by a somewhat fresh impetus, and if I am successful in exciting the efforts of others, and I hope I may be, I shall feel amply rewarded.

The remainder of the agenda was, by consent, postponed.

The members afterwards dined together at the Café Royal, Regent Street, W.

COUNCIL MEETING.

The Council met on the same day, and the following members were present:—Dr. Wigglesworth (President), Drs. Yellowlees, A. R. Urquhart, H. Hayes Newington, A. Miller, P. W. MacDonald, R. L. Rutherford, Maurice Craig, A. N. Boycott, G. Braine-Hartnell, J. B. Spence, H. A. Kidd, R. C. Stewart, C. H. Bond, L. A. Weatherly, H. Rayner, and Robert Jones.

NORTHERN AND MIDLAND DIVISION.

The Autumn Meeting was held at the Cleveland Asylum, Middlesbrough, on October 8th.

Members present:—Drs. H. G. D. Brockman, J. T. Callcott, J. Tregelles Hingston, C. K. Hitchcock, H. W. Kershaw, S. W. McDowall, Alfred Miller, James Middlemass, Bedford Pierce, G. Stevens Pope, J. B. Tighe, E. A. Trevelyan, H. J. Mackenzie. Visitors:—Drs. J. Hedley, J.P., Francis Townsend, and Samuel Walker, J.P.

Dr. G. Stevens Pope having been voted to the chair, the minutes of the previous meeting were read and adopted. The amended rules were considered, especially those more immediately concerning the divisions of the Association; the following alterations were unanimously adopted, and the Hon. Secretary was requested to forward a copy of these to the General Secretary to lay before the Revision Committee; he was also requested to forward a copy to the various divisional secretaries.

Rule 28.—In place of second paragraph, "Each division shall nominate annually to the Council, after taking a vote of the division, a member to act as secretary to the division, also one member as their representative on the Council. Such nomination to be received by the Council and presented to the Annual Meeting."

Rule 34.—To strike out "and two Auditors."

Rule 35.—To add after the word "Committee," "and the Divisional Secretaries."

Rule 46.—To replace "by the Auditors," by "by two Auditors elected by the Council from their number."

Rule 51.—To add as fresh paragraphs between present paragraphs "c" and "d," "the names of the Secretary and of the Member of the Division nominated for the Council."

An invitation from Dr. Menzies to hold the next meeting at Cheddleton was unanimously accepted.

Dr. BEDFORD PIERCE read a paper entitled "The Arrangements for Nursing in Institutions for the Insane, and the Training of the Staff" (see page 37).

Dr. POPE showed plans of the asylum new buildings.

The members were entertained at luncheon and dinner by Dr. Pope. A hearty vote of thanks was accorded him for his hospitality and for his conduct in the chair.

SOUTH-WESTERN DIVISION.

The Autumn Meeting was held at the Devon County Asylum, on October 28th, under the chairmanship of Dr. Davis. There were also present Drs. Rutherford, Miller, Benham, Aveline, MacBryan, Bullen, Stevens, Stewart, Turner, Eager, Baskin, Rorie, Laval, and the Hon. Sec., Dr. P. W. Macdonald.

The three following candidates were elected ordinary members:—Frederick Day Welch, M.R.C.S., L.R.C.P.Lond., A.M.O. Burghill Asylum, Hereford; A. Alwyne Hingston, B.A.Cambs., M.B., C.M.Aberd., A.M.O. Cotford Asylum, Taunton; and Evariste Laval, M.B., C.M.Edin., A.M.O. Brislington House, Bristol.

On the proposition of Dr. TURNER, seconded by Dr. STEWART, Dr. Benham's invitation to hold the Spring Meeting at the City Asylum, Bristol, was accepted unanimously.