

Dr. HAYNES expected some opposition to his proposal to detain voluntary patients under certain conditions, and as the feeling of the association seemed to be adverse to it, he was willing to withdraw it. He had brought it forward more for the purpose of provoking discussion than with any probability of its being accepted; he had wished to ascertain what others thought with regard to his suggestion, and thanked the speakers for their remarks; but he could not help feeling sorry that the plan was thought inadvisable, because, supposing his other suggestions were adopted in any legislation on the subject of his paper, the new system would resemble that now existing in Scotland, where the great difficulty experienced in the working of the act was that under no circumstances could a voluntary patient be detained against his will in an asylum longer than three days, no matter how homicidal, suicidal, or otherwise dangerous he might be. It had been pointed out that if a boarder were in such a state as to render detention advisable, certificates of lunacy could be obtained, and that he would then become an ordinary patient; this might be—and the Scotch act provides for such cases—but in some of them it would be difficult or impossible to obtain the certificates. He (Dr. Haynes) had hoped that the restrictions against abuse he had suggested would have been deemed sufficient safeguards to satisfy all that there was proper reason and justice why boarders might, under exceptional circumstances, be detained, even though it were against their will. He thought it would be better, whenever a boarder may be certified and so become an ordinary patient, that he should be transferred to another asylum—that he should not be admitted at all as a patient into any asylum into which he had placed himself as a boarder. As his proposal for compulsory detention of boarders was not approved of, he had no objection to withdraw it, and would be well satisfied with the adoption of the other suggestions, believing that good would result from it, and that it would be a stepping-stone to some subsequent and more satisfactory scheme, whereby the lives and properties of voluntary patients might be better protected than at present.

II.—Report of a Quarterly Meeting of the Medico-Psychological Association, held in Edinburgh, at the Royal College of Physicians, by permission of the President and Council, on the 25th November, 1869.

A meeting of the members of the Medico-Psychological Association resident in Scotland and the north of England, was held on Thursday, November 25th, in the hall of the Royal College of Physicians, Queen Street, Edinburgh. The chair was occupied by Professor Laycock, and there were also present—Professor Balfour, Edinburgh; Drs. Skae, Royal Edinburgh Asylum; F. Skae, Stirling District Asylum; Lowe, Balgreen; Howden, Royal Asylum, Montrose; Howden, Haddington District Asylum; Addison, Imbecile Asylum, Larbert; Grierson, Roxburgh District Asylum; Clouston, Cumberland County Asylum; Wood, Newcastle; Fairless, Bothwell; Tuke, Fife District Asylum; Sanderson, Musselburgh; Jamieson, Royal Asylum, Aberdeen; Sibbald, Argyll District Asylum; Bruce Thomson, General Prison, Perth; Smith, V.P.R.C.P., Edinburgh; Smith, Durham, &c.

The CHAIRMAN, in addressing the meeting, said they had all received, as members of the Medico-Psychological Association, a circular signed by Dr. Tuke, their Secretary for Scotland, inviting them to meet there to-day. Dr. Tuke had done him the honour, as President of the Association for the year, to ask his opinion as to the propriety and legality of that step. On looking into the rules of the Association, it seemed to him that the summons to meet there was quite in accordance with the fundamental rule which was to the effect that the Association was established for the promotion of social intercourse among its members, and for the advancement of knowledge in insanity, and its treatment. He congratulated their diligent Secretary that so many had met together. The rules provided in no degree for any other meetings than the annual meeting, but a year ago last August a proposition was adopted at a meeting in London that there should be quarterly meetings of the Association held in London for the purpose of scientific discussion and social intercourse. But he thought they should have a more than usual enthusiasm if they were to travel several hundreds of miles merely to hear a paper read in London. The luxury of such social intercourse with their friends in the south would

be too costly, and it was a very natural conclusion that they should have something of the kind in the north, and in a locality more accessible to the northern members. The only point on which he thought there need be any difficulty in the matter was the question of expense of calling the meeting. There was nothing in the rules warranting the General Treasurer to pay over to Dr. Tuke the expenses of calling this meeting, and it would be for those present to determine whether they should apply to the annual general meeting for funds to re-imburse Dr. Tuke, or subscribe half-a-crown each, which would probably be about the amount required (applause). He would now ask Dr. Tuke to bring forward the business before the meeting.

Dr. TUKE said it would be necessary to come to a decision how often, and where the proposed meetings should take place. He thought quarterly meetings would be too frequent, and he would suggest that half-yearly meetings might be held alternately in Edinburgh and Glasgow. He, therefore, proposed that the next meeting should be held in Glasgow, in the last week of April next.

Dr. FAIRLESS asked if it would not be better first to settle the question whether they should meet at all or not. The proposal now made merely bound them to one meeting and no more. Probably the most regular form of procedure would be to pass a resolution that they would meet irrespective of the general meetings of the Association. This he took to be a purely preliminary meeting.

Dr. SKAE said that at the last meeting in York it was decided they should have meetings of the northern branch, and this was a meeting held in accordance with that resolution. He seconded the proposal of Dr. Tuke that the meetings of the members in the north should be held twice a year, in the last week of April and the last week of November. The reason for fixing these dates was that they divided the year well; and the last week of April being just before the meeting for the University summer session, those members connected with the universities and medical schools would be able to attend.

Dr. CLOUSTON thought the branch that was formed should include the north of England members. He had done all he could to get as many members from the north of England to attend this meeting as possible; and it would be very desirable, he thought, to make the branch one for the northern part of the empire, and not confined to Scotland. In that case it was a question whether they should not meet at Newcastle, or Dumfries, alternately with Edinburgh and Glasgow, so as to identify it more with the north of England. If they met in Scotland only, it seemed to him it would, in a short time, become a purely Scotch thing, whereas they were all agreed that it would be well to include the north of England, and thus make the meetings less of a provincial character than they would be if they were confined to Scotland.

The CHAIRMAN thought the observations which had been made were very appropriate—that they should not only determine where they were to meet, but who should meet.

Dr. SIBBALD thought that the meetings should consist of all members of the Association who came to them, either from the north or south; and if they were to adopt any resolution which merely mentioned those in Scotland and the north of England, it might be supposed by their southern brethren that they were excluded.

The CHAIRMAN said that their Secretary had shown him a letter from the General Secretary, in which it was stated that if fifteen members resident in Scotland, or England, were to present a requisition to the President, he could, according to a certain law, call a special meeting. If fifteen members presented a requisition to him, asking him to call a meeting at Edinburgh on a certain day, he should feel himself bound to submit to the rule and do so; but the practical difficulty was that in summoning the whole Association to meet at Edinburgh, they incurred considerable expense, and still more trouble, and how many would come? Dr. Harrington Tuke said, in the letter to which he had referred, that he would be most happy to come; but he (the Chairman) did not think more than one in twenty of the members of the Association attended the meetings in London, and, on a rough estimate, they would find that each member who attended the meetings, cost at least half-a-crown in postage stamps alone. To call special meetings of the whole Association would, he thought, be such a waste of power on the part of the Secretary, and such a waste of funds, that it would be hardly judicious. He thought it would be quite sufficient to have an intimation in the *Journal* that the meetings would be held and that all members of the Association were earnestly invited to attend them (applause).

Dr. BRUCE THOMSON said he had come to the meeting with the idea that they were to form a branch of the Medico-Psychological Association, and it seemed to

him the proposal he was about to make would meet the views of those present;—"That those present resolve themselves into a branch association, always under the Medico-Psychological Association, with the view of having special meetings of those members who are in Scotland, and in the north of England, and others who may choose to attend."

Dr. SANDERSON seconded the motion. He was under the impression that a branch had already been formed at meetings in England to consist of members resident in Scotland and in the north of England.

Dr. SIBBALD suggested that the resolution should read so,—“That all other members of the Association be invited.”

Dr. BRUCE THOMSON—It has been doubted whether that would be legitimate, and consistent with all due respect to the Association.

Dr. CLOUSTON said he would take the liberty of moving an amendment. He thought that as a branch of the Association they should depute one of their number to make a motion at the next meeting of the Medico-Psychological Society to alter its present rule, that its quarterly meetings be held in London. He thought the London men themselves found that these meetings were too often, and he would suggest that of the quarterly meetings two should be held in London, and two at the option of the Secretary for Scotland; so that instead of four half abortive meetings in London they might have two successful meetings in London, and two in the north. That would cause less derangement of the present rules. It would simply lead to an alteration to the effect that two of the meetings be held in London and two in the north. He thought that, perhaps, would be more respectful to the Society and savour less of cliquism. As to the intimations to be given of the meetings, he thought a general intimation in the *Journal* would be quite enough.

Dr. SKÆ said, that with all deference to Dr. Clouston, it was impossible for the Society to ignore this meeting altogether; so that he should bring forward a motion to the effect of proposing next year to institute such a meeting as this. The members who were present at York at last annual meeting would remember that it was then and there proposed that in future they should hold a northern branch meeting in Scotland, and when they mentioned that to Dr. Harrington Tuke, he told them they were at perfect liberty to do so—that there was nothing to prevent their holding the meeting. On that statement there was no formal resolution come to, but they were given to understand that a meeting of the members in Scotland and the north of England might be called through their Scottish secretary, Dr. Tuke. To adopt such a motion as Dr. Clouston proposed would be to ignore this meeting altogether and the one they proposed to hold in February next. He cordially agreed with Dr. Bruce Thomson's motion.

Dr. SIBBALD said that from the view he took of the matter, he must support the amendment. They could meet independent of the Medico-Psychological Association as often as they liked, but if they were to meet in connection with the Medico-Psychological Association, it must be in a form which that association approved of.

The CHAIRMAN said he had just been reading a letter from Dr. Tuke, in which he says “The more meetings the members have, the better,” &c. He therefore would be inclined to suggest that the meeting should adopt Dr. Bruce Thomson's simple proposition. They need not call themselves a branch, but simply say “that those present resolved to meet together for the purposes of the Association.”

Dr. BRUCE THOMSON then submitted his motion, amended as follows:—“That the members present resolve to hold special meetings for the more efficient advancement of the objects of the association, by those members resident in Scotland and in the north of England, and all others who may find it convenient to attend them.”

Dr. CLOUSTON then submitted his amendment as follows:—“That the present rule of the Medico-Psychological Association, providing that quarterly meetings be held in London, is thought by the present meeting to be unsuitable, and that it should be altered so as to provide for two of the above meetings being held in Scotland and the north of England.” Shortly, he said, his reasons for making that amendment were the following. He thought it was more respectful perhaps to the original Association, that it was more constitutional and in accordance with the rules of the Association, and did not expose them to the risk, if he might use the word, of being snubbed afterwards. If an influential meeting of the Association disapproved of one of its rules, he did not think any reasonable person would oppose its alteration. They all wanted the same thing, but they must do it in the most constitutional way possible, and his proposal was, he thought, the only constitutional one of the two.

Dr. SIBBALD seconded the amendment.

Dr. HOWDEN (Montrose) said they had the authority of the general secretary to meet, and it seemed to him they were perfectly entitled to meet there if they chose. At the same time Dr. Clouston might bring up his motion at a general meeting of the Association.

Dr. CLOUSTON said he should like to do so, but he wished very much to have the sanction of the present meeting. He could see no objection to pass both resolutions.

The CHAIRMAN said Dr. Clouston's motion was not an amendment, and it was quite possible to pass them both. In fact he thought Dr. Clouston's motion a consecutive resolution to the one proposed by Dr. Thomson.

The motions of Dr. Bruce Thomson and Dr. Clouston were then severally agreed to.

Dr. TUKE re-proposed his motion, "That the next meeting be held in Glasgow on the last Wednesday of April next." A short holiday, he said, generally took place at that time between the University Sessions, members connected with the Universities and medical schools would be able to attend, and it broke up the year into three, as the general meeting of the Association took place always at the commencement of August.

Dr. SKAE seconded the motion, which was unanimously agreed to.

THE CLINICAL TEACHING OF INSANITY.

The CHAIRMAN then brought under the notice of the meeting the propriety of memorialising the managers of the Edinburgh Royal Infirmary with a view to greater facilities being given than at present for the clinical teaching of insanity. He stated that, as matters now stood, there was no clinical instruction in mental diseases available to the medical student, except under circumstances such as to constitute a practical denial of it. Those who had attended the Edinburgh Medical School must be familiar with the two wards in the Infirmary, containing from ten to twelve beds, known as the *d. t.* wards, in which cases of *delirium tremens* were admitted and attended to, and where cases of acute mania were brought in and treated as it were on the spur of the moment. These were the sort of cases which came under the care of the practitioner in the first instance, before being taken to the asylum, and instruction in these cases would be most valuable to the medical students. The appliances for the proper treatment of these classes of cases had hitherto been very defective, and not such as modern treatment demanded. He had from time to time given instruction in these wards, but he need hardly say that cases of ordinary insanity were inadmissible to them. There were, no doubt, plenty of asylums, but there was no stimulus for a student availing himself of that means of instruction, and devoting the time and labour to it, even if the means were presented to him gratuitously, and it was hardly reasonable to expect the officers of asylums to instruct gratuitously. It was quite certain, and proved by experience, that unless students were required by the board of examiners to attend that department they would not do it. The cases of mental disorders held a very peculiar position. They had hospitals for the treatment of consumption; but there were no such forms to be gone through as patients being taken before the sheriff and getting certificates as there was with persons who were insane, and the bad effects of such delays were fully shown by an old friend of his, Dr. Thurnam, now physician in the Wilts Counties Asylum. One of the obstructions to the proper treatment of insanity was the keeping of patients away from the asylum so long as to render the cases incurable, and the extent to which cases were thus rendered incurable was hardly to be accredited unless proved by very careful statistics, as they were by his friend Dr. Thurnam. He stated that in twenty cases of insanity, not complicated with other diseases, admitted during ten years, from 1798 to 1808, as many as nineteen recovered, and he went on to prove that if cases were treated within three months of the first attack, four-fifths would recover; but if twelve months elapsed four fifths were incurable, and so in proportion as the term was longer or shorter. Hence the importance to the public that these obstructions to their treatment of cases should be removed. On this subject Dr. Thurnam said:—"The importance of placing the patient under proper care at an early period of the disorder, is not only apparent from a comparison of the results of treatment, but is equally inculcated by that aggravation of the disorder and increased difficulty of management, which are the nearly uniform results when persons attacked by insanity are detained at home, where they are surrounded by near relatives or by servants, whose attempts to

control them, which they naturally resist, generally prove either futile or injurious. The friends of the patients are not always aware of these facts, but when they are, are too often reluctant to stamp the case with the character, or, as some think, the stigma, of confirmed insanity. It is believed, however, that correcter views with respect to mental disorders, and such as cannot be proved advantageous to the patient, are gradually diffusing themselves in the public mind." One absurd objection raised by the public to their treatment had been advanced by a very eminent historian and politician. It was that mental disorders being treated apart from the general body of diseases were supposed to be something particularly discreditable, something altogether apart from such diseases as consumption. Dr. Thurnam referred to that fact, and quoting what Sir James Mackintosh wrote to the celebrated Robert Hall, "Whoever has brought himself to consider a disease of the brain as differing only in degree (as regards the importance of the organ affected), from a disease of the lungs, has robbed it of that mysterious horror, which forms its chief malignity;" says, "By these remarks it is far from being intended to recommend the premature removal of persons attacked by mental derangement or by delirious excitement to hospitals for the insane. Such a course, in many cases, is altogether unnecessary, and in some would be positively injurious; and it should rarely, if ever, be resorted to, except under the advice of a judicious medical practitioner." These were the same sort of views, he thought, which should commend themselves to the members present. But how was a practitioner to be taught if he only followed the study of insanity theoretically? He therefore thought the meeting would do well to commend to the Managers of the Royal Infirmary to set apart wards suitable for the treatment of the cases forced on the institution according to past experience—not to establish an asylum, but to have wards for the reception of those cases which must be forced upon the attention of a private practitioner, and have special provision for the instruction of the great body of medical students. Insanity was usually included in a course of medical lectures, but in the lectures he gave on the subject, he found it utterly impossible to teach without bringing the students in contact with the insane, and illustrating cases to them, and when he did so he went to an asylum and saw, cursorily, the progress of mental disease. The various causes of mental disease ought to be made a subject for the examination of students; and something more was required of them than answers to questions such as the following, which he found were put to students in moral philosophy:—"How does Aristotle define virtue? State carefully the precise meaning of *μεσότης* and *ὁ φρόνιμος*, and the influence of these ethical conceptions upon the definition of virtue, and upon Aristotle's ethical theory in general?" (laughter). "How far were ancient philosophers justified in connecting the idea of moral depravity with their conception of matter?" (laughter). In concluding, the learned gentleman referred to the increase in the number of cases of insanity, and said he thought the members of the association would do service to the public and greatly advance the interests of medical science, by adopting resolutions to the effect that provision should be made for clinical instruction in the classes of cases received in the wards of the Infirmary to which he had referred; that medical students should be required to attend hospitals for the insane, and that there should be an examination of each in that special department of science to see whether he was fitted for the performance of his important duties (applause).

Dr. SIBBALD (having been invited by the Chairman to give some information with reference to the system of instruction in mental diseases adopted at Berlin), said that after the manner in which the subject had been treated by the chairman he had really nothing to add. He certainly thought it would be a great advantage, were they to do anything which would have as its result the association of diseases exhibiting mental symptoms with diseases exhibiting symptoms of any other kind, and that they should, as far as possible, identify the teaching of their special department of medicine with other branches of medicine, as being a necessary part of the whole. He thought that from the manner in which the subject was taught at Berlin, it had perhaps arrived there at the most perfect form which was known at present, of teaching insanity as a branch of medicine. Professor Westphal had under his charge wards in the Charité at Berlin, devoted to diseases of the nervous system not complicated with mental symptoms. He had also wards into which were received diseases of the nervous system exhibiting mental symptoms—that was to say, as they would ordinarily name them, cases of insanity. The wards into which the insane patients were received, were practically an asylum, with full asylum administration, in so far as that was

necessary for the treatment of acute diseases. Only recent cases were admitted, and consequently the students saw the cases which they were most likely to meet with in practice. When cases threatened to become chronic, they were transferred to the district asylum. He, therefore, having been impressed with the importance of teaching in the way in which it was carried on in Berlin, had very great pleasure in supporting the proposal of the chairman, with this exception, that perhaps their function would be more properly performed if they confined themselves to saying that clinical teaching of insanity should be made an imperative part of medical education. The part bearing upon the organization of any hospital, he should say, was a matter of detail that perhaps they should not venture upon. If they insisted upon a general principle, and enforced it by every means in their power, by representations to the educational bodies and to the General Medical Council, they would perform their function in a more satisfactory manner than by interfering with details in the operations of any special institution. That was the only modification he would suggest in regard to anything the chairman had said; and he had great pleasure in supporting everything else he had said, which was only carrying out what he (the chairman) had already done so much to aid—the association of the treatment of insanity with the treatment of other forms of disease.

Dr. LOWE thought if the association aimed at too much at once it would very much defeat its own purpose; and, considering the number of subjects of medical study, at present he thought they should not do anything that would have that effect. On the other hand, he felt, and he thought, without the smallest disparagement to their professional brethren throughout the country, all present would agree with him, that they constantly met able medical practitioners in general who were thoroughly "thrown out" when they had the case of an insane person. His idea was that it would be the greatest boon to them as an association, to the public at large, and especially to the insane, if such wards could be established as the chairman had alluded to. He would have the instruction, more especially clinical instruction, attended only by voluntary students; and he hoped some day that the patients transmitted to asylums would be transmitted only on the certificates of those who volunteered to be students in those wards. That might be a very radical idea, but eventually, he thought it would be a very sound one. To attempt to carry out the whole of what was proposed at this early stage of the association, and the crude state in which matters stood with regard to the medical bill and other things, would, he thought, be too much at present. They would require to go carefully, step by step, and he would not make the attendance at these wards, which they hoped to see, imperative.

Dr. SKAE said he concurred with all that the chairman had said in regard to the important matter which he had brought forward, but differed somewhat in regard to some of the details he had suggested. In regard to the wards of the Royal Infirmary, he certainly agreed with the chairman that for the cases received there, such as delirium tremens and incipient insanity, the accommodation was exceedingly bad, and the service and administration provided for them equally bad. Many such cases were frequently sent out and placed under his care, and having been treated in the hospital for days and weeks, were brought in a state of great exhaustion, sometimes wounded and injured from want of skill, nursing, and proper accommodation. He agreed with the chairman that it was desirable suitable accommodation should be provided in the hospital for such cases as were necessary to be sent there. At the same time he did not go so far as the chairman did in regard to clinical teaching. He thought such instruction in an asylum, as was stated by Dr. Sibbald to be existing at Berlin, attached to the infirmary would be a great improvement. But he would be against the sending of cases of insanity to the general hospital, where they would not have the same advantages in the way of treatment as they had in an asylum, regularly constructed to receive cases of insanity, provided with full appliances, skilled nurses, airing courts, and amusements. He thought anything to encourage a retrograde movement in that respect would be injurious. As Dr. Thurnam stated, the earlier a case is sent to the asylum the greater the probability of cure; if treated at home, the probability was that the chances of cure were much diminished. He would cordially concur in any proposal for a memorial to the General Council, to the effect that it was very desirable that the teaching of the subject of insanity to medical students should be made imperative. Perhaps the Medical Council would not be inclined to concede this, as the feeling seemed to be general that the medical student was at present overburdened by the classes he had to attend. Still, he would not be debarred by this from presenting such a memorial. He did not think anything

could be more important to medical students than the study of mental diseases. Why men should be called upon to attend a six months' course of midwifery, which must be drawn out by a great number of stories to fill up the time, and amuse the students (laughter), when the whole subject could be taught with great ease in two or three months, he could not conceive. The subject of therapeutics also, he thought, might easily be taught in three months; and he could not conceive why students should not be taught to treat diseases of the mind. A great many diseases of the body were taught two or three times over in two or three different classes. The subject of Hernia, which a man might seldom see, was taught in some four or five classes, but Insanity, which would come under his notice every week, was not taught at all. He thought they should adopt a memorial to the General Medical Council that the teaching of insanity should be made imperative in their schools.

Dr. SIBBALD moved the following resolution:—“That a memorial be presented to the General Medical Council, expressing the strong opinion of the meeting on the necessity of making the clinical teaching of insanity imperative in every medical curriculum.”

Dr. SKAE seconded the motion.

Dr. CLOUSTON said he supposed they were all aware that a member of the General Medical Council, Dr. Rumsey, of Cheltenham, was making a strong effort to train a body of experts for analysis in cases of poison, and all sorts of special subjects. Might it not be well they should engraft their plan on his one, and strengthen his hands in the General Council, by making insanity one of the subjects he is endeavouring to train experts for? They, supposing that medical students had enough to study at present, found it necessary to do something; and perhaps the best plan at present was to train a special body of men, in order that their opinions might be consulted on all cases of a special character. It would probably strengthen that gentleman's hands, and do more practical good if they were to memorialise the General Council in accordance with Dr. Rumsey's plan.

Professor BALFOUR stated that he thought they all must agree that it was of great importance mental diseases should be studied by medical men, and that the best course for the meeting to follow might be to leave the General Medical Council to devise some plan for carrying it out. With reference to what the Chairman had said as to the examination of students in moral philosophy, the paper he had got was not a good example. It was meant for the preliminary examination before entering on the study of medicine. The questions put to the higher classes were of quite a different character.

Dr. HOWDEN (Montrose Asylum) quite agreed with what had been stated, that now was the time to agitate this question to have insanity taught as a branch of medical study. Perhaps the managers of the Royal Infirmary might agree to have those wards attached which Dr. Laycock considered necessary. In the first place, however, it would be desirable to memorialise the General Medical Council.

The CHAIRMAN said that so far as regarded the subject of having wards where facilities might be given for students acquiring a knowledge and treatment of the cases taken to the infirmary, the subject had already been fully discussed in some quarters of the city, and he had reason to hope that proper steps would be taken for that purpose; so that he did not think it was very necessary he should urge the meeting to press the matter upon the managers of the Infirmary. His feeling was that they would have strengthened the hands of the managers who were in favour of improved wards. The question, then, simply resolved itself into how they should influence the conduct of those parties who had the guidance of medical education. He thought they were unanimous in holding clinical teaching in insanity to be imperative in every medical curriculum, and he felt that, besides intimating their opinion to the General Council, they should send it to everybody which could have any force.

The motion of Dr. Sibbald was amended as follows, and carried unanimously:—“Resolved, that this meeting desire to express a strong opinion of the necessity of making clinical teaching of insanity imperative in every medical curriculum, and request the Secretary to send a copy of this resolution to the Medical Faculties and University Courts of Scotland, the Boards of Examiners in the Universities of Scotland, and the members of the General Medical Council.”

THE COTTAGE SYSTEM OF MANAGEMENT OF LUNATICS.

Dr. TUKE (secretary) read a paper on “The Cottage System of Management of Lunatics as practised in Scotland, with Suggestions for its Elevation and Improvement.”

(*Dr. Tuke's paper is given in Part I., Original Articles, of this number of the Journal of Mental Science.*)

Dr. HOWDEN said that after receiving Dr. Tuke's circular about the business to come before the meeting, he looked over certain statistics regarding the Montrose Asylum, where, within the last ten years, several cottages had been connected with the asylum with the view of boarding patients. He was very sanguine before the houses were built, that he would be able to board out a large number. The demand for accommodation in Forfarshire was very great, and they had tried by every expedient to keep down the numbers of inmates of the asylums, either by sending them out to different localities, or to these cottages. Altogether there had been 33 patients boarded in these cottages; of these, 13 were convalescent patients. Fourteen of the patients sent out had to be returned from one cause or another. One thing he was struck with, was, that all the patients preferred to be in the asylum to being in the cottages. It was contrary to his idea, thinking that they would prefer to be in the cottages. He had, however, found that the patients in the asylum preferred being in the asylum to being in the cottages. He could not give any very satisfactory explanation why that should be. They had every advantage in the cottages of good diet, good clothing, &c., and he had endeavoured to make it worth while, on the part of the attendants, to take them out. He paid the attendants 7s. per week for the maintenance of these patients, besides their clothing and washing in the asylum; and they had perfect liberty to go where they chose, except going long distances. The matter had been brought under the notice of the Commissioners, and he had received a letter from Sir James Coxe on the subject. Sir James said: "I have been thinking a good deal over the causes of the failure of your cottage experiments, and am inclined to ascribe it to this, that your patients are neither asylum patients nor properly private patients. They are removed from the asylum and have not the interests of home. They are out of the asylum and yet in it; not free to move about; not in the way of the interests of village life; not part and parcel of the community." Now he thought that was probably true; but he did not know that the patients would be much more at home in a village such as Dr. Tuke had described. Still, he thought that the class of patients suitable for cottage accommodation were different from those they found in the asylums; and he did not think that the great proportion of patients in the asylums were suitable for boarding. Still, he thought with the Commissioners, that there was a large class who might be kept in cottages, and at a very moderate rate of board.

Dr. SIBBALD said, that in Dr. Tuke's calculation of expense, he had not included the expense of building asylums, which was about £120 a head, and represented £10 a year. Then Dr. Tuke remarked on the absence of baths. Now he believed it was absolutely necessary that in asylums bathing should be very carefully attended to; but in communities of a different character—in the ordinary village community—he would like to know what were the statistics of bathing among the more respectable portion of their village population? He thought that if they provided for their lunatics in a way similar to what they did for the more respectable of the village population, they would do very well; and he certainly did not think that bathing once a month, or anything half so often, was the rule in the village population. In fact, to go higher than their village population, he was afraid that the statistics might not be satisfactory. (A laugh) So he thought that it was unnecessary that in cottage accommodation they should insist on some of these matters.

Dr. TUKE said that the necessity of bathing was not so imperative where the patient was frequently supplied with clean sheets and clothing; but bathing was always attended to scrupulously in asylums, and in cottages sheets were not always so clean as they might be; and the patients therefore, all the more required bathing. He thought that Dr. Sibbald had proposed a retrograde step.

Dr. SKAE said that even in cases where considerable board was paid for lunatics, and where one would expect that the patient, in these circumstances, would be well cared for, his experience was that such was not the case. The system of cottage accommodation required the most careful supervision. He thought that the class of patients that were fit for cottages were the very class that did not care for them.

Dr. JAMESON said that his own experience of cottages was not very great, but he would never put patients in cottages if he could put them in the asylum.

THE MEDICAL TREATMENT OF INSANITY.

Dr. CLOUSTON then read a paper on "The Medical Treatment of Insanity."

(Dr. Clouston's paper will be published in the April number of the *Journal of Mental Science*.)

Dr. SKAE said he had listened to the paper with great interest indeed. He agreed with Dr. Clouston in the view he took of the subject. There was, in his opinion, no question of more importance than the subject of therapeutics. They had had remedies in vogue for a thousand years that were now looked upon as perfectly innocuous, and had been thrown aside. He believed that there was no method by which they could arrive at accuracy with regard to medicine and the treatment of diseases so well as by the numerical one which Dr. Clouston recommended. He thought the first and great difficulty was one which Dr. Clouston had pointed out. His sixth difficulty was as to their ignorance of the natural history of those diseases which he proposed to treat. They certainly would require to study the natural history of those groups which he selected, to a certain extent, before they could say what the effect of their medicines were. That was the only way that they could arrive at any definite results; and he thought that members of the association ought to treat various parts of insanity according to that method - some taking up one form, and others another form, and trying the effects of certain remedies upon them.

Dr. TUKE said he thought it would be of great importance if three or four members were to unite for the purpose of considering some plan for carrying out Dr. Clouston's suggestions, and report the result of their deliberations to next meeting.

Dr. HOWDEN said he wished to ask with regard to the natural history of the diseases, whether they would be justified in trying to see how many would die, how many would recover, and how many would be demented. Were they not bound to do all they could to promote the recovery of the patients?

Dr. SKAE said his opinion was that, according to the darkness they were in, if left alone there might be as many recoveries as otherwise.

Dr. SANDERSON thought that Dr. Clouston should draw out a brief paper embracing those particular cases that he wished them to treat.

Dr. SKAE suggested whether it would not be better to ask the members of the Association to experiment on certain remedies. He himself had made a series of experiments with a battery containing sixty cells, passing strong currents of electricity through the brain; and also another experiment passing currents of galvanism through the pathetic system of nerves. He was keeping a careful record of the results; and he had great reason to hope that galvanism might be useful in the treatment of various parts of insanity. He would be willing to act along with Dr. Clouston; and if that gentleman would correspond with the members and get each of them to take up certain remedies, in that way he thought they might arrive at good results.

Dr. WOOD, Newcastle, said he would be happy to do anything in his power to promote the object in view.

Dr. CLOUSTON said that the object of the paper was to get a committee formed; and if such a committee was appointed he was prepared to conduct whatever correspondence would be required.

The following committee was then appointed to carry out the suggestions in the paper; - Dr. Clouston, Dr. Howden, Dr. Tuke, Dr. Skae, and Dr. Smith, of Durham - with power to add to their number.

THE HEREDITARY NATURE OF CRIME.

Dr. BRUCE THOMSON then read a paper on "The Hereditary Nature of Crime" (*Dr. Bruce Thomson's paper is given in Part I., Original Articles, of this number of the Journal of Mental Science.*)

Dr. JAMIESON (who temporarily occupied the chair), said he did not exactly see that criminals were a hereditary class; but the subject was quite new to his mind.

Dr. CLOUSTON said he was sure they were all exceedingly obliged to Dr. Thomson for his paper, which had strengthened the former impression on their minds that there was a strong connection between crime and insanity. He (Dr. Clouston) knew the governor of Carlisle gaol; and he used to be shocked at the dogmatic way in which that official spoke of the reformation of a criminal. He said "You may preach to him as you like; but he was born a criminal and he will die a criminal." That gaoler was a shrewd man, and he did not seem to be far wrong in his opinion. He thought it would be an interesting question not only to inquire as

to the number of the criminal class who became insane, but to trace out the matter, and see how that criminal propensity affected the insanity. The governor of Carlisle gaol told him that the way in which a criminal submitted to a policeman was a diagnostic mark of a born criminal; that the sort of instinctive reverence those classes had for a policeman in Liverpool and London was quite diagnostic. (Laughter.)

Dr. TUKE said it appeared to him that Dr. Thomson had fully made out his case as to the hereditary nature of crime. If his statements were correct, they ought certainly to have a great bearing on legislation and prison management.

OBSERVATIONS ON THE DEATH-RATE OF THE INSANE.

Dr. HOWDEN, Montrose Asylum, then read a paper on "The Death-Rate of the Insane."

Dr. JAMIESON maintained that the patients in Aberdeen Asylum were well dieted.

Dr. HOWDEN said that might be so now, but at one time the diet appeared to him to be low.

Dr. JAMIESON said it might appear to be low in point of butcher's meat, but it was a very large diet, and given *ad libitum*. A good deal of the diet of the pauper patients was of oatmeal and milk, which was a very good diet. He thought the separation of the patients into single rooms had a good effect, and he found that the mortality in such cases really was low. Dr. Howden told them that in Montrose when the patients were in the old asylum and in separate rooms, that that was not the case, but the old asylum was a bad machine. Then again, as to the Banff Asylum, where they were told the mortality was low; although there were no single rooms, it was newly opened, and only held from 60 to 70 patients. He was inclined to think a large proportion of separate rooms contributed to rule the mortality in Aberdeen. Another fact of great importance was that all the day rooms were on the ground floor, and patients could go in and out as they chose, and were very much in the open air. A good deal of the want of phthisis in the asylum arose, he thought, from the circumstance that the patients were much outside, that that together with the facts that they were well dieted well cared for, and had a large portion of them separate rooms to sleep in at night, were circumstances to which he would chiefly attribute the low mortality in Aberdeen Asylum.

Dr. HOWDEN said he had taken a period of the Montrose Asylum as the only one during which there was a medical superintendent and no dormitories. As to the Aberdeen Asylum, he quite believed there was, to a certain extent, truth in what Dr. Jamieson said in regard to the causes of the low mortality, and the object of the paper, as he had said, was one rather to promote discussion than anything else. But he did not think the diet of Aberdeen Asylum was any better than that in Edinburgh, Glasgow, or Montrose, at the present moment.

Dr. TUKE said that with reference to the Fife Asylum, Dr. Howden was scarcely correct. In addition to the good situation and excellent drainage of the asylum, he must attribute the low mortality to the large supply given the patients of oily food. Besides receiving a supply of pork, they had Irish stew, and make use of a large amount of dripping. Phthisis is almost unknown, and the death is only 8.5.

Dr. HOWDEN said the death in the Montrose New Asylum was only 7 per cent.

Dr. TUKE said there were accidental circumstances which increased the rate. Seven persons came in moribund, and five died in a month.

Dr. CLOUSTON said that in Carlisle Asylum, which had now been opened for seven years, its mortality had been $7\frac{1}{2}$ per cent., which, but for an epidemic of dysentery, would have been reduced rather below $6\frac{1}{2}$ per cent., and that, compared with other English and Scotch Asylums, was very low indeed. The situation of the asylum quite bore out the theory which Dr. Howden had put forth. He had no doubt the epidemic of dysentery to which he had referred was entirely owing to sewage exhalations. The sewage was at that time run on to a clayey field, and finding on one morning eight cases of dysentery, he ascertained that for four days the wind had been blowing from that field. On going to it he found it smelling very badly, and on the second day he had a smart attack of diarrhoea and dysentery of a character with that by which the patients were affected. He had no doubt that cold weather caused dysentery.

Dr. HOWDEN said that open sandy soils took up much more of the organic matter in sewage than clay soils did. He believed about fifty per cent. of the sewage passed away into the drains in clay soils.

Dr. BRUCE THOMSON said one thing which had struck him was that there was no rule generally adopted with regard to diet. No doubt there was provision made for securing that an adequate diet should be given, but it might differ in the several localities. If milk were given, that was adequate, in his opinion, to butcher meat. A good diet was of all things he knew of the best thing for keeping up the general health, and preventing attacks and epidemics of dysentery, diarrhoea, fevers, and scrofula. For the last twenty years the death-rate in the General Prison at Perth had been exactly 15 per thousand, or $1\frac{1}{2}$ per cent., and that, too, of a class of people who were utterly deteriorated. There was not a single case of the prevailing epidemics that was ever seen within the walls of the prison; and he thought that the results shown in the returns of that prison were sufficient to prove that a regular dietary should be established in all public institutions. The results of the system followed in that prison as regarded the reduction of disease, the amount of work done, and the reduction of the death-rate, were really remarkable.

Dr. CLOUSTON asked how that death-rate contrasted with the other convict prisons and county jails?

Dr. BRUCE THOMSON said he believed the rate seldom exceeded two per cent.

Dr. SIBBALD asked the ages of the prisoners. He thought that bore some importance in collecting death-rate statistics.

Dr. BRUCE THOMSON said that they had fifty juveniles under 15, but that the average age was from 25 to 30.

Dr. HOWDEN—That is the most favourable age for the continuation of life.

The CHAIRMAN said he had listened with great interest to the discussion which had taken place, and it struck him all that had been said illustrated the importance of this department of medicine in relation to all others. As to hospital statistics, and the construction of hospitals, they found what various sources there might be of mortality. It was more than twenty years ago since he showed by a diagram, taking the temperature from March, 1846, to 1847, that mortality was affected by it, and that diarrhoea had a distinct relation to the temperature, and also to the rainfall. In that year there had been but little rainfall up to the second week of August, and the sewers had got full, but a heavy thunderstorm having come on, the result was observable immediately, and the mortality returns from diarrhoea fell in the next week. Cold, no doubt, was a very common cause of dysentery, but it was generally in the autumn, after the heat of summer. He did not think that it produced dysentery in the spring, after a cold winter. The question of drainage, which Dr. Howden referred to, and the confirmation given by Dr. Clouston's remarks, in reference to clay soils, was, he thought, of great importance. He did not know a more important social question as regarded towns than the disposal of excretions, and the observations he had made were that those low lying clay soils were, somehow or other, connected with the existence of fever. There was no doubt such soils did not take up and decompose the elements and particles of the sewage. He supposed the reason why the Craigentumy meadows, near Edinburgh, were so productive and harmless, was just because the soil of them was dry.

The business having now been brought to a close,

The CHAIRMAN said that the meeting had been highly favoured by the President and Council of the Royal College of Physicians, who had placed at their disposal the beautiful hall in which they had met. (Applause.) He would propose that the secretary should communicate their cordial thanks to the President and Council of the College for their hospitality. (Applause.)

The proposal was cordially agreed to.

On the motion of Dr. HOWDEN, a vote of thanks was given to Professor Laycock for presiding, and the proceedings terminated.

In the evening the members of the Association dined with Dr. Skae, on the invitation of the Directors of the Royal Edinburgh Asylum for the Insane.