

high and enduring reputation for him, and for our hospital for the insane, over which he so long and ably presided.

*Resolved*—That Dr. Kirkbride's works for the relief of the insane, both in the administration of his office in our institution, and by his contributions to medical literature upon the subject of insanity and its proper treatment, entitle him to rank very high among the benefactors of his race.

*Resolved*—That by the death of Dr. Kirkbride we lose a friend bound to us by uncommon ties of affection and esteem. No one could come within the range of his influence without being made to feel that his rare endowments of head and heart were such as to attract the love and confidence of all his fellow-men, and throughout his life he well deserved that love and confidence.

## PART IV.—NOTES AND NEWS.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The usual Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Tuesday, 6th May, 1884, Dr. Orange, President, in the chair. There were also present—Drs. J. Adam, A. J. Alliot, R. Baker, D. Bower, Bonville B. Fox, H. G. Hill, Henry Lewis, H. C. McBryan, Chas. Mercier, W. J. Mickle, H. C. Major, A. Newington, H. H. Newington, J. H. Paul, W. H. Platt, T. T. Pyle, H. Rayner, G. H. Savage, H. Sutherland, James Stewart, D. G. Thomson, C. M. Tuke, D. Hack Tuke, T. Outterson Wood, &c.

The following gentlemen were elected Members of the Association, viz. :—J. Walter Scott, M.R.C.S., &c., Assistant Medical Officer County Asylum, Fareham, Hants; Robert L. Stewart, M.B., C.M. Glasgow, Assistant Medical Officer County Asylum, Glamorgan.

The PRESIDENT said that he much regretted to have to inform the Members of the Association that they were not to have Dr. Manley as their President for the ensuing year, and they would be the more sorry to hear this when they learned that the cause of his withdrawal was ill-health.

The GENERAL SECRETARY then read a letter from Dr. Manley, regretting his inability, through ill-health, to fulfil the office of President, to which he had been elected at the last Annual Meeting.

Dr. SAVAGE said he was sure that the news contained in Dr. Manley's letter would be received with concern, and the least they could do would be to unite in a vote of condolence, and to convey to Dr. Manley their regret that his health necessitated his not holding office during the ensuing year, and their hope that he might be able to fulfil the duties of President in some other year.

Dr. ADAM seconded the motion, which was carried unanimously.

The PRESIDENT said that the rules of the Association provided that in the event of any vacancies occurring in any of the offices of the Association, the Council should have the power of filling them up until the next Annual Meeting. In consequence, therefore, of that unexpected vacancy, it had become the duty of the Council to fill it up. It was not always an easy matter for a Council to do what the rules of an Association empowered them to do. It was all very well for the rules to say that the Council may or shall do such and such a thing, and it was sometimes difficult to carry out what rules said might or should be done; but he was sure the meeting would be gratified to learn that the Council

had, on the present occasion, been able to discharge that duty, and they would be doubly glad to hear that Dr. Rayner, who had for some years past been performing the duties of General Secretary, had, at the request of the Council, consented, at this short notice, to undertake the duties of President for the ensuing year. He was sure all present would be delighted to hear this, and he saw that he might take it for granted that the thanks of the meeting might be conveyed to Dr. Rayner for so kindly filling up the gap.

Dr. RAYNER said that he had already thanked the Council for the honour they had done him in selecting him to fill the vacancy in the office of President, and he now begged cordially to thank the meeting for the kind way in which they had endorsed the action of the Council.

Dr. HAYES NEWINGTON read a paper on "Unverified Prognosis." (See Original Articles).

Dr. STEWART said that the paper just read was one of such wide interest, and opened up so many different points for consideration, that he scarcely knew where to begin. He could, however, warmly thank Dr. Newington for having placed before them so many suggestive thoughts, and he would mention one or two points which had occurred to him. It had been his own good fortune, early in his dealings with insanity, to have had the opportunity in his father's asylum of seeing the effects of religious excitement in the large district from which the patients were derived, at the time of what was then called a religious revival, and when allusion was made to an instance of religious rhapsody occurring in a case, incidentally, as it were, and not as the cause of the disease, it occurred to him that religious exhibitions led oftener to incorrect prognosis than perhaps anything else. He remembered that at the time he referred to, the friends of the patients were very anxious to know whether the insanity, which was in many cases very serious, was likely to be permanent. The difficulty in a great many cases was to recognise and discover, even with the assistance of the patients' friends, whether the religious rhapsody was due to the last impressions of the patient during the excitement of the revival, or whether the excitement of the revival had brought out the insanity which originally had nothing whatever to do with religion. There was, of course, in these cases a natural tendency on the part of the patients' friends to look upon the disease which they observed to follow so closely upon the religious excitement as being likely to result in permanent recovery; but, on the contrary, the disease in which, to the untutored mind, the prognosis would have been favourable, turned out to be anything but so. Those cases of insanity in which the disease was brought out by the religious excitement of that revival, became more frequently chronic than the majority of other cases. That suggested an element of difficulty in regard to prognosis which was interesting, taken in connection with another difficulty. They often found that the daughter of an accomplished gentleman, of good society, and who had been brought up in the lap of luxury and refinement, would, upon the development of insanity, give utterance to the most filthy and indecent expressions. In this case had the insanity warped the power of self-control and prevented the elegantly-nurtured young lady from controlling the impulses which were natural to herself, or was it owing to the fact that, when insane, she would evolve apparently out of her own mind what was incoherent in it? In this question a great deal was involved bearing upon prognosis. In the case of religious rhapsody it was very often found that that which had last caused the greatest impression on the mind was brought out most prominently in the earlier development of the disease, but in the case of the bad language there appeared brought out what most probably had not been a late impression, but could only be accounted for upon the assumption that in early years, when the mind was very impressionable, the patient might have heard those things from servants and otherwise. Now, the question might arise as to which of the states of the brain thus indicated was the more likely to recover normal health, and he hoped that other speakers would help them to unravel the mystery.

Dr. SAVAGE remarked that in matters such as that now before them, it was a pity they could not all sit together round a large table and talk it out. The subject was one upon which everyone knew something, and if the question passed round were, "What were the greatest mistakes you ever made?" the results would be very edifying. During the reading of the paper he himself had put down a few of the cases in which he had made gross mistakes. Alcoholism was one of these. Did they all get well? It seemed to him there were certain cases which never did recover. Syphilis was looked upon as most curable, but they had most of them had experience of cases suffering from syphilis—syphilitic history and syphilitic symptoms without any doubt—yet they could do no good with them; and he was afraid they were likely still to have such cases. It only made one hesitate about giving any prognosis. He remembered years ago meeting a physician in consultation, to whom he gave his opinion, and said, "I think the patient will get well probably in three or four months." The physician turned round and said, "You are paid for an opinion, and not for a prophecy. I have given up prophesying for thirty years." The question arose, by the way, whether, where they did not believe there was any chance of recovery, they had a right to hold out hope. There were certainly classes of patients who seemed incurable. Such were cases of delusional insanity, with hallucinations of all the senses, persons believing they had galvanic batteries inside them; persons who believed that smells and fæces were always being poured into their rooms, and so forth. Still, in cases where he had given very bad prognoses the patients did get well. One in particular he could think of, who was recovering, although he had thought there was no prospect of it, but there perhaps the questions suggested by Dr. Newington ought to have influenced his mind, for the patient had been a taker of morphia. There was hæmatoma of ear, too; and he remembered that up to recent times a person with a string round his finger was looked upon as not likely to recover. It was a question whether there was one condition which might be put down as hopeless. As to prognosis in youth, people came to him on visiting-days, saying, "I hope you think my son will get well; he has youth on his side." This was fallacious. With regard to the question often asked, "Do you think this person will have a recurrence?" he might say that in the more acute cases, and the cases in which what had been called "brain fever"—the acute delirious mania—had occurred, his opinion was that they were less likely to recur than others. Then, were cases more likely to recover because the cure was rapid? One read in text-books that the prognosis was worse when the patient got well rapidly. He feared that was a fallacy, or, at all events, a question for further consideration. He had briefly referred to some of the many stumbling-blocks he had met with in regard to prognosis, and hoped that the other speakers would add information upon the subject.

Dr. MERCIER, after referring to the many points opened up by the paper, said that he could heartily endorse Dr. Newington's first conclusion, that when friends of patients asked questions the best way was to take them into their confidence. The time had gone by when the medical man could pose as an oracle, and much more good was to be gained by gaining the confidence of the patients' friends. There were many cases in which no certain prognosis could be given, and if they did not take the patients' friends into their confidence they must shuffle, and that was neither dignified nor right. Dr. Newington had mentioned an exceedingly interesting case of a patient who appeared to be the subject of general paralysis with a perfect assemblage of symptoms, but who afterwards, as it appeared from history, might have had all the symptoms accounted for by previous circumstances of his life. Dr. Newington said that the history might mislead, but it struck him (Dr. Mercier) that the history might account for the disease. It was impossible to take any one factor; they never got the same assemblage of factors and symptoms, and each case must be taken upon its own merits. There was a certain class of hallucinations in which he thought they were almost justified in giving a competent prognosis,

and he might say that in his own experience, where they had hallucinations of hearing, associated with alcoholism, with the prolonged use of alcohol the prognosis was decidedly unfavourable. He had never known such a case to recover. As to rapid recovery, he had been told by an experienced alienist always to expect a relapse in such cases, and in the instances which had come under his notice this had been verified.

Dr. HACK TUKE was glad that Dr. Newington had referred to the conditions of the patient in the future as well in the past, and laid great stress upon that. It was a most important point, and, of course, introduced an element of very great difficulty. Dr. Newington had referred rather to the unfavourable conditions which would arise; but they ought also to take into account the favourable ones, among which might be quoted the effects of change. A prognosis most unfavourable might be given and remain true up to the time of a change of residence. In assuming the importance of heredity in giving prognosis, Dr. Newington, no doubt, referred rather to the question of relapse than of recovery from the first attack. If not, probably more stress might have been laid upon the probability of recovery from the first attack, even with strong insane inheritance. He (Dr. Tuke) did not doubt that the fact of inheritance would make relapse more probable. A much more important consideration, and one to which Dr. Newington just referred, was the constitution of the patient. Though he might have no insane ancestors, one so often found, on examining a case, that the patient had been somewhat peculiar throughout life, and taking that into consideration, the prognosis would have to be very unfavourable; whereas, if there were a distinct change from the natural character from some cause, the prognosis would be comparatively favourable. With respect to what Dr. Stewart had remarked, it had often struck him that one reason why ladies carefully brought up gave expression, when they became insane, to such bad language, was that the very fact of the restraint which had been used by them while they were well to avoid expressions of that kind, and in every way to get rid of them—the strenuous effort made to keep the mind clean—resulted, when insanity took place, in a reactionary outburst of the foul language which had been repressed when the patient was sane. He had been very much interested in the paper, and it struck him as very remarkable that they had never had one read so specially upon prognosis, except, indeed, that by Dr. Sutherland. Probably the reason of this was the extreme difficulty of speaking in any way dogmatically upon the point, and laying down definite rules.

The PRESIDENT said that as he must then leave, he would take that opportunity of expressing his thanks to Dr. Newington for his paper. He agreed with Dr. Savage that it was a paper opening up many important questions, and one upon which all present might have something to say; and in saying these few words he could not attempt to exhaust the subject, but only wished to thank the author of the paper and to express his regret at having to leave before the end of the meeting. No doubt what Dr. Hack Tuke had said as to the paucity of papers on prognosis was true. It might be owing to the fact that the particular class of patients who came under Dr. Sutherland and Dr. Newington's treatment had relatives who were much more desirous of obtaining information about their afflicted friends than some others were. He himself was at the extreme opposite pole in regard to that. There was in his own case, certainly, no excessive haste and eagerness among friends to gain information as to the patients; and they could imagine the difficulties which physicians laboured under in such circumstances.

Dr. Rayner then took the chair.

Dr. HAYES NEWINGTON, in reply, said that he knew that he would hear some remarks as to the wideness of the subject. He was alarmed when he found that he had written so much, and, as a matter of fact, he had knocked off about a third; which would account for Dr. Hack Tuke not hearing about many cases where favourable results had occurred. With regard to Dr. Savage's remark on the ethical question, whether one was justified in giving a

prognosis when they saw such a case as that of the general paralytic to whom he had referred living twenty years in comparative comfort, he thought one might say that no case was incurable; and so the ethical question suggested need not arise. As to youth, he had very much the same views as Dr. Savage. It must, of course, be borne in mind that youth was a kind of sieve, being the first critical time at which hereditary predisposition showed itself; and in these cases heredity was an important consideration. As to Dr. Mercier's remark on the paralytic case, he was entirely at one with him. He really wished to accept the history, but the opinions of two physicians of the first order had forced him to abandon that view.

Dr. MERCIER asked whether the physicians were in possession of the history?

Dr. NEWINGTON said he thought so. He then referred to Dr. Hack Tuke's remark as to the change of a patient from one asylum to another, and said that he should probably have introduced that into his paper if he had had time. He had seen good results from it, and had been going to suggest that some energetic superintendent of a county asylum should make a suggestion to his Committee as to an exchange with another asylum of cases which were hanging fire. He had seen this done at Morningside. With respect to Dr. Orange's remark as to the friends requiring information, the truth was that they had to pay a great deal of attention in private asylums to the friends' wishes. In county asylums medical superintendents really did not have meetings with the friends to anything like the same extent.

Dr. BONVILLE FOX read a paper on "Exaltation in Chronic Alcoholism." (See Original Articles).

Dr. RAYNER said he felt sure they must all thank Dr. Fox for his paper. He only regretted that the lateness of the hour would not permit their entering upon any full discussion of it that afternoon. If they attempted to commence a discussion of it, he feared that justice could not be done to it in so brief a time as remained at their disposal. He would, therefore, leave it to the meeting to say whether the discussion of the paper should be postponed to the next meeting; or would Dr. Fox be disposed to allow it to pass undiscussed? There still remained to come on resolutions standing in the name of Dr. Mercier of considerable importance, and he thought the meeting would like to be able to deal with them before separating.

Dr. BONVILLE FOX said that he would defer to the wish of the meeting.

Dr. STEWART said that Dr. Fox's paper related to a matter of such general interest now, that it would be a great pity if an Association such as theirs should lose the opportunity of discussing it. If no one else would step into the gap, he should be very happy to introduce the subject in some short way at their next meeting, which, however, would be the annual one.

Dr. RAYNER said it was quite in the power of the meeting now simply to adjourn the discussion.

Dr. STEWART said he would move that the discussion of the paper be postponed to a future meeting; that would leave the question open.

Dr. SAVAGE seconded the motion, which was carried; Dr. HACK TUKE remarking that if the space in the Journal permitted the paper should appear in the July number, in which case the members would be able to have it before them and discuss it at the next meeting.

Dr. MERCIER then read the following:—I desire to draw your attention to a class of persons, probably the most unfortunate and the most unhappy in Her Majesty's dominions; and not only to them, but to another and probably more numerous class—our fellow-countrymen, who are immured in the asylums of foreign nations, and are separated by impassable barriers from their country, their home, and their friends. The facts are doubtless sufficiently familiar to all present, but this is one of those cases in which familiarity has, I will not say bred contempt, nor even indifference, but has allowed all vivid recognition of the facts to lapse out of consciousness. In the same way those who are always resident in a mill become at length unconscious of its

uproar. It may not, therefore, be superfluous to dwell on the subject with a little insistence. The lot of a lunatic sequestered in an asylum is at the very best a forlorn and pitiable one. It is pitiable even when it is alleviated by every amelioration that affection can prompt, that ingenuity can devise, or wealth can purchase. Even the lunatic who is blest with abundance of this world's goods, and with the more effectual solace to be found in "troops of friends," is in pitiable case, for he is deprived of the most precious of all human possessions—his personal liberty. The fate of the pauper lunatic is far harder; but few of us, I venture to think, familiar as we are with the facts, realize the full severity of what they have to bear. They live a life in common; solitude and privacy are to them unknown. Day and night, month by month, and year after year they are compelled to associate with companions whom they have no voice in choosing, and whose manners and habits are many of them distasteful and repulsive in the extreme. Of the chronic lunatic it may truly be said that he labours without reward, he lives without hope, and he dies unregretted. Dark as this picture is, it by no means represents the worst. There is one class of lunatics the special hardship of whose lot forms a conspicuous feature in every report of the Commissioners in Lunacy, and whose troubles form a perennial text for their homilies. These are the out-county patients; and we are all familiar with the forcible expressions with which the Commissioners refer to the justice of their complaints that all access of friends is denied to them. Confined in an asylum outside the limits of the county to which they belong, they are so far separated from their homes, either by distance or by time, or, what is equivalent to both, by expense, that they are precluded from even an occasional visit of those who are near and dear to them. Still, however, they are among their fellow-countrymen. They are among those whose manners and customs and ways of living are akin to their own, who speak the same language, and to whom they can without difficulty make known their wants. It is far otherwise with the unfortunate people on whose behalf I now appeal to you. Separated from their native country, from home, from family and friends, there are not a few of these unhappy beings who are unable to speak a word of the language spoken around them, and who are as completely cut off from all human converse as if they were condemned to perpetual solitary confinement. In the midst of a crowd, they live a life of unutterable loneliness. The people by whom they are surrounded, but from whom they are separated by a barrier impassable, although impalpable, are foreign to them in language, in habits, in mode of life, and in religion. Deprived of country, of home, of liberty, of reason, and of all companionship, their lot is one which, for the elements of unhappiness that it contains, can scarcely be paralleled among the human race. When we remember that this description applies not only to those citizens of foreign nationality who are immured in the comfortable asylums of our own land, but, in a still more aggravated sense, to those of our own countrymen who are sequestered in the bare and comfortless asylums of some continental countries; when we remember that the system of management and treatment of lunatics is not in all countries as humane and merciful as it is with us; when we bear in mind that the roving disposition of our race must ensure the existence of a greater number of Englishmen in foreign asylums than of foreigners in the asylums of this country; the appeal to your sympathies and to your sense of justice will become, I hope, irresistible. The resolution that I have the honour to propose formulates a principle. It does not attempt to enter into details of practical working, for that is, as I imagine, not within the scope of our functions. The difficulties in the way of making a working arrangement may be great, may, if you please, be insuperable; but what does man come into this world for, but to make difficult things easy, and impossible things possible? If we do not move in this matter, no one else will. But our function is to supply not the machinery, but the force to move the machinery. The evil will not be remedied until the facts are known, and unless we publish the facts, they will



not be made known. We may not succeed, but we can at least do our best, and attain the relief of knowing that the responsibility for the evil does not rest upon those who have done their best to remedy it. I beg to move--

(1) That, whereas the confinement of persons in lunatic asylums of nationality foreign to their own places such persons in a position of peculiar and exceptional hardship, it is, in the opinion of this Association, extremely desirable that arrangements should be made between this and other nations for the transference of such persons to the country to which they belong. (2) That a copy of the foregoing resolution be forwarded to the Secretary of State for Foreign Affairs (with an explanatory note).

Dr. HACK TUKE seconded the motion, saying that in travelling in France and Germany he had seen some of the disadvantages under which English patients in foreign asylums laboured, and he could endorse what Dr. Mercier had said. Undoubtedly, however, the evil was much greater in regard to foreign patients in English asylums.

Dr. RAYNER said that he could endorse what Dr. Mercier had said respecting foreign lunatics in English asylums, and there could be no doubt that their condition militated against their recovery. He had mentioned this fact in one of his annual reports. The proportion of foreign lunatics at Hanwell was double what it ought to be, which might be partly due to the want of recoveries, partly to the natural attraction which a large town like London had for insane persons of a roving disposition, and partly also to the indifference to the shipment of lunatics to this country. In New Zealand, Australia, and elsewhere very stringent rules were made to prevent shipment of lunatics. In England there were no rules, and as a consequence we get more for our share. Having regard to this, he doubted whether they would find that the proportion of Englishmen in foreign asylums did bear such a proportion to the number of Englishmen scattered over the face of the earth, because foreign countries took care to get rid of English lunatics. The subject was of great importance, and he thought that Dr. Mercier's proposals should be adopted, both from a scientific and a politico-economical point of view.

The motion was carried unanimously.

The proceedings then terminated, and the members afterwards dined together at the Holborn Restaurant.

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### Correspondence.

*To the Editors of "THE JOURNAL OF MENTAL SCIENCE."*

GENTLEMEN,—If Dr. Huggard's criticisms of my Definition of Insanity are left unanswered, it may perhaps give rise to the impression that I regard them as unanswerable, but at the same time they exhibit so complete, fundamental, and far-reaching a misapprehension of my position that I despair of being able to deal with them within the limits of a letter, and must leave the matter over until I can deal with it at such length and with such completeness as will not, I trust, leave room for further mistake.

I would point out, however, that while in his first criticism Dr. Huggard attributes to me words that I never used, he gives, in his second criticism, to the words I did use, a meaning widely different from that in which they were employed by me. When I speak of the environment as a "term," it is, as is clearly laid down in the page from which Dr. Huggard quotes, as the term of a relation—as "one of the terms between which the relation subsists." Dr. Huggard deals with it as if I used it in the sense of a logical term—a distortion of meaning which partakes of the nature of a pun.

Yours truly,  
CHAS. MERCIER.

April 10.