

Owing to the lateness of the hour, it was resolved that the two following papers, which were to have been discussed at this meeting, should be taken as read, and printed in the Journal, viz :—

1. By Dr. J. Wilkie Burman, "On the Desirableness of providing a Detached Hospital, for special purposes, in connection with every large Public Lunatic Asylum." (See Original Articles, No. 2.)

2. By Dr. Fletcher Beach, "On a Case of Tumour of the Brain, associated with Epilepsy and Catalepsy." (See Original Articles, No. 3.)

The proceedings then terminated. The Members of the Association dined together in the evening at the Ship Hotel, Greenwich.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held June 18th, 1879, at the Rooms of the London Medical Society, Chandos Street, at 8.30 p.m., Dr. CRICHTON BROWNE, President of the Association, in the chair.

Dr. SUTHERLAND exhibited a case of chorea, in a woman of advanced age (See Clinical Cases). Twenty-five years ago the patient had an attack of chorea, which was produced by her anxiety concerning her husband, who was a soldier in the Crimea. From that time until recently she had had no attack, but six months back she trampled a nail into her heel, and this accident resulted in her present attack, from which she was recovering. Tetanic symptoms had followed immediately upon the injury to her foot. The movements were most violent on the left side of the jaw and the left leg. She was very much debilitated, and could hardly walk, although before her accident she sometimes walked twenty miles a day. It was somewhat unusual to meet with a case of chorea in a woman of her advanced age. Of course the case was very much mixed up with hysteria.

The PRESIDENT remarked that the mere appearance of the head might suggest paralysis agitans rather than chorea, and referred to the effect which fear and apprehension had in producing tetanus. This disease was much more prevalent among South Sea Islanders prior to their conversion to Christianity.

Dr. SAVAGE thought that an attack of paralysis agitans coming on insidiously in that way would not have improved as this had done. Under all the circumstances it might, he considered, be called chorea, but he doubted whether all movements of this kind would continue to be thus classed. This case was, at all events, a very important one.

The PRESIDENT, in opening the discussion, alluded to the presence of an eminent medical gentleman from the other hemisphere, the Editor of the "American Journal of Insanity," Dr. John Gray. The Members of the Association were under considerable obligation to that gentleman on account of the aid which he had rendered those of their number who had visited America, and it would give all present great pleasure if they might look forward to his presence at the Annual Meeting of the Association.

Dr. GRAY thanked the President and the Members of the Association generally for the cordial reception accorded to him, and stated that he hoped he might be able to be present at their Annual Meeting to listen to their discussions, and to learn all that he could in regard to lunacy treatment in this country. As regards the question immediately under discussion, he was sorry to say that in America they had no pensions. Perhaps they were too young for that. He trusted that the English Lunacy doctors would succeed in establishing a thoroughly satisfactory and just system of pensions, and their American brethren would then be only too thankful to take up that system and apply it to themselves.

Dr. LINDSAY stated that in order to narrow the discussion, he proposed to

submit to the meeting the following resolution :—"That in the opinion of this meeting it is advisable that the regulation of the salaries, emoluments, wages and pensions of the officers and staff of County Pauper Lunatic Asylums should be transferred to the Imperial Government, and that the Treasury capitation grant of 4s. per week, instead of going to the Union Guardians, should be applied to these purposes, as well as to the payment of the repairs, alterations, and future extensions of the fabric. Further, that Medical Superintendents of County Asylums be placed on the same footing and scale with regard to superannuation allowances as the Commissioners in Lunacy, viz., one-sixtieth for every year of service, and ten years allowed on appointment as Medical Superintendent. And that a Committee be appointed to arrange a deputation to the Home Secretary on the subject."

The PRESIDENT remarked that the case of the Commissioners in Lunacy was hardly a good one to take as a precedent.

Dr. LALOR said that the Commissioners in Lunacy were frequently promoted from other offices in connection with the treatment of lunacy, but the fund out of which their salaries were paid being the Consolidated Fund, their years of service as resident medical superintendents and so forth, were not allowed to be counted when their claims to superannuation were considered. If the change proposed by Dr. Lindsay were carried out, the Commissioners would be allowed to count those former years of service. It was clear that there ought to be uniformity in regard to the payment of the different medical branches of the lunacy service, all being paid by the Government and all being allowed to reckon the years of service given in any department.

Dr. BUCKNILL stated that he had listened with great pleasure to what Dr. Lindsay had said with regard to the uncertainty of pensions, for it agreed with the opinions which he had many years ago advocated as Editor of the Journal. If the members would take the trouble to refer to the early numbers of the Journal they would see that the principle of a certainty, which might be looked forward to by the officers, had been advocated in its pages year after year, and it had been one of his greatest disappointments to find, when legislation did take place, that that important principle was sacrificed to the far less important one proposed by the Commissioners in Lunacy, viz., the reduction of the period of service from twenty years to fifteen years. The subject of the Parliamentary grant of four shillings a week had been advocated by the Deputation which appeared before Mr. Sclater-Booth, and was not unfavourably received by him—there was a good deal to be said in favour of it. It must, however, be remembered that the grant was given as a sort of bribe to the parishes and unions to send their patients to the County Asylums, instead of keeping them in the workhouses; and there did not appear to be any reasonable expectation that a grant, established for that purpose, would be diverted into such a different channel as that now proposed. He was struck by Dr. Lindsay's apparent inconsistency in finding fault with the action of the Visiting Justices, whilst, at the same time, appearing to object to the transfer of their powers to another body. For his own part, taking everything into consideration, he thought that the Visiting Justices had behaved with liberality to the Superintendents of the County Asylums. There had been individual instances in which they had erred in one way, but there had been also instances in which they had erred in another way, for they had known cases in which persons had received from counties large pensions of which, perhaps, they had been scarcely deserving. If the cases in which the pensions granted had been less than the officers had a right to expect, they had one brought home to them in the case referred to by Dr. Lindsay, of their old friend and colleague, Mr. Ley, of Littlemore. He was one of the ablest of Superintendents; he was a man without a blemish on his character; he had the fullest claim to an ample recognition of his services; but he did not receive that recognition, and he suffered severely from the painful feeling that he had been ungenerously

treated. Such things must occur whenever the granting of pensions was left to the determination of any body of men, without strict rules to go by; but when those strict rules were laid down they were never likely to be very liberal. There were some strict rules now. He would like to ask the Irish members whether they were satisfied with the strict rule in Ireland. There was also a strict rule in the Civil Service. Were those strict rules liberal? Depend upon it, looking to the spirit of the times, any absolute claim admitted by Parliament would not be a liberal one. He (the speaker) would be far more inclined to leave his case in the hands of men whom he had served, than leave it in the hands of the Treasury. He had never heard of any one being satisfied with the rating of the Treasury in such matters. With respect to continuity of service, that was a principle to which he could give his most hearty concurrence. If an officer had served the public as a Medical Superintendent of a County Asylum, and in another capacity as well, it was but fair and just, when the reckoning took place between that officer and the public whom he had served, that the whole of that service should be taken into consideration.

Dr. LUSH, M.P., said that he had come very strongly to the conclusion that the present system was unsound, and ought to be amended. Here was a large body of gentlemen who were devoting themselves to a very serious and brain-working occupation; and, they were liable—whenever it might become necessary for them to give up that occupation—to be practically dismissed the public service with very insufficient remuneration. It ought never to be forgotten that gentlemen who take office in any way under the public can rarely resort to any other means to obtain a livelihood; and thus the great bulk of this special class find themselves dismissed to a retirement in which they have no means of adding to their income. He (the speaker) had, in another branch of the profession, had experience of the caprice and the want of generosity which was so often evinced in this matter. He referred to the Poor Law. In one case, which occurred a few weeks ago, a medical gentleman was thrown from his horse, and was so seriously injured that he was incapacitated from discharging his duties. He had been for a long time in the poor law service. Upon resigning his appointment under the Guardians, he applied for a pension. The answer was, that although it was a very painful case, it would be a bad precedent to set, and therefore they could give nothing. The County Board system would add to the doubtful generosity of the Magistrates, the undoubted want of generosity of Poor Law Guardians. A very strong proportion of the members of County Boards would be the Guardians proper, and he (Dr. Lush) had, two years ago, very plainly expressed his strong objection to giving to members of County Boards the right of dismissing gentlemen of experience and value into obscurity, by dismissing them without a pension. The County Board would be worse than the Visiting Justices, and the Association ought to oppose in every way the County Boards having anything to do with the assessing of retiring allowances. Dr. Bucknill had stated that hard and fast rules laid down would not be beneficial. Now, a very noble instance, bearing upon this point, had recently occurred—the case of a learned judge, who, in his early life, might have realised a large fortune by keeping to his private practice. His salary was £4,500 per annum, and his retiring allowance was £3,500 per annum. Now, if this was admitted in the legal profession, why should it not be admitted in the medical profession? For his own part, he (the speaker) thought it would be better to let the present system go on, than have any new system which should perpetuate an injustice. Better times might come. In regard to Dr. Bucknill's remark that the grant of 4s. a week was intended as a bribe to the parishes to induce them to send their patients to the County Asylum, it might indirectly have had that effect, but the main ground for that grant was the transfer of local taxation to imperial taxation.

Dr. LALOR, speaking as one of the Irish members, stated that in regard to

uncertainty of pensions he did not think the Irish lunacy staff had anything to complain of. In Ireland the principle was admitted that the words of the Superannuation Act "may and shall" were compulsory, and when the conditions prescribed by the Act had been complied with, the governing Boards did not consider that they had any further responsibility in the matter. The Irish Members had this grievance: That whereas in England the officers of lunatic asylums could get two-thirds of their salary and allowances at the end of 15 years, in Ireland they could not claim two-thirds until after the lapse of 40 years' service. It was plainly a discrepancy to the disadvantage of the Irish physicians.

The PRESIDENT—How much can they claim after 15 years' service?

Dr. LALOR—The Civil Service allowance for 15 years, viz., fifteen-sixtieths. One-sixtieth for every year of service, that would be fifteen-sixtieths at the end of fifteen years.

The PRESIDENT observed that there was this difference between England and Ireland in respect to superannuation, viz., that while the officers in Ireland could claim their pensions and get them, those in England could claim them, but did not always get them.

Dr. RAYNER said that if superannuation were made compulsory, asylum attendants, as a class, would be very much benefited, and their character generally raised. It frequently happened that day-labourers, who had nothing whatever to do with the patients, were pensioned off at a higher rate than the attendants, who were engaged daily and hourly with them. A similar inconsistency existed also in the higher ranks. Thus, a medical officer would enter the service of an asylum after many years of study in his special line of the profession, and at the end of his service would be pensioned only on his service in that asylum. Side by side with this case would be that of a lay officer, who enters the service of the asylum as a mere lad, and who, after rising to the highest lay rank, would be pensioned off according to the full length of his service. There could be no doubt that the original intention of the Legislature had been to give very liberal pensions to officers engaged in lunacy treatment. The tendency in the opposite direction had to some extent been due to the extension of large pensions to persons for whom they had not been originally intended. He trusted that if the present scheme continued in force some mode of appeal would be given against such inequalities of pensions.

Dr. BOYD fully concurred in the observations of Dr. Lindsay. In his own case, before he went to the County Asylum, he had been twelve years in the Infirmary, which, on his retirement, made twenty years of service. He did not receive quite two-thirds; something less than that. During his service at the asylum a class of patients were received and treated, for whose maintenance there was charged an excess over the ordinary maintenance rate of five shillings per head per week, and out of the fund thus created (which amounted, while he was there, to sixteen thousand pounds) the asylum authorities built a wing for 70 or 80 patients, as well as a detached infectious hospital, and all without the least assistance from the county. His pension amounted to a very small percentage of the large sum which had been thus saved. There was a gentleman present who had been thirteen years in another asylum, prior to his last appointment, and yet that 13 years' service went for nothing.

Dr. PARSEY stated that in Ireland the opinion of the Law Officers of the Crown was that the years of service in any asylum could be added, and in one asylum, which he cited, two female attendants had been superannuated, and had been allowed for years of service which had been given in another asylum.

In reference to a proposal to the effect that the salaries, emoluments, wages, and pensions of the officers and staffs of County Lunatic Asylums should be charged to the Consolidated Fund, the PRESIDENT pointed out that this would open up a very serious question involving that of the transfer to the Government of the appointment of officers, &c., and it would be scarcely fair at such a

small meeting to pledge the Association to a decision upon that point. He suggested that the resolution should be couched in more general terms.

Dr. BUCKNILL asked whether the medical officers would like to be placed under the Local Government Board, or any such department. He had no doubt that, on the whole, the pensions granted by the Visiting Justices were in excess of those given under the statutory claim of their brethren in Ireland.

In reply, Dr. LINDSAY stated that he had as high an opinion of the Visiting Justices of County Asylums as Dr. Bucknill, and he had never hesitated to express that high opinion; but he had not the same faith in the Quarter Sessions, because the Justices there did not know all the circumstances; they were liable to be unfavourably influenced, and were not always able to take such a just view of the matters in question, as those justices who, being members of the Visiting Committees of the asylums, were thoroughly acquainted with the officers. Moreover, changes were inevitable, involving the transfer of the asylums to County Boards, or, perhaps, to the Local Government Board.

After some further discussion as to the resolution,

Dr. LINDSAY said that, acting on the suggestion of the President, he should amend his proposition, so as to make it more general. He therefore begged leave to move—"That in the opinion of this meeting, granting pensions to the officers and staff of County and Borough Lunatic Asylums should be no longer permissive, but compulsory."

The resolution having been seconded by Dr. BRUSHFIELD, was carried.

BRITISH MEDICAL ASSOCIATION.—ANNUAL MEETING, CORK, 1879.

SECTION OF PSYCHOLOGY.

*Discussion on the Prevention of Insanity.**

The discussion was arranged under the following heads:—(a), Ascertaining and classification of causes; (b), the legitimate prevention of hereditary transmission; (c), the influence of bad sanitary conditions; (d), the effect of the teaching of elementary physiological principles; and was opened by Dr. HERBERT C. MAJOR, who urged that the importance of the subject could not be over-estimated. While increase in the proportion of persons becoming insane was still open to some doubt, there could be no doubt of the annual growth of the insane population from the accumulation of incurable cases; and if such accumulation was to be checked, it was to be done by preventing, by every possible means, the occurrence of fresh cases. It was not sufficient, when insanity had once supervened, to insist on early treatment. This, although most advisable, would in many cases fail to bring about a cure, with our present knowledge, from the fact that oftentimes there existed with the onset of mental symptoms grave or incurable cerebral lesions. Taking up specially the question of the ascertaining and classification of causes of insanity—a subject which must form the starting point for all efforts at prevention—the importance in the first place of the adoption of a satisfactory scientific system of classification was alluded to, as also the utter inadequacy of the system adopted in most asylum reports. While the difficulties and uncertainties attending the forming of a correct idea of the cause inducing insanity in our cases were often very great, this was no argument against continued

* For this report we are indebted to M.S. placed at our disposal by the *British Medical Journal*.