

*The President* declared Dr. Skae to be duly elected.

*Dr. Tuke* : While I congratulate Dr. Skae on his election, I hope the meeting will perfectly understand that I entered on this matter with a perfect certainty of the result. In the Committee we were anxious that the system of a clique electing a particular man should be abolished ; and I hope the meeting will do me the credit to believe that in coming forward in the way I did, I was not in the least degree opposing Dr. Skae, but merely opposing the system which has been hitherto adopted. As it is, I congratulate the meeting on the election it has made.

*Dr. Davy* : I beg to give notice that it is my intention next year to submit a resolution to this Association, having for its object a new mode of election of President year by year ; the object being to take the election from the few, and place that duty in the hands of the many. Let me say, in anticipation, that I think I shall be well supported by you all in my endeavour to carry out this innovation. This happens to be an innovation which is a decided improvement, and I trust that I shall be well supported.

#### ORIGINAL COMMUNICATIONS.

The following paper was then read by

*Dr. Mundy on the Cottage Asylum System:—*

GENTLEMEN, — I must first apologise to you for venturing to address you in your own language, but the indulgence which you generally and generously grant to foreigners, induces me to hope, you will also extend to me.

I embrace the opportunity which you have kindly given me to address you on a new system of our science, which although it appears to you under various names and denominations, is, in reality, but one and the same thing, and has raised itself by its importance into a question of the day.

I cannot but admit, that many look upon this question *à priori*, as Utopian : others, on the other hand, consider it a question settled by previous debate, call it impracticable, and have given it up altogether. There are indeed but few left who have at once the courage and perseverance to appear as its champions and promoters. If I therefore endeavour to examine the principles of those who look upon reform as "given up," I think I shall be able to discuss with advantage the question, and to do justice to the three different parties. And here let me now ask you, gentlemen, whether it is right to consider a question given up and settled, which has never been debated on its own intrinsic merits, but merely on unsatisfactory examples,

and results which have scarcely given material for gossip or for the pen? And I can truly say such has been the fact with regard to "Gheel," a name which I really venture to mention before you with great reluctance, and assure you I will not repeat again. But it is not only this Belgian town, gentlemen, which I could quote to you as an example for the possibility of a practical solution of this question; I have other proofs to show that the new system and its application is successful and practical. It must be known to you that the brothers Labitte, of Clairmont (Oise), in France, situated twenty miles from Paris, have become millionnaires in less than ten years by a colonization of the insane.

In Germany, only Hanover has commenced with a small asylum of this kind, and in my own country the inhabitants of the island of "Cepel," which is situated four miles from Pesth, in Hungary, have adopted the same humane practice. In Scotland the attempt has also been made; and in England, in the Devonshire Asylum, you may trace single but splendid example of the same system, which has been introduced and fostered by a gentleman of high reputation both in England and on the Continent, but particularly valued and admired by yourselves, his fellow-labourers, including myself; I mean of course our distinguished colleague, Doctor Bucknill.

You may therefore term this system good or bad, practical or the contrary, it remains yet with all the *pros* and *cons*, a fact, an undisputable fact, that this system shows a possibility of application, and when we consider the examples I have mentioned, it shows a possibility of application in all countries in the world.

Can you, gentlemen, then doubt that an improvement on the examples quoted, however limited their sphere may be, to be impossible? It is certainly a great pity that that improvement has not been attempted by newer establishments of a similar kind;—indeed not only has this not been done, but even the principle of reform in the treatment of the insane, has been treated with harsh refusal! May I trust that you will act differently, and bestow some attention upon this serious question; for it is in your mighty and noble country, where that ever youthful aged man, whom I am happy and proud to see in your presence, has become the benefactor of all countries and peoples, and his name will be entered in the great book of history with golden letters—"Exegit sibi Doctor Conolly monumentum ære perennis!"

England's unfortunate insane, over 50,000 in number, live without restraint, through his wise and indefatigable exertions. I have mentioned this great fact, gentlemen, as historic, but your scientific minds as well as your humane feelings will wonder, when I tell you in opposition to this pleasing fact, that neither France, Italy, Germany, nor the rest of Europe, consider a no-restraint system possible. They doubt its application altogether, and treat the insane,

in opposition to reason, justice, and established principles, in the contrary way to this reform!

It requires but a momentary glance to see the great abyss which separates the countries I have just mentioned from the much more powerful step in advance to abolish "the sequestration system" of the insane. It will, indeed, be long before they will perceive their barbarity of treatment, and unless legislative power should determine it otherwise, they will certainly be in no hurry to adopt the "family system" in which every member can move without restraint, and in which the insane will be nursed and cured in the same manner in which every other patient is treated and cured.

That such is possible we know already; that we can improve upon what has been already done we certainly believe; let us then consider, gentlemen, whether this improvement be necessary, and if so, whether the new system be better than our present practice. If, gentlemen, you cast a glance from England towards Europe and America, you will at once perceive that the gigantic asylums of our day are scarcely sufficient after five or ten years to take in the increase of the insane population, and that more and more large institutions become an urgent necessity for every country, and at enormous cost.

It cannot be suffered—thus remark the "initiated"—that these asylums which swallow up millions, shall only be built for ten years, and that new taxes must continually be paid by the community to defray the enormous outlays which new asylums require, and that this tax is continually to increase for the ever-growing demand of further asylums. Others again say, that it cannot be endured any longer to permit asylums to be built like fortresses and prisons, and for accommodating thousands of patients "pell-mell." By such centralizations the medical influence becomes a mere illusion, and these costly institutions, therefore, offer no scope for therapeutics, but are mere places for the keeping, housing, and custody of the insane.

Lastly, there are *a few* who condemn the sequestration—which is still looked upon as the rule—as useless, without aim or profit to the patient's welfare. These few recommend "free air," the family life, work, or in one word, the family colonization, or cottage treatment system! The few followers of this new doctrine, maintain that by such arrangements science is alone able to extend its blessings to the insane, and to obtain for therapeutics its chief aim and object, "to cure the curable" expeditiously, and to offer to the incurable at any rate the most agreeable lot under circumstances large for utility, so sad.

Already the wonderful practical results obtained by means so insufficient, offer to the adherents of the system the best guarantees for its success if these ideas are carried out on a scale sufficiently and with a scientific basis.

If I have succeeded, gentlemen, in showing you clearly the neces-

sity of such reforms, it would also now be necessary to examine whether such reforms be sensible, practical, scientific, and capable of furthering our science?

On these questions I invite you, gentlemen, to debate at a future time, and I beg leave to place before you for that purpose the following theses, which your experience and your wisdom will solve:

1st.—What are the principles of the new system, generally termed the colonization of the insane—theoretically, and scientifically investigated and determined?

2ndly.—What practical benefits might result in reference to the examples already furnished for—(a), the therapeutics of the insane—(b), the management of the patients?

3rdly.—Is it possible that these theoretical principles can be practically adopted in England and other countries of the world?

4thly.—What is the relation between the advantages and disadvantages of the new system to the advantages and disadvantages of the present system?

5thly.—What can be done to break with the old system radically, and to promote and adopt the new one as the rule of action?

6thly.—Is this new system applicable to the rich and poor, or to both, and under what modifications?

7thly.—And what system ought to be adopted if the colonization system be not found practicable?

These seven questions, gentlemen, were indeed the objects to which I wanted respectfully to draw your attention.

The very short time which you kindly grant me, altogether prevents my doing more than laying these questions before you, and recommending them to your consideration, if you should consider the subject worthy of your deliberations.—Whether the “block-system” will be chosen, towards which England seems already to lean, or you adhere to the stagnation of our present time—at all events it would be of the highest interest for our science to hear from so potent an authority as yourselves—from men of your practical experience and independent judgment, practising the no-restraint system now upwards of twenty years; the *pros* and *cons* on the principle which is of so much importance to humanity, and which is yet so little appreciated and known, and consequently so ill judged.

I hope, gentlemen, you will not consider me presumptuous if I propose to you the discussion of those questions mentioned by me, and if you would appoint from your society a committee for the purpose of examining the same, and to let their report be placed before you at your meeting next year for further debate.

At the moment I speak to you here, the insane of Aversa rehearse Alfieri's “Brutus,” in order to repeat and represent the same in the evening at the “Teatro Fondo,” at Naples. A great number of your own unfortunate inmates of asylums visit at the present time

“the great International Exhibition,” in which the progress of humanity is strikingly illustrated by the remarkable quantity of guns from all parts of the world! Might such extremes not tend to encourage me to hope that you, gentlemen, will resolve to debate on a new system, when you perceive that the old one is indeed tottering!

*Dr. Robertson* : I am sure we are much indebted to Dr. Mundy for his paper, which is the first that we have had from any of our foreign friends. I had a long and interesting conversation at Hayward's Heath with Dr. Mundy, with regard to this question of lunatic colonization; and I must say that he made a convert of me; and if I could only get the land, I should be glad to try the experiment. Land in Sussex is dear; but if I were in the Highlands, I think I should set too at once. We spoke to several of our attendants, and went into the question of their receiving the patients in their houses. In fact we went into the question of imitating what I saw carried out by Dr. Bucknill, at Exminster, five or six years ago, which is a beginning of the system that Dr. Mundy is in England to advocate. The questions raised by Dr. Mundy in this paper are of such importance that at this meeting we can hardly go into them; but I think we might adopt Dr. Mundy's recommendation, and appoint a small sub-committee, to draw up a report on the subject, instead of undertaking the journey to Gheel. I do not know any of our members who would be disposed to go there, except Dr. Browne, and we should not like to send him alone. If a committee were appointed to bring up a report on the subject at the next meeting, the question would then be fairly and properly dealt with.

[The names of Dr. Tuke, Dr. Davy, and Dr. Mundy were suggested.]

*Dr. Tuke* : I must decline to serve on such a committee, particularly after the speech of Dr. Robertson; for I have a strong feeling that the scheme is perfectly Utopian and absurd. Therefore, with this strong prejudice existing in my mind, I think I ought not to be appointed a member of the committee. I could not, without going to the place, upon mere hearsay, or written evidence, come to any conclusion on the subject. Dr. Robertson has spoken strongly in favour of the Gheel system: I could speak as strongly against it. I noticed the other day a statement that was made with regard to the tendency of hereditary succession of insanity; and it was remarked that children born of insane patients at Gheel were not generally insane. I do not know whether that struck any visitor at Gheel, but it was an extraordinary statement; because it would imply that the female patients at Gheel were living in that charming state that they were in the habit of increasing the population, and doing so very satisfactorily. That is one strong objection I have.

*Dr. Williams* : I think the subject is of very great importance. It will be obvious to almost every one conversant with the subject, that

our very large asylums are very large evils. This mode takes us to the very antipodes of our large asylums; and I think there must be some middle course in which true wisdom will be found. I quite concur in the idea that a committee should be appointed; but I think that that committee should visit Gheel before bringing up a report.

*Dr. Robertson*: I think you would not get the members to go.

*Dr. Williams*: If any gentleman would take the trouble to go on his own account, I imagine a committee would go. Last year I went, if I may so say, on my own hook, to Gheel; and I have no doubt other gentlemen will be found who would do the same.

*Dr. Christie*: I have also been to Gheel, and seen the system in operation. There was an able report on the subject, in our Journal, some little time since, in which the system was thoroughly discussed. I think we need only refer back to our own Journal to see how the Gheel system has answered; for the subject is there very impartially discussed.

*Dr. Sibbold*: I think the Association is fortunate in not having sent a committee to Gheel this year. I was there about a month ago, for the second time. The asylum, which it is necessary should be in working order before the system can be properly judged, now only contains three or four patients, so that it would be impossible for any committee this year to have made a satisfactory report.

*Dr. W. P. Kirkman*: It is the cottage system that we want a report upon, not the new asylum. I think that the appointment of a committee to report on the subject without going to Gheel would be attended with great benefit. Knowledge is power, and we should have the aggregate knowledge of the members of the committee to find out the truth.

*Dr. Mundy*: Allow me to say that I have not said one word about Gheel. I have simply spoken of the principle, which has never before been fully discussed. Gheel is a great example; but I have not brought it forward. I was there for six months, and know it perfectly well; but my object has been to discuss the principle of colonization.

*Dr. Bucknill*: One objection to the appointment of a committee seems to be that many of our associates have already made up their minds one way or the other. Dr. Mundy has certainly made up his mind that seclusion in our asylums is an unmitigated evil; and that the residence of the insane in the cottages of the poor would be an immense improvement. Dr. Tuke, on the other hand, thinks that Dr. Mundy's proposal to place the insane in the cottages of the poor, is an absurd and Utopian scheme. Now, I think it would scarcely be wise to name a small committee with Dr. Mundy and Dr. Tuke upon it. (Laughter). For my own part, I have given some attention to this subject for some years. I have had patients living in cottages for five or six years; and I still continue that

method. I have about a dozen female patients living in cottages; and there are also ten men living in one cottage which I have taken for them, where they go and sleep like ordinary persons. But then, you must remember that I have 650 patients to choose from. From all I can see, I should say that the system of placing the insane poor to live in cottages may be a slight help to the asylum accommodation; but that you could not go very far in carrying out that system; that you would soon be brought up by the characteristics of the patients—their unsuitability for the system—or by the difficulty of finding suitable people to take care of them. That is the result of my experience. It is a most interesting and important question; and it is one which bears also upon the best plan of building asylums. There is an asylum now about to be built in a neighbouring county—a second asylum in Surrey, for 600 patients; and some influential persons in that county are so convinced that the concentrated system of asylum building is not the best, that they propose to entirely constitute the new building of separate blocks. I think it is within our province to go into all these questions; but whether we should do so by independent investigations, or by committees, I do not know. I must own that I see some difficulty with the committee proposed.

*Dr. Munro*: Allow me to ask what is meant by the cottage system? Some gentlemen seem to include in it associated villages for the insane, while others speak as if they only meant private lodgings for individuals scattered over the country. I hardly think that we have a clear notion of what is meant by the cottage system. There is a great deal to be said in favour of one of those systems, which cannot be said in favour of the other.

*Dr. Mundy*: This question was discussed, as Dr. Bucknill knows, about two months ago, in the Psychological Society of France. It was also discussed at two meetings in Germany, and will be discussed at another meeting in September. It will be most remarkable if men of your experience should refuse a discussion of this principle, and that in England, where, alone, the system of no-restraint is adopted.

*Dr. Kirkman*: With regard to the question that has been put by Dr. Munro, I think the general idea of psychologists is, that the cottage system includes a cottage holding from one patient to twenty. I have had the honour of being officially connected with Dr. Bucknill at the Devon Asylum, and I have seen the system there carried out satisfactorily, up to the number of forty-two. As it appears distasteful to some members to have a committee appointed to report upon the subject, would it not be better that those who feel inclined to give the matter their consideration should supply Dr. Bucknill with papers on it for the journal. In that way the matter can be brought before the members who will be able to give it the attention it deserves.

*Dr. Tuke*: If that is the cottage system, I think there cannot be a better. The number of patients being from one to twenty, which

is precisely the number under my own care at the present moment, I regard that as the *ne plus ultra* of perfection.

*The President*: I am sure the meeting will desire to return the cordial thanks of the Association to Dr. Mundy for his interesting and valuable paper.

*Dr. Bucknill* then addressed the meeting as follows:

*On certain modes of Death prevalent among the Insane.*

Mr. PRESIDENT and GENTLEMEN,—If it were needful to adduce any reason for calling your attention to the peculiar manner in which a large number of our patients cease to be our patients, through the intervention of that benevolent agency which to the helpless and the hopeless comes as the “*Tod als Freund*” of the German artist, a sufficient reason would I think be afforded by any effort made to tabulate the results of mortality in asylums as they are recorded in our annual reports. The character of fatal disease is no doubt much the same in our various county asylums, and yet the manner in which the results are recorded in our reports is so different as to render it impossible to make a satisfactory summary of the mortality in our asylums collectively.

I hold in my hand the obituary tables of a few asylum reports taken as they come to hand. The first is that of my friend and neighbour, Dr. Boyd, which differs from all the others not less in the fulness of detail with which it is made up, than it does in the peculiarity of the assigned causes of death. In Dr. Boyd’s report, the interpretation of pathological appearances, expressed by such terms as arachnitis, cerebritis, meningitis, myelitis, &c., takes the place of the generalizations which we meet with in other obituaries. If Dr. Boyd is right in his views respecting the inflammatory nature of general paralysis and other forms of brain-disease causing insanity, it must be admitted that his manner of describing the causes of death is accurate and scientific, and worthy to be adopted by us as a model for our obituary tables. But if, as I think, the thickened membranes and the softened substance of brain and spinal marrow which we so often find in our asylum necrosopies, cannot be shown to be the results of inflammation, and can only as yet be recognised as the results of processes of diseased nutrition, the real nature of which it remains our task to investigate; then I think it will, for the present, be better to use the generalizations of the causes of death which we find in most obituary tables. It is, however, most important that we should not use these generalizations more largely than we are compelled to do by the present state of our knowledge, and if our associate to whose obituary table we have referred, has employed a greater degree of pathological exactness than we can imitate, it is not, on the other hand, needful that we should generalize every form of death not readily accounted for by local