

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE General Meeting was held at the Langham Hotel, Portland Place, London, W., on Friday, May 15th, 1903. Dr. J. Wigglesworth, the President, occupied the Chair.

The following members were present:—Drs. J. Wigglesworth, H. H. Newington, H. F. Kidd, R. C. Stewart, A. N. Boycott, C. Mercier, T. B. Hyslop, C. H. Bond, W. A. Weatherly, H. G. Hill, J. M. Moody, H. Barnett, A. R. Urquhart, F. Watson, W. L. Andriezen, W. F. Menzies, H. E. Haynes, G. H. Savage, J. G. Soutar, G. E. Mould, A. J. Alliot, H. Stilwell, H. F. Winslow, T. O. Wood, M. Craig, W. Briscoe, H. T. S. Aveline, F. W. Edridge-Green, W. Douglas, G. H. Johnston, W. R. Dawson, James Chambers, D. Bower, G. E. Shuttleworth, R. J. Stilwell, G. S. Elliot, J. C. Johnstone, E. B. Whitcombe, J. B. Spence, H. Rayner, A. Miller, H. A. Benham, D. G. Thomson, J. W. Higginson, and Robert Jones (Hon. Sec.).

Apologies for non-attendance were received from Drs. A. R. Turnbull, P. A. Macdonald, and T. Stewart Adair.

Visitors.—Drs. S. Palmer, E. G. Younger, J. Marnan, and Mr. W. Schroder.

The Educational and Rules Committee met in the morning, and a Council Meeting was held before the General Meeting. The following were present:—Dr. Wigglesworth (President), H. Hayes Newington, Henry Rayner, Theo. B. Hyslop, C. K. Hitchcock, E. B. Whitcombe, W. R. Dawson, Rothsay C. Stewart, H. Gardiner Hill, Charles Mercier, A. R. Urquhart, C. Hubert Bond, Ernest W. White, Maurice Craig, J. Beveridge Spence, E. Braine-Hartnell, H. A. Kidd, A. N. Boycott, L. A. Weatherly, J. M. Moody, and Robert Jones.

The following candidates were elected ordinary members:—Bailey, William Henry, M.B.Lond., M.R.C.S., L.S.A., D.P.H., Featherstone Hall, Southall, Middlesex (proposed by Drs. R. Percy Smith, F. W. Mott, and Robert Jones); Eady, George John, M.D.Brux., M.B.Lond., M.R.C.P., M.R.C.S., L.S.A., Juglans Lodge, Enfield, Middlesex (proposed by Drs. David Ferrier, H. Hayes Newington, and Robert Jones); Johnstone, Thomas, M.D.(Hon.)Edin., M.R.C.P.Lond., Medical Officer of Health, Ilkley, Yorks (proposed by Drs. W. Bevan Lewis, W. Maule Smith, and Jno. Glen Forsyth); Wigan, Charles Arthur, M.D.Durham, M.R.C.S., L.S.A., Medical Officer, Bristol Training Ship "Formidable," Deepdene, Portishead, nr. Bristol (proposed by Drs. G. H. Savage, C. T. Ewart, and Robert Jones).

COMMUNICATIONS.

An adjourned discussion took place on two papers that were read before the previous General Meeting. These papers were:

(1) "The Care and Treatment of Persons of Unsound Mind in Private Houses and Nursing Homes," by Dr. Ernest W. White.

(2) "Lunacy and the Law," by Dr. T. Outterson Wood.

Dr. RAYNER said he did not hear the papers read, but he had perused them since in their printed form. The subject was one in which he had long been interested, and he therefore wished to offer some remarks upon it. There were two important points for discussion: first, the desirability of having early care of mental cases; and the second, that such care should be efficient. So far as the legalisation of treatment of early mental cases was concerned, he hoped that matter might be regarded as fairly well settled. When a Lord Chancellor had introduced the clause which he had into several separate Bills, it was reasonable to hope that when he tried a third time it would become law. But then there arose the question of making that privilege efficient. He thought there was great danger of that privilege being seriously abused unless some limitation were imposed upon its use. In his view, very considerable limitation would be necessary.

On what basis that limitation was to be fixed would be a point for discussion. With regard to the persons to take care of early cases, his experience had been that the best people were those who had had considerable asylum experience. Perhaps medical officers who had been for some time in asylums were the very best people under which such cases could be placed. Next in order were old asylum officers, not rank-and-file attendants. Beyond those he had found that ladies, who perhaps had had experience in nursing their own friends and had taken to the work, had turned out to be about the most efficient. On the other hand, his experience had been that general nurses were not good for mental cases. Unless such nurses had, early in their career, taken to mental nursing, they turned out badly for the latter work; they were too stereotyped in their habits. He believed all alienists would agree that nobody without special experience should be permitted to take care of the most difficult cases now being considered. Such patients required a greater amount of tact and judgment than was called for in any class of medical work, and to put them into the hands of ignorant and, what was worse, prejudiced persons was most deleterious. He had seen men and women pose as having had experience in mental cases who had really done very serious damage to patients in a very short time, and perhaps almost permanently jeopardised their chance of getting well. In other cases he had seen people—qualified nurses of long standing—who had treated their patients with the utmost care and kindness, but at the same time with the greatest neglect, to the permanent damage of the patients. He had seen, in nursing homes, patients who had been kept in back rooms and allowed to be wet and dirty, and to masturbate to any extent, and yet who had been treated kindly all the time. Still, they had been very much neglected. He had seen cases of delusions relegated to bed, where their delusions became stereotyped and fixed. In fact, in those cases there had been extreme neglect of a very kind form. Therefore he thought the main point to consider was how to make treatment of slight mental disorders good and efficient, to shut out not only the absolutely incapable, but also people who were likely to treat cases on wrong lines. That required a great deal of consideration, both as to how the limits were to be set, and as to who was to set them. He did not know whether the Commissioners in Lunacy might be inclined to grant licences to people who should take charge of cases, but his own feeling was that the Medico-Psychological Association, which had done so much in the direction of improving the training of attendants in asylums, might set itself to work by examination, and perhaps also by teaching, to furnish the public with a reliable body of people who could have charge of cases of incipient insanity. He would be very glad if, as a result of that discussion, some definite proposition of that kind came before the Association.

Dr. WEATHERLY (Bath) said all were delighted to hear the very lucid papers of Dr. White and Dr. Wood at the last meeting at Derby, more especially as time did not permit of the proper and full discussion of the paper brought before the Society by Sir William Gowers earlier in the session. At that discussion nearly all the speakers seemed to preface their remarks by saying they knew nothing about the subject of which they were about to talk. During thirty years he had worked among the insane, and the first fourteen of them were devoted to a great extent to the private care of the insane in private dwellings. It would be remembered by members of that Association that in 1880 he read a paper before them on the question, which was discussed at two meetings. Later he had the privilege of publishing that paper as a book, and was honoured by being allowed to dedicate that book to one whose name was revered by all, the late Earl of Shaftesbury. His lordship saw that book through the press, and had a great amount of correspondence with him on the subject. In that book he (Dr. Weatherly) brought forward a proposition to make the system of single treatment of the insane a definite legalised system, such as Dr. Rayner had just suggested; *i. e.*, to eliminate people who simply took patients into their houses without any special knowledge of mental disease, or the treatment of it, for so many pounds, shillings, and pence. He suggested in that paper that suitable people should be allowed to take one or two cases; that they should work by licence, not granted by the Commissioners, but by their petty sessional divisions, as against quarter sessional divisions, because one recognised that petty sessional officers would know more about the people in their small area. He thought it might be of

interest to the meeting to read one of the letters of the late Earl Shaftesbury on the subject. His lordship said: "I do not object to the principle—I see the good results of it in many aspects; but I somewhat doubt the possibility, should the system be extended to the degree you propose, of exercising such an accurate, constant, and vigorous inspection as would prevent a recurrence of the horrible abuses that prevailed in former days. You may judge what I feel on the subject by the evidence I gave before the House of Commons in 1859, when I stated that 'were any relative of mine afflicted by insanity, I would place him or her in a house along with many others, in preference to any retreat for a single patient.' You will reply, perhaps, that your plan involves the superintending care of a medical man; nay, but I answer, the very worst cases in my knowledge were those where medical men had both the sole care and whole profit of the patients committed to their charge. Nevertheless the wisdom and experience of good men may invent some mode of discipline and superintendence whereby the scheme you propose may be rendered as safe as any other. Of course, such a plan as yours can be intended only for the comparatively rich, inasmuch as the vast mass of those who can barely afford a guinea a week, or even twice that sum, for care and treatment, must, of necessity, be excluded. Almost all reformers in lunacy matters, whether they be lay or professional, are so carried away by the claims of the patient—a natural and very commendable feeling—that they totally forget the claims of the public. The patient has every claim to care, comfort, curative treatment, and his freedom as soon as he is well; but the public have a right, on their side, to security from danger, annoyance, and the pressure of intolerable burdens. I do not say these things to discourage inquiry—much will be gained by frequent discussion,—I am only anxious that nothing should be propounded hastily. The public are so sensitive on the subject of real or alleged madness, that they fall into fits of ecstasy at every new scheme that is brought before them." Those were the words of one whose name would always be loved by all who were devoting care and time to the treatment of the insane, however one might disagree with some of his propositions. What he felt very strongly when Sir William Gowers read his paper was, that that gentleman apparently wanted it possible to place people under care and treatment without, apparently, any supervision whatever; that the relatives might be able, without what he described as the stigma of certification, to place their patients with Jack, Tom, or Harry to be treated. He thought Sir William Gowers forgot that a large majority of the patients who were sent to private houses were not sent with their free will, but against it; they were practically compelled to go to those places, and therefore were virtually made prisoners. He (Dr. Weatherly) thought something should be done to legalise the detention of every person suffering from mental disease and their treatment in single houses. He was most emphatic on that point. With regard to Dr. White's remarks as to the suitable cases for private care, he would not dream of attempting to state what cases, in his opinion, were suitable for private care. It depended to a very large extent upon the person under whose care and treatment the patients were being placed. Looking back he could recollect cases where a widow, perhaps, and her two daughters had devoted themselves so absolutely and entirely to the care of the patient placed under them that he did not think that patient could have been placed anywhere better, though the cases were probably those which Dr. White might not have thought suitable for private treatment. But he had also seen cases where single care was most appropriate, but where the patients had been placed under the care of people who had no idea of managing them. He thought each case should be taken on its merits. The next question which should be considered was whether the care and treatment of the insane should be so wholly relegated to anybody, whether they had or had not special knowledge of the care and treatment. He was not simply referring to lay people, but to medical men themselves. He thought it monstrous that medical men and judges should stand up and say that ordinary people were quite as capable of judging of the mental condition as were men who had devoted their whole lives to the care and treatment of the insane. Surely one who had anything the matter with his eyes would go to an oculist who had devoted his time to that special study; and in the case of mental disease it stood to reason that those who had devoted their lives to such cases must know more about them than the ordinary man. If in any way a system could be established whereby a medical man engaged

in mental work would be able to have a patient under care in a house away from an institution, whether public or private, it would be a very great help. Another point which was touched upon by Sir William Gowers, and also by Dr. White and Dr. Wood, was that of voluntary boarders. He (Dr. Weatherly) thought the voluntary-boarder system should be very widely extended. It should undoubtedly be extended to those public asylums which were now doing good work by taking private patients. He would insist upon such asylums having a definite department apart, and a definite dietary for those private patients. But he thought the voluntary-boarder system should be brought into touch with those asylums. It might be said that he was speaking on behalf of licensed houses when he said it was a wrong thing in the Act of 1890 to include the voluntary boarders on the licence. If an institution could get and keep voluntary boarders, and get them well, while keeping them comfortable, those boarders ought not, in his opinion, to count on the licence. Many houses would be willing to add to their buildings, to provide an annexe for voluntary boarders if they were not included in their licence. And very likely the institutions would do more good work in curing those people by association, by general discipline, and the *morale* of the institution than could be done under single care. He trusted that there would emanate from that discussion a suggestion that the whole system of voluntary boarders should be more or less widely extended.

Mr. BRISCOE said that Dr. White's paper was, in his opinion, a remarkable one, and the question might be regarded as a national one, almost as much so as the abuse of the practice of bloodletting was in former days. He said it had occurred to him that a resolution somewhat similar to the following would be a proper one to adopt in the circumstances:—"That this Association disapproves the modern system now being practised with regard to single care and private nursing homes, and we would suggest to the law authorities some stringent methods with regard to the better regulation of single care cases, nursing homes, and other places for persons of unsound mind; and, in particular, we would lay stress on the important fact that the caretakers should be specially qualified on the matter, possessing psychological training and knowledge." That was only a rough idea, but it was probably similar to what was in the minds of most of the members.

Dr. BOWER said all would agree with that part of Sir William Gowers' paper which said that something must be done to allow of the treatment of certain cases in private houses instead of their being sent to asylums, and, as Dr. Hayes Newington pointed out at the meeting at which Sir William Gowers' address was delivered, the Association had taken all the steps it possibly could to get the Scottish provision inserted into the new Act. On the other hand, he (Dr. Bower) thought it necessary not to make it absolutely a matter of free trade, the treatment of lunacy and the boarding out of lunatics, and that some precautions, similar to those suggested in Dr. White's and Dr. Wood's papers, and by Dr. Rayner in his remarks that evening and also when Sir William Gowers read his paper, were desirable. He thought all alienists—he certainly did—saw many cases in consultation which could be treated at their own homes or in private houses. But he thought those private houses required to be very carefully looked after, and it was necessary that the homes should be very carefully selected. It happened that about a fortnight after the reading of Sir William Gowers' paper he (Dr. Bower) was looking out for a suitable private house, preferably that of a medical man, to which he could send a case which had been with him for some time, and which he thought would do better in a private house. Possibly he was unfortunate in the houses he went to, but in nearly every case the desire appeared to be to see as much of the patient's money and as little of the patient as possible.

Dr. DOUGLAS said he approached the matter under discussion from a standpoint somewhat different from that of most of those present. He had not approached the study of mental cases through the portals of an asylum, which in some ways was possibly a disadvantage, but it gave him a point of view which was of advantage, namely, that of the general practitioner and physician. Though he had not had what was commonly called an asylum experience, he had, from his earliest entry into the profession, taken a special interest in mental cases. He thought it was almost impossible, except in a very rough way, to generalise on the matter; every case should be judged on its merits. Doubtless there were many cases under private care which, if one took them separately, would do better in an asylum;

but one had no choice in such a matter. The friends of the patient would not agree to such a thing nor listen to it. He saw no objection to some form of certificate showing that there must be some special knowledge (on the part even of the medical man) of mental cases before he could take up the care of private patients. There were many medical men who were not suitable persons to have care of private cases; one had heard the acknowledgments of medical men that they knew nothing about the matter, and there was a good deal of evidence to the effect that they did not. He thought there was no objection to leave the matter to medical men who could show special knowledge of mental cases. There were many non-medical people—women, for instance—who might be very suitable persons to place a patient under; that must be judged by the person and by the case—there was no other way, so far as he could see. There was every prospect that when the next Bill became an Act the Scottish clause would be introduced. A proposal had been made somewhat different from that, that there were persons who could not be considered as sane who were not able to look after their property, but who might have freedom to go where they liked and be at liberty when they liked. He admitted there was something to be said for that, but he would not give any such case freedom to go where he liked. The point was a very difficult one, and he ventured to suggest to the special joint committee on the subject that where there was no parent or elder brother or sister, as the case might be, some one who could occupy the position *in loco parentis*, there should be a guardian who would at least have certain power and influence over the patient, and be to a certain extent responsible. A day might come when, either through a weakened will or strong temptation, those patients might show undoubted signs of insanity, and the alienist should be prepared to deal with that condition. No doubt it was a very difficult thing to put into an Act of Parliament, but he did not think the difficulty should prove insuperable. He regretted the Committee could not see their way to frame a clause which would give effect to that idea; he was not without hope that they would yet do so.

Dr. SAVAGE said he felt some hesitancy in speaking on the present occasion, because, at the original address by Sir William Gowers, he spoke fairly fully. Unfortunately he was not present when the two most excellent papers were read by Dr. Ernest White and Dr. Outterson Wood. He spoke very much from the same point of view as Sir William Gowers did, though perhaps with a larger experience and practical knowledge. One came to the point that, do what one would, one had to face the fact mentioned by Dr. Douglas, that a large proportion of the friends would not have their relatives certified, and till they could be forced, by a kind of police action, to certify against their will, something must be done, and it seemed to him that something should be done in the way of recognising single homes. There he agreed with the speakers that day, that it was of the utmost importance to have a notification of patients and a kind of notification of homes. That day he sent out, at the request of a medical man, his 2078th regular form for applicants who wanted to have patients in their houses. Therefore there were on his list 2077 people more or less qualified. When he told his hearers the qualifications of some they would be able to judge. A parson's wife wrote to say, "Unless you can send me a patient to pay £1000 a year, and cause no trouble, my husband will have to put down his carriage, as he has lost heavily on the Exchange." That was the sole qualification. Another thing, which he had spoken very feelingly about, was that people thought every medical man was qualified. Many of the doctors who applied to him had had some experience of the insane; some had been resident medical officers, but in many cases their houses were totally unfitted for receiving mental cases; they were semi-detached in a High Street, with no gardens. Then there was another important point. He frequently said to a doctor, "I do not know your wife." That was one of the most important things. He had had the following experience. He had sent a patient to the house of a doctor who had had training. His wife drank, and the consequence was that great troubles arose, and in the end the patient was removed. Because he had allowed the patient to go into single care the remark was made, "Doctors are no good, we will have a nurse, and run our own risk; we will take her away." They did so, and the patient committed suicide. It was necessary to select the people to have charge of single cases with the utmost care, and to see that they had had some special training. There was need

for a permission of some kind; whether it should be permission by magistrates he could not say. He felt that registration of houses and notification of cases would, to a great extent, cover the ground. There would be trouble, as every one recognised, but all felt a tendency towards greater freedom in the treatment of patients. Every case should be looked upon individually, not only from the point of view of his disorder, but from that of his relatives and his home. The next thing he thought members would all agree upon, but about which nothing had been said that day, was that one felt the Association would urge, as far as it could, the increase in the number of Commissioners, for it was absolutely ridiculous to expect the Commissioners, let them work as hard as they might, to do more work than they did at present. Therefore if there were to be registration and notification they would not be able to take it up. He was quite sure that all of them, especially those who were acquainted with consultations in general practice, encountered many patients who ought to be certified, but who yet could not comply with the requirements of the certificate in respect of what could be seen at the time of the interview. He signed a certificate that day. There were no facts indicating insanity at the time, but he made an assertion that the man was suffering from "acute mania," that he was defective in self-control, loquacious, loud, and turbulent of tongue. That alone was not enough to indicate that the man was necessarily insane. Still, as he was a dangerous lunatic, unless one took the bull by the horns and acted in that way, danger to society would arise. Therefore, besides giving freedom in the treatment of patients, one required that there should be an extension of certification.

There was one other point, and one which constantly annoyed him. One was inclined to think that one's professional brethren intended to be honest in what they said, but he was sick of hearing the following:—A patient was sent into a county asylum or a private asylum as a general paralytic; and the doctor said to the friends, if the patient had been put earlier under his care it would have gone better with him. There were equally hopeless cases of dementia præcox, which began with so-called hysteria, and were as certain to end in weak-mindedness as general paralysis was to end in death; and it was nonsense, and it was wicked, it was one man throwing a slur on the reputation and honour of another to say, "If this patient had been sent to me sooner I could have done more for him."

Dr. EDRIDGE-GREEN wished to refer to one point which, at the meeting when Sir William Gowers' paper was read, was laid stress upon by those who did not belong to the specialty, namely, that a person by being certified became a lunatic, and was thereafter permanently known as such. But there was no doubt that in this case, as in other things, the very means which the public took to avoid certification brought about the result they wished to avoid, because in many cases the public would make their own diagnosis. One heard over and over again, "Yes, Mr. So-and-so was a raving lunatic in that house," and the report kept much more permanently to the man than if he had been sent to a large or small institution, care being taken to transfer him quietly to it. It was for that reason that recurrent cases came back repeatedly to asylums, the statement made being that they found people were making remarks about them.

Dr. ALLIOTT wished to make a few remarks as a general practitioner, who had been engaged in the personal treatment of mental cases for twenty years, and had since given up that branch of work. He had heard with a good deal of surprise that the majority of patients who came under the care of private practitioners came there against their will, and suffered a sort of imprisonment. Perhaps he was the exception proving the rule, but he was happy to say that, during his twenty years' experience, the patients had come to his house voluntarily. He had been impressed by Dr. Savage's question, "If those border-line cases were not treated in private houses, where were they to go?" The evidence of certifiable insanity in such cases was to seek, and up to the present he had been unable to find it. The patients had come willingly, and, as Dr. Savage remarked, he did not know where else than to such homes they could have gone. In the hope, frequently justified, that they would get better, the friends were averse to certification. With regard to the stigma which was supposed to rest on the patient and his friends, and referred to by Dr. Edridge-Green, with whose remark he did not quite agree, he could not help seeing a very great difference between the person who had been under certification and the person who had not. Speaking as a

general practitioner, he could say it made a great deal of difference. Dr. Edridge-Green had referred also to patients being sent away to an asylum, so as to escape a public branding with lunacy. He did not think the going away to a private asylum had that degree of privacy which those connected with such institutions were apt to imagine. He heard with great regret, at the last meeting, of the very large number of people who were incompetent to take charge of private patients. Happily his experience had not been of that sort, and he hoped such instances were the exception and not the rule. He had only seen kindness, and some amount of skill, on the part of doctors who had charge of private patients. It seemed to him that in private care there was an opportunity of giving personal attention to the cure of the patient, which was not so possible when there were a number of patients together. Of course in the latter case patients could get entertainments and dances, which were most excellent; but he thought some patients were more readily helped where they could receive individual personal care. He would be the last, from his personal acquaintance and knowledge of them, to make any criticisms but the most favourable on those valuable homes, the private asylums, but he thought there were a large number of patients not suitable to be sent to asylums, and not certifiable, but yet not fit to take care of themselves. He spoke from that point of view, and because he was surprised to hear it said that many patients sent under private care were imprisoned, taken into the house by the back way, and then locked up. He said he was one of those whose experience was contrary to that.

Dr. HENRY WINSLOW said that the first consideration which alienists ought to have, and probably did have, was, what was for the good of the patient? How was he to be got well, and what was the quickest means of accomplishing that? Was that to be done by sending a patient, say for trial, for a certain time to a private house or private home, or was the patient likely to be benefited more by going to a public institution where he or she could be thoroughly looked after by experienced persons? His own observation and belief was that they could derive a vast deal more benefit by being placed as early as possible under the care of those who had had considerable experience in institutions, either private or public, or in hospitals. It seemed to him almost unreasonable to expect that persons who had not had considerable experience in the management of insane patients could be expected to exercise that supervision and that care which were so absolutely necessary, more especially in the early stages of insanity. There were, no doubt, cases which were fitted to be taken care of in private houses; he alluded especially to the chronic cases. He saw no reason whatever why a chronic lunatic should not be put into a private house. Such patients were capable of some enjoyment of life, and many of them were quite harmless, and could go about with only a moderate amount of supervision. But to put a case of early insanity, when it was not quite clear what course it was going to take, into the hands of a general practitioner, or a person unacquainted with insanity, was, to say the least, a most hazardous thing to do. He thought all must have been impressed by the very large number of cases recorded in the daily press, of persons who were taken suddenly insane and were placed under general practitioners who knew very little about lunacy. The patients had slipped through their fingers and committed suicide. Hardly a day passed in which some such incident could not be seen recorded, and he regarded it as very deplorable. He thought persons who took charge of such cases, unless the patients were properly protected, ought to be held accountable to the law, because nobody was justified in taking charge of an insane person without exercising the very utmost supervision to prevent any catastrophe of that kind. He had himself seen cases of a similar kind, where men who were carrying on large general practices in London—he would not say from carelessness, but from want of proper supervision and proper knowledge and experience—allowed persons of that kind to get into trouble. The public view was that it was a misfortune for Mr. So-and-so to have taken his life, but about the last idea which seemed to occur to the general public was to ask who was to blame for it. Certainly the person to blame was he who had charge of the patient. The onus ought not to fall upon the attendants, but upon those who undertook the care of such cases, and who had not sufficient experience and knowledge to keep the patients safe. It was known that if the patient could be kept safe, even for a short time, there might be a perfectly fair chance of recovery. Anything happen-

ing to such a patient was a loss to society which ought not to be allowed to take place.

Dr. ANDRIEZEN said he had read Dr. White's paper very carefully, and agreed with most of its propositions. Several speakers had laid emphasis on the point that no hard and fast lines should be followed. As practical men they agreed that that was so. The general propositions laid down by Dr. White were, in the main, excellent and wise, and one could exercise one's discretion in departing, in minor respects, from any of them. One difficulty which he had found in his experience was the disobedience of relatives. One saw a patient who was suffering from slight maniacal or hallucinatory confusion, which one thought would last a certain time and probably prove dangerous; accordingly the relatives were advised that he should be certified. The relatives seldom followed the advice immediately, but they hesitated and hoped on, preferring to keep the patient at home, by means of which risks were run. Dr. Winslow had just drawn attention to the risk of suicide. During the past twelve months two cases occurred in his own practice which brought home to him seriously the importance of that. It would be wise if there were some legal provision by which a medical man who was called in to see a case of insanity, and who was satisfied that it was dangerous and required segregation, should have some means of notifying it, as in the case of the notification of infectious diseases. If some such notification were compulsory it would be better for the patient and for the medical man attending the case. He was particularly struck by Dr. Savage's remark about the medical ethics involved in the habit of giving rash opinions on the recoverability of such incurable affections; that remark ought to be made known to the profession at large. It was true that even in cases of general paralysis, the relatives were told that if the case had come under earlier treatment it would have recovered. He remembered two cases of the kind which passed through his hands and were sent to an institution, and in which the same remark was made. One boy he saw last year had dementia præcox, and subsequently developed mild maniacal excitement. It was a hopeless case from the beginning. Any one who had had experience of that class of case would know beforehand that permanent mental enfeeblement would follow, and that the intellect would be permanently damaged; but the relatives had been misled to believe that if the boy had been sent earlier to an asylum his breakdown would have been obviated.

Dr. HAYES NEWINGTON thought the Secretary had set before the Association a very large dish of debatable matter in putting forward the discussion on the Care and Treatment of Persons of Unsound Mind, and Lunacy and the Law. The two papers lately read, together with that of Sir W. Gowers read in November, raised the whole subject of lunacy. There was no doubt that Sir William Gowers, whether rightly or wrongly, was taken as wanting to tear down the provisions of the Lunacy Law too much, so as to allow of the treatment of lunacy cases in private houses, to an amount which exceeds that which the opinion of most members of the Association can endorse. There was no question that, if such was Sir William's aim, he wanted to do that which alienists knew from practical experience was wrong. Dr. White had contributed a very useful warning against going too far in that direction. He had proved to the public what most members of the Association knew, that if a bad case was taken and put into a bad house in the hands of a bad person, then very bad results would ensue. But at the same time it was known that there were cases which did very much better in good houses, in good hands, and beneficial results were more likely to follow than if they were sent to an asylum. But Sir William Gowers seemed to go further, for he desired some radical change in the law, and a very large change. There was no question about some change in the law being required. At present the law was being broken day by day, and one was told it would be broken because the friends of some patients would not have them certified, and we have to reckon with this determination. But that was not all—several patients were deprived of proper treatment because the law could not be observed. It was well known that the certificate required two considerations: (1) that a patient was of unsound mind; (2) that he needed detention. Members knew several cases, probably less among the acute than the chronic, where there was absolutely no necessity to detain a patient,—in fact, many of them, if they were well advised, went into houses voluntarily. For that reason the law must certainly be altered; he fore-

saw that if there was some relaxation in that way, not only would more people be tempted to put themselves under some care for their own benefit, but it would be much more difficult for the wrong-doers, those who took patients in the teeth of the law, to continue their practices. One hundred years ago people were sentenced to be hanged for the merest offence, such as the stealing of 1s. 1½d. from the person, or something of that kind. As a result, not one tenth of them actually were hanged, because the penalty was obviously too great for the offence. It was very much the same now with regard to certification. There were a certain number of insane patients in respect to whom doctors and friends objected to the certificates, because those certificates and the attendant formalities were too great a penalty for the mild alienation seen in the patient. Yet, according to the law, those patients could not be received into any house but an institution; it would be wrong for such a patient to be in that hotel where they were meeting now, for instance, because it was an offence for any person to receive for payment an alleged lunatic. But if one went further and endeavoured to put a foot rule on the Lunacy Law one would see the necessity for alteration. We discharge a patient not recovered but better, who had not got a home to go to. Where was he to go? He must not stop with anybody else unless as a free guest, otherwise it would be a breach of the law. That might appear a small view to take, and might seem to be straining a fact, but it was not so. It would be remembered that two years ago a householder was brought before Sir Frederick Lushington, at Bow Street, for chastising a brother of weak mind with the cane, and in other ways ill-treating the patient. That was ill-treatment in the view of such an expert as Dr. Maudsley. However, the magistrate held that correction with the cane, under the circumstances, was not wrong, and he discharged the defendant. But the defendant was successfully prosecuted under the Lunacy Law five minutes afterwards for receiving his brother, without proper authorisation under the Lunacy Law, for payment, although, as a matter of fact, the keep of the patient cost £120 a year, of which the brother only received £100 a year. It made a great deal of difference to a medical man when considering a doubtful case whether he was liable to be prosecuted or not. He did not think alienists had any right, from their point of view, to limit in any way the treatment of patients. It could not be said at the present time that all patients could appropriately be treated under the present provisions of the law, and therefore the law should be judiciously extended to meet those cases.

Dr. ERNEST WHITE replying said: The excellent discussion of to-day has amply justified my paper. We all agree that some change of existing methods with regard to the care and treatment of persons of unsound mind in private houses and nursing homes is necessary, although we may differ as to what this change should be. Legal reform is urgently called for, and we must look to the Legislature to rectify matters. I will now refer to what we have heard to-day. Dr. Rayner draws attention to the desirability of early care and treatment under efficient safeguards, and especially dwells upon the fact that the custodians, medical and others, must be experienced. To Dr. Weatherly we are much indebted for the letter of that great humanitarian the good Lord Shaftesbury, which sharply delineates the defects of the past, and renders clear to us the possible abuses of the present and future. Dr. Weatherly has also alluded to the extension of the voluntary boarder system, which has been dear to my heart for some time past, and which was strongly advocated in my paper. I have had opportunities of seeing the working of the voluntary boarder system in well-managed private asylums, and sincerely trust it will soon be extended to county and borough asylums receiving private patients.

We have at the present time 240 private patients at Stone, and many of these might be treated as voluntary boarders preparatory to discharge. The main advantage, however, would be for the treatment of incipient cases. Dr. Savage has told us of his 2078 would-be custodians, all more or less qualified, probably a few more and the majority less, except it be that the standard of qualification is a very low one. I am much pleased with the suggestion of Dr. Henry Winslow, that the chief custodian should be held legally and not merely morally responsible for his patient. If culpable through inefficient care, whereby suicide or other accident might happen, he should be liable to prosecution. It is gratifying to us that Dr. Alliot has spoken from the other point of view, of single care uncer-

tified, for from personal knowledge of his patients I can state they have all spoken well of the care and attention they received, and of their comfortable surroundings when under his medical supervision.

And now to summarise. I believe we desire—

- (1) An extension of single care, certified or notified.
- (2) The registration of persons and houses receiving patients to ensure efficient custodians and suitable environment.
- (3) A licensing of these houses if necessary, with periodic inspection by deputy or district commissioners.
- (4) An extension of the voluntary boarder system to county and borough asylums receiving private patients, and an extension of the existing voluntary boarder system in private asylums, so that these patients shall be outside the fixed number of the licence
- (5) A voluntary boarder system for the cases received uncertified in single care and in nursing homes.

In conclusion I desire to thank you for the kind attention and support you have given me to-day.

Dr. T. OUTTERSON WOOD agreed with the suggestion of Dr. Weatherly, and supported by Dr. Ernest White, that the voluntary boarder system should be encouraged and made available for county asylums as well as licensed houses and hospitals for the insane, and that in licensed houses voluntary boarders should be notified to the Commissioners, but not included in the list of patients for which the houses are licensed as at present. He also strongly supported Dr. Henry Winslow in advocating the necessity for asylum-trained nurses for private patients as the best means of checking the large number of suicides which occur. The points he desired to especially mention were that for years the Association had been actively engaged in procuring special legislation for cases of incipient insanity. That certain forms of undeveloped insanity were suitable, and others unsuitable for single care, and should be differentiated. That asylum-trained nurses were necessary for mental cases, and hospital-trained nurses are useless. That unskilled care is wrong, and that the perfunctory visits of a physician cannot check abuses. That nursing homes should be registered and inspected. That all doubtful cases of mental disorder cared for by persons other than relations should be notified to the Commissioners, and that deputy Commissioners and local experts should be appointed by the Lunacy Board.

The members dined together in the evening at the Langham Hotel.

SCOTTISH DIVISION.

A meeting of the Scottish Division of the Medico-Psychological Association was held in the Central Station Hotel, Glasgow, on Friday, March 27th, 1903.

There were present Dr. C. C. Easterbrook, Dr. Graham, Dr. R. D. Hotchkis, Dr. William W. Ireland, Dr. J. Carlyle Johnstone, Dr. John Keay, Dr. J. H. Macdonald, Dr. Hamilton C. Marr, Dr. Parker, Dr. Alexander Robertson, Dr. George Robertson, Dr. James M. Rutherford, Dr. Thomson, Dr. A. R. Turnbull, Dr. Urquhart, Dr. W. R. Watson, Dr. Yellowlees, and Dr. Lewis C. Bruce, Divisional Secretary for Scotland.

On the motion of Dr. CARLYLE JOHNSTONE, Dr. Graham took the chair.

The CHAIRMAN thanked the members for again promoting him to the honourable position of Chairman. He said that since the last meeting of their Division one of their most respected members, Dr. Clouston, had passed through a very serious illness, and it would be a pleasure for them to learn that he was now convalescent and on a trip to more congenial climes for the recovery of his health. He proposed to send a congratulatory letter to Dr. Clouston on his recovery, expressly hoping that he would soon be back amongst them.

The SECRETARY then read the minutes of the last meeting, which were approved of.

Alexander Spalding Mackie Peebles, M.B., Ch.B.(Edin.), Assistant Physician, Perth District Asylum, Murthly (proposed by Drs. Urquhart, Bruce, and Mitchell), was elected an ordinary member.