

changing every three years I think the scheme would fall to the ground, and I hope that it will do so.

Dr. O'NEILL, replying on the discussion, said he considered that separate action would be a mistake, as the question was of vital importance to all Asylum Officials, and he believed in combined action. He hoped the Parliamentary Committee would take up the matter and bring it prominently under the notice of Government. It was rather late in the day for Superintendents to say, "We know our Committee, and we know we shall get a fair pension, and agitation may imperil our positions."

Experience had taught that nothing was gained without agitation. Dr. Finegan seemed to infer that he (Dr. O'Neill) had taken it for granted that the Mullingar Scheme had been adopted. He trusted that it would not be carried, as what was wanted was an assured pension scheme, and not a Mutual Relief Fund.

Recent Lunacy Legislation: Retrogression or Progress?

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LITERARY apologies, it has been said, are either superfluous or impertinent—superfluous if the matter apologised for is of itself worthy of public regard, impertinent if it can lay claim to no such merit. Therefore it does not seem necessary on the present occasion for me to introduce the subject of asylum management with any deprecatory language. It will suffice simply to recall the fact that in this city the question has come up in an acute and even controversial form, and is deeply interesting the community in whose midst we are assembled. We may well hope that the impulse given by this discussion will leave a permanent impression throughout the length and breadth of Ireland. One thing, at any rate, we may expect—the abolition of the standing scandal that has so long permitted the insane poor to be huddled together in workhouses without the benefit of scarcely one of those ameliorative agencies elaborated by modern science wedded to a genuinely philanthropic spirit. It is an oft-told tale, and need not be repeated here. The Poor Law guardian who takes for his axiom "keep down the rates" must shut his eyes to the uncleanness, the untidiness, the lack of discipline, the absence of proper scientific supervision, the utter discomfort which reigns everywhere—characteristics that have made the name of workhouse a by-word and a reproach even among the most degraded. If at any time he is visited with a qualm of conscience, he reflects,

perhaps, that the unfortunates in his charge owe their sad destiny to God, or Fate, or Nature, and that anything done for them robs the ratepayer of that which, not enriching them, leaves him poor indeed. These institutions are cheap, but if there is any warning writ more largely than another for the behoof of all future lunacy reform in Ireland, it is surely that supplied by our workhouses against a parsimonious and pettifogging spirit in our provisions for the insane.

Recent legislation has attempted to grapple with the problem. It is as yet only an attempt, but it is, in the main, in the right direction. Everything depends on the correct interpretation and proper administration of the law. But it is just here that vehement controversy has broken out, and divergent opinions and principles are brought into sharp antagonism. The county councils are deeply interested in the question that has been raised, and naturally enough look to the resident medical superintendents for light shed upon it by their own experience and study. It would be manifestly wrong for the men who have the best means of knowing the conditions of the problem to keep silent through cowardice or any other unworthy motive. Only through frank and fair discussion can progress in any department of human activity be made.

Let us first of all quote the relevant portions of the Local Government Act, 1898. Section 76 reads—in part: “The Council for a County may, either by the exercise of their powers under this Act, or by taking over for the purpose any workhouse or other suitable building in possession of the Guardians, provide an auxiliary Lunatic Asylum for the reception of chronic lunatics, who, not being dangerous to themselves or others, are certified by the Resident Medical Superintendent of an Asylum of such Council not to require special care and treatment in a fully equipped Lunatic Asylum; and any such auxiliary Lunatic Asylum shall either be a separate asylum within the meaning of the Lunatic Asylums Acts, or if the Lord Lieutenant so directs, a department of such an asylum.”

Section 84 has the following words—“The County Council, acting through their Committee, shall appoint for each lunatic asylum a Resident Medical Superintendent, and at least one Assistant Medical Officer.” The gist of the controversy that

has waged round these simple sentences lies in the answer to the question, What is meant by the term "auxiliary asylum"? Does it imply an independent institution having no connection with a "fully equipped" asylum, and without, therefore, the advantages of scientific oversight and experienced medical skill that can be found only there? Or does it mean a structure better adapted than the present unions for the treatment of the insane, yet not so expensively equipped from an architectural and sanitary point of view as the existing asylums, but which, at the same time, shall be in organic connection with these latter institutions, and enjoy all their benefits of medical knowledge and scientific experience? It has been argued that the former contention must be correct, otherwise the distinction drawn in the Acts between "a fully equipped" and an "auxiliary" asylum disappears. The fact is, however, our legislators were not thinking of the medical staff particularly; it is clear that they were seeking to relieve the ratepayers by the suggestion of buildings structurally less expensive and simpler in their detailed management than the present fully organised and highly elaborated asylums. It never occurred to them to propose that one section of the insane should be withdrawn from whatever the highest medical skill and attention can afford. Further, the terms "chronic" and "incurable" are used as though they were synonymous in the popular apprehension. The Act speaks of "chronic lunatics," it carefully avoids the term "incurable." Why? Simply because chronic patients are not necessarily incurable. A cure has often been effected in patients after many years' derangement through the quiet of a rural life and a pleasant and cheerful environment. It must never be forgotten that a human being, even when insane, is still a human being; he is not a mere physical organism, capable only of the animal functions of eating, drinking, and sleeping. Even amid the wreckage of the brain there lie the germs of a higher life. Who shall say that these germs are unworthy of all the care and nurture we can lavish upon them? A distinguished and highly honoured member of one of the committees of management advocates that interpretation of the law, which is here opposed, with such ability and skill that I choose his statements for criticism, knowing that if their fallacious character can be shown no further argument is possible. Detailed

criticism is also necessary here, because the opinions so carefully marshalled represent the best that can be said for ideas too prevalent among the laity.

This writer bases his main contention on the theory that there is "the broadest line of demarcation between an institution for curable patients and an institution for incurable patients." It is not, he says, in accordance with true ideas of charity that "incurable idiots and imbeciles should be provided with the most expensive appliances of modern architectural and sanitary science." What sort of provision then is deemed necessary for these incurables? The reply is, an institution presided over by a layman, and visited at set times by a physician resident in the neighbourhood. The reason alleged for this revolutionary proposal is that a layman can be secured for a smaller salary than a qualified medical assistant. A scientific supervision is superfluous and useless, for he would be engaged in "the vain task of infusing intellect into those whom God Almighty created idiots." Further, the attendants could be got at a cheaper rate than those in the ordinary asylums, "for they should be strong vigorous women, neither squeamish nor over-refined." Yet in these institutions the curious phenomenon will be observed of patients who are unable to benefit from modern science because "God Almighty has created them idiots" having the privilege of chaplains' ministrations, and presumably having intellect enough to understand and inwardly digest the same.

Such is, in brief outline, the scheme proposed for acceptance at the hands of the Irish county councils. Is it tenable? One thing is obvious. It throws overboard, with marvellous audacity, the fruits of the last thirty years' experience of asylum management. This, of itself, is not sufficient to condemn it, for it may be that the history of philanthropic endeavours in every country of Europe has been a huge blunder, and that it has been reserved for us in this remote portion of our earth to open up the true path to lunacy reform. Yet on the very threshold a sombre reflection gives us pause. "Knowledge," says Carlyle, "must go before every reform." The Irish way of interpreting this dictum is to heave overboard science, learning, intellectual discipline, as so much idealistic rubbish, and with full steam up, forge ahead! Such a doctrine at the outset is painfully discouraging. But let it

pass ; and let us ask, What is the motive lying behind the doctrine? It is summed up in the Scotchman's advice to his son : " Make money, my son,—by fair means if you can, but in whatever way, make money." Does anyone suppose that if medically supervised institutions cost no more than lay-conducted ones, there would be any thought of constructing these latter? No doubt other arguments of a less cold-blooded and calculating quality are advanced, but upon examination it will be found that they are afterthoughts brought in to give a Christian look to ideas and ways not so Christian in reality. The causal source of the scheme lies in economy. Now let it be said at once that within limitations economy has its rights. What are those limitations? It must not hurt the philanthropic instincts of the community, nor must it necessitate a retrograde movement in providing the munitions of the highest scientific knowledge for the care of the insane.

It is contended, indeed, that with the drafting of the 4000 insane poor from the workhouses into the asylums, each of them being a charge on the Local Taxation Account at the rate of 4/- per week, this account would soon become insolvent. Until the financial experts have spoken on the matter it is useless for non-experts to debate the point. Let us assume that the worst will happen, that this source of payment will be wiped out—what then? Certainly it is clear that the mentally diseased cannot be wiped out. "The poor," says the great Teacher, "ye have always with you." The same thing is true of the pauper lunatic. The question then has to be asked, shall we make the requirements of our afflicted brothers and sisters fit our finances, or shall we administer our finances so that they shall meet their requirements? If the present mode of dealing with the expenses of lunatic institutions be found inadequate, then it is the bounden duty of the Government to create a more satisfactory one. Surely the very poverty of Ireland, which is urged as a reason for a less generous treatment of the insane than is practised in Scotland or England, is rather the strongest possible plea that the Government should come to the assistance of the people in their self-sacrificing endeavours to satisfy their social obligations.

Now let us turn to the proposed new departure. Its basal idea is that there is a clearly marked line of demarcation

between curable and incurable patients. But what saith calm and judicial science? This; that the supposed line is really a vanishing point, that the supposed distinction between curability and incurability is really a fiction. Yet it is upon this fictitious principle that, as we are gravely informed, so-called "incurables" should be gathered into special establishments, and rendered independent of the healing and alleviating agencies of the curative institutions. Again, the class of patients under consideration are described as "harmless." But who is to certify that any given insane person is "harmless"? It is well known that however mild and gentle a patient may appear to be, he may, at an unexpected moment, be subject to an outburst of suicidal or homicidal violence. Hence no expert in insanity would certify a patient as harmless or incurable, for his diagnosis is absolutely without materials to work upon. As a rough kind of popular classification the division into "curables" and "incurables" has a certain relative validity. It expresses a truth which is, however, only half a truth. We may be pretty certain that in every asylum there is an incurable class. Yet when we come to concrete cases it would be most dangerous to assert of this or that given patient that he belongs to that class. Take an illustration from the sphere of morals. That there are men morally hopeless alive in the world to-day no one will doubt. The light of their higher nature has been quenched in the mud and mire of base living, but who does not see that it would be ethically dangerous to assert of this or that individual that he is past moral recovery? Equally dangerous is it to assert of any one that he is beyond restoration to mental soundness. But let us suppose that the impossible has been done, that those mountains which impede the path of the new reform have been charmed away, and that we have got our "incurables" safely garnered in a separate and independent institution. No doubt for our new building we shall need an inscription; and where shall we find a better than the one Dante saw inscribed over the portals of perdition? "All hope abandon, ye who enter here." For the poet of the Middle Ages the last horror of hell was the absence of hope; and no one questions his profound spiritual insight. It is almost impossible to exaggerate the dire effect which such an institution would have on all who entered within its baneful shadow. Wherever you kill hope you cut the

nerve of philanthropic endeavour. The Nemesis that has overtaken homes for incurables has been degeneration. It must be so from the nature of the case. Human nature needs an explicit or an implicit optimism to keep it at a high level of benevolent effort. Let patients, friends, physicians, attendants live in an atmosphere of hopelessness, and they are bound to relax their care and discipline, and from neglect there is but a step to abuse of the inmates, and then—chaos. On the other hand, fill the minds of attended and attendant alike with hope, pierce all within the walls of the asylum with the conviction that in the darkest night of madness a blessed ray of light may spring up, and healing be found even in the shadow of the Almighty, and you have let loose palliative energies to the restorative effects of which it would be unwise to set any limit.

Having got our building and our “incurables,” we must now look about us for a responsible head. What kind of a person is he to be? In a communication addressed to the Lord Lieutenant by one of the asylum committees of management, it is proposed that “a respectable and fully-qualified layman” should be appointed, and in the event of such appointment, that a local physician be elected to visit the institution daily and prescribe for such of the patients as may be sick in body.⁽³⁾

The grounds on which this extraordinary proposal is based are twofold: (1) It saves money, because “a competent layman for such an office can be secured for a much smaller salary than even a junior medical gentleman;” (2) A resident medical man is superfluous, because by hypothesis “the mental condition of the patients is incurable, while their bodily health is not bad.”

And first as to cheapness. Let it be noted that according to the schemes here criticised, the layman appointed is to be a “fully-qualified” one. What, then, ought to be some of his qualifications? Clearly he would have to be a man of special talent, of tireless energy, of distinct resourcefulness in a sudden emergency, and with only one ambition, that of making his unhappy charges as comfortable as possible until death should set them free. Our economic reformers assure us that such men can be got for a salary of £100 a year. No doubt in an ideal world the only wages demanded by virtue would be, as Tennyson says, that of “living on and not to die.” But alas!

we inhabit a world vexed by sordid necessities, and where the dreary principle of supply and demand still operates ; and it is open to grave doubt whether the "fully qualified" layman, even were he discoverable, might not think his services worthy of a more generous acknowledgment than his would-be employers would care to own. The truth is, the advocates of the new departure are thinking not at all of a "fully-qualified" layman, but of a kind of glorified workhouse master, whose glory, however, is created by an enthusiastic imagination, and whose bare actuality does not connote a single quality which asylum service claims and deserves. But even supposing we had our altruistic layman, with all his shining virtues thick upon him (paid for at the rate of £100 per annum), we still need, for the sake of bare bodily health, a visiting physician, whose remuneration is fixed at £120 a year. Where is the economy here? Combine these two salaries and an experienced medical assistant can be obtained who would seem to have a qualification denied alike to the "fully-qualified" layman and the visiting doctor, namely, some scientific knowledge of mental disease. To construct a home for (presumably) the worst class of the insane, and then to make a knowledge of insanity a disqualification for office within its walls, is a mode of procedure which our English and Scottish critics might be excused for making merry over as rather "Hibernian" in conception.

As to the second reason alleged, that a resident medical man would be superfluous, because "the mental condition of the patients is incurable and their bodily health not bad," and because it is a vain task to try "to infuse intellect into those whom God Almighty created idiots," it would perhaps be difficult to compress more misinformation into a single sentence than is done here. To say the least of it, the form of expression is strange, and implies an arrangement of Divine Providence, which, however pardonable on the lips of poor Job or of John Stuart Mill, was scarcely to be expected from a Christian theologian. But let this also pass. Something must be put to the credit of our Celtic rhetoric ; and when that rhetoric is used in the interests of a niggardly policy so foreign to our national genius, we need not wonder that it is carried beyond what is fitting in the mouths of ignorant and limited mortals like ourselves.

Enough has already been said about the weakness of the principle, curability *versus* incurability, or of dangerous *versus* non-dangerous. A remark or two remains to be made about the other idea so prevalent even in well-informed lay circles, that the bodily health of the chronic lunatics is "not bad." George Eliot makes one of her characters possess "in perfection the medical faculty of looking perfectly grave whatever nonsense was talked to him." Those who know anything practically about the care of the insane need a measure of this faculty when they hear laymen describe the physical conditions of chronic lunacy. What is the actual fact? It is more often the case than otherwise that the physical health of chronic harmless lunatics requires more attention than their more dangerous and vigorous neighbours. There are diseases, *e. g.*, bronchitis and pneumonia, to which they are specially liable. Even a slight accident takes on in their cases a seriousness wholly absent did it occur in a sane person. It may be asserted without fear of contradiction by any competent authority, that the physical health of a given number of harmless incurable lunatics requires more skilled attention than that of the same number of destructive "incurables." It will be replied that provision is made for proper physical safeguards by the appointment of a visiting physician; to which it is sufficient to object that such a physician cannot be summoned by magic when a sudden crisis arises, nor can he, in the half hour or so he spends daily in the institution, give that close watching to the development of the complaint by which alone amelioration may be expected. The clear necessity is that there should be resident in the house a properly qualified medical man.

But once more, giving the reins to our imagination, let us conceive that we have our building, our "incurables," and our layman, what kind of attendants does the new scheme contemplate? The writer already quoted describes them for us—"a few strong, vigorous women, neither squeamish nor over-refined." One rubs his eyes in wonder whether he reads aright. There is no mistake; the words are there and cannot be explained away. And yet they sound like a voice from a long-vanished time, when it was thought that anything was good enough for a lunatic. Of course the notion implied in the words is that what is suitable enough for the needs of the sane pauper is

also good enough for a lunatic pauper. Such an idea throws contempt on all that has been done by the philanthropic efforts of the past quarter of a century, and means a reversion to a semi-barbarous condition from which escape has been made in every fully civilised country. The qualities needed in those who keep watch and ward over the mentally diseased are exactly the opposite of those desiderated by the pseudo-reformers. It is not so much "vigour and rigor" that is required, as kindness, patience, sympathetic forbearance, and skilful management; and these are the very qualities demanded in the attendants of an ordinary asylum. Here also one fails to see how the interests of economy can be served under the proposed system.

So far this paper has been critical, and necessarily so, for the lay mind requires to be emptied of many fallacies and misconceptions ere a sound apprehension of the spirit of lunacy legislation can be inculcated. The question now emerges: How can the Irish county councils carry out the intention of our Legislature with due regard to economy and to the interests of suffering humanity? As a principle, generalised from experience, it may be laid down that the mass of the insane can best be cared for in institutions where the guardianship and observance of them will be easy, and that no special class of the insane should be withdrawn from the highest available medico-scientific oversight. That this principle underlies the recent enactments is obvious. Here are the words:—"Any such auxiliary lunatic asylum shall either be a separate asylum within the meaning of the Lunatic Asylums Acts, or if the Lord Lieutenant so directs, *a department of such asylum.*" Now, of course, to reconstruct a disused workhouse, and transform it into a separate lunatic asylum would be fatal to economy, nor, with rare exceptions, would such a transformation be necessary; but what is to prevent its being recognised as a *department* of a main asylum? In this latter event the law would be carried out if a senior medical assistant were appointed resident manager, and the institution brought into organic connection with the main asylum, and have the advantage of the general oversight of the resident medical superintendent belonging to the latter establishment. And yet the more one reflects on the matter the more he is convinced that, except in isolated cases, the plan of erecting a

separate building, or of adapting an already existing structure will help neither the rates, nor medical science, nor the interests of a sound philanthropy. Here the safest guide is the experience of others.

The best asylums are now built in such a way that "curables" and "incurables" are housed in two different apartments under the same roof, and receive the same medical oversight. This is the plan which, I believe, is in the true line of asylum reform, and is at the same time a realisation of the intention of the law. It is admitted that the present asylums are overcrowded, and that the detention of lunatics in the workhouses is a scandal which must be removed. The present accommodation is clearly inadequate. What then is the cheapest, most scientific, and most humane way of solving the problem? I contend that it is by the erection of annexes to the present buildings of an inexpensive sort, the inmates of which would be under the discipline of the asylum, and in all respects share its privileges. The internal arrangements could be of a simpler and less elaborate style, the main regard being had to airy day-rooms and dormitories, and to a sufficiency of clothing and food of a reasonable quality. The present staff, moreover, could be utilised, with perhaps a slight increase in the number of attendants, and while cheapness would have its due meed of respect, humanitarian and scientific interests would suffer no neglect; for the skilled medical attention thus rendered possible would be able to note any hopeful change in the chronic patient, and single him out for special remedial influences. The entire development of his malady is under strict watch all the time, and the slightest signs of returning mental health cherished and strengthened. Those who take a different view tell us that all this is "mawkish sentimentality" and "philanthropy run mad." But what are we to say when they go on to tell us that those whom "God Almighty has created idiots," and who are therefore incapable of amelioration at the hands of trained physicians, are quite capable of profiting from the ministry of paid chaplains? It would be easy to point out that the psychology underlying such a view is probably the most extraordinary ever conceived by the wildest and the most undisciplined imagination; easy, indeed, to excite the laughter of the gods at the fantastic incongruity of the thought. But no! We will not return railing for railing. We

prefer to believe that we have another illustration of the irrepressible instincts of a gentle heart crying out against the cold-blooded and harsh dicta of a wrongly-instructed head. And the heart is right; it has its reasons, as Pascal teaches, which are but dimly understood by the head. For the heart, that is the philanthropic instinct inborn in each of us, lifts up its voice on behalf of the rights of personality even when personality is eclipsed by the dark shadow of madness. Chaplains are rightly appointed; but what does their appointment imply? This at least—that the madman is still a man, that he has moral sensibilities, a conscience, a will. And what does this mean but that he has still a mind, in germ at any rate, and that with neglect he suffers, and with training he improves? And thus our discussion issues in the overthrow of the vital principle of the proposed departure, and with its overthrow my task is finished.

I may be excused, perhaps, for following in the wake of the preachers, and uttering a note of warning in conclusion. All legislative reform in the control of the insane during the past twenty-five years has been under the stimulus of science and philanthropy. It has already met with a large measure of success, and is even more likely to do so in the future *if the guardians of the insane are loyal to their high trust*. We are constantly met by the opposition between the rates and benevolence. That opposition may be avoided if the problem be faced in a large and public-spirited manner, not in a mean and parsimonious spirit. But even should we be called on to make some sacrifices for our suffering kinsfolk, the thoughts of duty done, of suffering alleviated, of the darkest affliction that can overtake our poor humanity receiving the best that skill can do, ought to be a sufficient reward. The path of every reform is beset by crude and ill-digested theories, carpentered together out of fragmentary and superficial ideas. To adopt these easily made theories is to put back the hands on the clock of progress, is to undo the work achieved by the labour and sacrifice of those who have preceded us, and is to merit the contempt of those who come after us. The Irish county councils are on trial before the whole Kingdom. They stand at the parting of the ways. Which is it to be—Progress or Retrogression?

(¹) See the letter of the Bishop of Ross in the *Cork Daily Herald* for February 11th. The report of a speech by the same prelate in the issue for February 23rd.

Also letter in *Freeman's Journal* for April 13th.—(?) See *Freeman's Journal*, April 13th, 1901.

DISCUSSION

At the Annual Meeting of the Medico-Psychological Association, Cork, 1901.

Dr. NOLAN said: My paper on "Residual Lunatics and Recent Legislation" is on the same lines as Dr. Graham's; he touched upon the propositions from a more humane point of view, I worked it out from a financial aspect, to show that there is no economy in the proposed new departure. My Committee have, therefore, withdrawn their similar project. It has been proved now that the cost of the ordinary pauper lunatic in a workhouse is something like 7s. a week, that is the ordinary rate in the northern Unions. My Committee found that they would not gain anything by erecting an auxiliary asylum, but, on the contrary, that the cost would be a great deal more than if they enlarged the existing asylum.

The PRESIDENT.—You will expect a word from me. What originated Dr. Graham's paper were some remarks made by influential members of my Committee of Management. A great deal of discussion took place, and the Lord Lieutenant has now declared that the auxiliary asylum which is being constructed at Youghal is part of the parent asylum. It is a substantially constructed building, it has been very little used, and £21,000 are to be spent upon its equipment for the accommodation of 400 patients. It is near the sea, and I think that it will be a valuable adjunct to the main asylum, as it will enable me to move convalescent patients there before they are finally discharged. The chronic patients will be kept there, and when necessary they can be moved to Cork with facility. I think that the plan will work very well, and when the building is ready for the accommodation of patients I do not think there will be much difference of opinion as to the necessity of sending a medical officer to take charge of it.

Dr. URQUHART.—It strikes us in Scotland as being extraordinary that so much heat should be evolved by this question. It is dangerous to speak of the intimate affairs of a country with which one is not familiar, but I venture to point out that these methods have existed in Scotland for a long time,—that is to say, certain wards in workhouses are set apart for the reception of chronic, incurable, harmless insane patients. I suppose we ought not to call anybody *incurable*, but as a matter of fact, in everyday life it is convenient to use that word; even Dr. Graham cannot get away from it. We are familiar with the class in practice. Some of us have been rather pleased with this system in Scotland. It has existed under this precaution, that these wards in workhouses are licensed by the Lunacy Commissioners, and that the patients who are there have filtered to those wards from the asylums—that is to say, the insane person goes first to the asylum, but if thereafter he can be certified as an ordinary harmless chronic case, for whom asylum treatment is no longer necessary, he may then, and then only, be relegated to the workhouse wards. They are under lay management, and are visited day by day by the medical officer attached to the workhouse. In Perth I have taken many asylum physicians to see the wards in the workhouse there, and I have never once heard any of them raise objections to the system. The patients are adequately dealt with, and the wards have been set apart and properly fitted for the purpose. As a matter of fact, the Commissioners in Scotland have refused to license more of these wards. Yet, if I remember aright, it was suggested that Irish workhouses might be so utilised by the report of a committee of which Sir Arthur Mitchell, lately Commissioner in Lunacy for Scotland, was a member. In Fife the other day the corporation of one of the towns asked that part of their workhouse might be licensed for the accommodation of their insane patients, but, as far as I understand from Dr. Turnbull, they had gone to the Commissioners to ask that their workhouse should receive patients who had not passed through the Fife asylum. That was repugnant to us, because we believe that only those cases certified as I have indicated should go to the workhouse. Formerly at least one Scottish Commissioner held that the insane did not require much medical oversight, an opinion which is now happily extinct, and under his supervision several small district asylums were devoted to the care of the insane, acute and chronic, and

three of these still exist in the north of Scotland without Resident Medical Superintendents. I do not think it a good plan, but still it has been carried out, and favourable reports are still to be found in the Blue-books. Certain questions now arise, consequent upon the increase in the numbers accommodated. Still, that is the state of matters in Scotland, although it may not be at all applicable to Ireland.

Dr. NOLAN.—I beg to propose—"That we, the Medico-Psychological Association of Great Britain and Ireland, *condemn in the strongest manner any project* which leads to substitute lay for medical supervision for any class of the insane, as, in the adoption of such a course, we see nothing but disaster for the unfortunate class whose lot so urgently demands amelioration. We also desire to give expression to our opinion that the financial basis of the provision for the chronic insane in Irish workhouses needs amendment, as it was calculated on a sum which has altogether proved inadequate to support the ordinary paupers in workhouses, and failed to take into account the necessity for more liberal treatment in the future. We would commend to the consideration of the Executive the increase of the grant from 2s. per head to 4s. per head per week for all pauper lunatics."

Dr. RUTHERFORD.—In Scotland every pauper lunatic under the General Board of Lunacy receives a grant of 4s. per week, whether in asylums or poor-houses, or boarded out. The General Board have it in their power to withhold the grant if they see anything wrong. In asylums where there used to be one assistant there are now two; where I used to have two I now have four; in fact, we are doing all we can to increase that higher supervision which I think so important.

Dr. CLOUSTON.—With reference to our Scotch practice I would desire to correct the effect of Dr. Urquhart's statement by pointing out that in Scotland hitherto, wherever we have had a certain number of harmless patients, they have always been in small numbers, and they have never approached the numbers to be accommodated in your auxiliary asylum. To my certain knowledge the Commissioners of Lunacy in Scotland have regarded the larger crowds of fifty in the lunatic wards of poor-houses as less satisfactory than the smaller crowds of ten or twenty, which is the most common number. We have full two thousand patients boarded with private families in twos and threes, and in regard to these there is no need of constant medical supervision. If you miss medical supervision you gain domestic environment, while they are still under the supervision of the Commissioners of Lunacy, which is very desirable. This system has been most successful. The second point I would desire to emphasise is this: I do not think the remarks quoted by Dr. Graham are realised more strongly by him than by each of us. These mistaken ideas are the result of want of knowledge and want of consideration; but if Dr. Graham will allow me one suggestion, I would counsel a little less of the critical spirit, for all we want is to *persuade* our masters, the public, and not to lecture them too acutely. And lastly, I would accentuate in the strongest manner what Dr. Rutherford indicated, that all the improvements in the treatment of the insane have arisen from the medical and scientific idea, and that these improvements have been among the most striking in any department of philanthropy. From my experience I would say that neither the philanthropic idea, nor the religious idea, nor the administrative idea is fit to cope with such an extremely difficult subject as insanity. The result of applying these ideas, uninformed by science, would be that the treatment of the insane would go backward instead of forward. On the other hand, I quite agree that we should not throw cold water upon any reasonable experiment. We have seen many experiments that did not look at first feasible result in good for the insane.

Dr. TURNBULL.—We had in Scotland, near Aberdeen, a duplicate of the Cork Auxiliary Asylum. The Aberdeen Royal Asylum acquired a house in the country where for a time there was no resident assistant, although one has been recently appointed. We cannot pass the resolution in its present form, for we would be petitioning against a system that has given good results in Scotland.

The PRESIDENT.—Probably our Scotch friends manage the Government better than we do in Ireland. Not only did they secure 4s. a head, but 4s. 7d. one year, and 4s. 5d. another year has been paid, and all their lunatics in workhouses in Scotland are certified, and get a 4s. grant. Unfortunately most of the lunatics in

the workhouses in Ireland are there as paupers, uncertified and unregistered as lunatics, and there is no grant whatever for them. That is a great difference, and shows that we are very badly treated.

Dr. NEWINGTON.—I think that it will be necessary to consider Dr. Nolan's motion to-morrow. There are methods which do well in England and Scotland, and which we could not possibly condemn. In England the 4s. grant is entirely confined to patients in the asylums. It has been proposed that this grant should be extended to all lunatics, as in Scotland; but a great number of our associates objected. They say that the grant was made in the hope of keeping asylum cases out of the workhouse. It had that effect, but it also brought a tremendous load of chronic residual cases out of the workhouse into the asylum. It is very much feared that if the grant be extended to workhouses the process will be reversed, and that many acute cases as well as senile dements will be kept in the workhouses. We should therefore not pass the resolution, as it might pledge us to views which many of us do not hold. Something might be arranged which would secure our unanimous acceptance. I move that this question be adjourned until to-morrow.

Dr. NOLAN.—It appears that I have been speaking to an audience which, with some exceptions, has not the remotest idea of the situation in Ireland. Then there is still another misunderstanding. You have been speaking of lunatic wards in the workhouses of Scotland. Here we have no such thing, but the idea is to fit up a disused workhouse for the purposes of an asylum. I am afraid, sir, that there is not a full and clear understanding of the circumstances, and that you are comparing conditions and people in Scotland and Ireland that are absolutely different.

The PRESIDENT.—What Dr. Nolan has said is an argument for not pressing this motion to-night. I am in sympathy with him, and hope that a resolution will be passed that will meet the views of all our members. Dr. Newington proposes that it be remitted to the Council and then put before us.

Dr. CLOUSTON.—In that case the Council should request the presence of Dr. Nolan.

Dr. NOLAN.—It is impossible for us to be here to-morrow. I wish you could take it up to-night.

Dr. GRAHAM.—I should like the members to vote now, so that we may see what interest it has for them.

The PRESIDENT having read the resolution—

Dr. URQUHART said: It is impossible for any Scotsman to vote for that. There are more than 2000 insane patients under successful lay supervision in Scotland besides those in workhouses.

Dr. NOLAN.—I will withdraw that part if the meeting desires it, and leave the resolution to simply ask for the grant of 4s.

Dr. NEWINGTON.—Would it not be better to be unanimous, and put before us a resolution that everybody will accept? Knowing the history of the Association, and the different opinions held by its members throughout the United Kingdom, I do not think it would be fair to call upon the Association to hastily pledge itself upon this point. I think that a conference between Dr. Nolan, Dr. Urquhart, and myself would enable us to hit upon a non-contentious motion.

Dr. HYSLOP.—I agree with Dr. Newington that this matter should be adjourned. It is absolutely necessary that we should have the fullest information before we, as a body, give our sanction to anything that might be done. If the proposition is drawn up in a more temperate manner for to-morrow we shall be able to deal with it.

Dr. CLOUSTON.—I second that. I am sure that the Association desires in the heartiest way to take up the general idea of Dr. Graham's paper, but it should be done in a somewhat more effective form.

The PRESIDENT.—Then we are agreed that this question will be taken up to-morrow morning.

At the General Meeting on the following day

Dr. NEWINGTON said: It will be within the recollection of this annual meeting that yesterday a matter was adjourned in order to be taken into consideration by the Council; it was in relation to the treatment of the insane as possibly contemplated by the new Local Government (Ireland) Act. The matter was brought forward, and as soon as it was fully stated its importance was at once recognised by the whole of the Association. The Council took the subject into consideration

this morning, and has come to the unanimous conclusion to submit to the Association this resolution in the hope that it will be unanimously adopted:—"It is resolved by the Medico-Psychological Association of Great Britain and Ireland that, having considered the provisions of the Local Government (Ireland) Act for dealing with the insane now in workhouses, it views with apprehension any scheme which will permit or favour the aggregation of insane patients requiring institutional treatment, except under skilled medical supervision. It is of opinion that all patients in auxiliary asylums should be on the same footing in regard to the Government capitation grant as those in the district asylum." I now beg to move that resolution on the part of the Council. No doubt it would have come better from the President, but it is considered that this is a matter which should run no risk of being considered to be a local affair. It affects the Association in all its branches in the United Kingdom, because it is one of the first duties of the Association, it is one of the essential reasons for the constitution of the Association, that it shall do its best to improve the treatment of the insane. In all parts of the kingdom the care of patients singly has been forwarded, especially in Scotland, where there is, under this head, a large amount of home treatment. There is no reason why the same amount of liberality should not be accorded to patients in England or Ireland. But it is quite different when it comes to the aggregation of cases under lay supervision. One of the things this Association has to combat is the neglect, ill-treatment, and other disadvantages attending the aggregation of lunatics who require care and treatment in large institutions without proper medical supervision. We do not for a moment wish to say that ideas of merciful and of good treatment are the monopoly of the medical profession. We know many laymen who have the best instincts, and are most loving in treating the insane, but we say emphatically that the medical element is absolutely necessary in caring for large bodies of the insane in one institution.

Dr. CLOUSTON said: After the exhaustive way in which our Treasurer has brought forward and supported this resolution I feel that it is not necessary for me to say anything, but, as probably the oldest member of the Association present, I have the greatest pleasure in discharging the duty laid upon me of seconding this resolution. I am sure that the gentlemen who brought this matter forward have done a service to the Association and to the insane. I trust that it may be abundantly successful. I suggest that our Irish Secretary should have copies of this printed and forwarded to every newspaper in Ireland; the smaller and the more insignificant the newspaper, the more necessary it is that its readers should be educated. I am sure that there cannot be a dissentient voice to this resolution.

Dr. HARVEY (Clonmel).—I agree that the only way to settle the question is to educate the people. My Committee have come to the conclusion that it would not be for the benefit of the insane to adopt the course suggested by recent legislation. They have decided after mature consideration that it is better to extend the present asylum. With a little attention we shall probably get over the idea of auxiliary asylums under lay management.

The proposition was then put to the meeting and carried unanimously.

Dr. NEWINGTON.—I beg to move that a copy of this resolution be forwarded to the Chief Secretary for Ireland and to His Majesty's Inspectors of Lunacy.

Dr. URQUHART.—I beg to second that.

Passed.

On the Favourable Results of Transference of Insane Patients from one Asylum to another. By A. R. URQUHART, M.D., F.R.C.P.E., Perth.

WE are doubtless of one mind in believing that change of scene and surroundings is necessary for those whose work lies