

artificially to one muscle, or group of muscles, or may be made to involve all the muscles represented in the cerebral hemispheres, with foaming at the mouth, biting the tongue, and loss of consciousness. When induced artificially in animals, the affection as a rule first invades the muscles most in voluntary use, in striking harmony with the clinical observations of Dr. Hughlings Jackson.

5. Chorea is of the same nature as epilepsy, dependent on momentary (and successive) discharging lesions of the individual cerebral centres. In this respect Dr. Hughlings Jackson's views are again experimentally confirmed.

6. The corpora striata have crossed action and are centres for the muscles of the opposite side of the body. Powerful irritation of one causes rigid pleurosthotonus, the flexors predominating over the extensors.

7. The optic thalamus, fornix, hippocampus major, and convolutions grouped around it, have no motor signification (and are probably connected with sensation).

8. The optic lobes or corpora quadrigemina, besides being concerned with vision and the movements of the iris, are centres for the extensor muscles of the head, trunk, and legs. Irritation of these centres causes rigid opisthotonus (and trismus).

9. The cerebellum is the co-ordinating centre for the muscles of the eyeball. Each separate lobule (in rabbits) is a distinct centre for special alterations of the optic axes.

10. On the integrity of these centres depends the maintenance of the equilibrium of the body.

11. Nystagmus, or oscillation of the eyeballs, is an epileptiform affection of the cerebellar oculo-motorial centres.

12. These results explain many hitherto obscure symptoms of cerebral disease, and enable us to localise with greater certainty many forms of cerebral lesion.

PART IV.—NOTES AND NEWS.

The Medico-Psychological Association. Proceedings at the Annual Meeting of the Association, held (by permission of the President and Fellows) in the Royal College of Physicians, London, on Wednesday, August 6th, 1873.

The Council met at the Royal College of Physicians at 10.30 a.m. Dr. Harrington Tuke, President-Elect, in the Chair.

The Morning Meeting was held in the Library of the Royal College of Physicians at 11 a.m., and the Afternoon Meeting at 2 p.m.

Members and Visitors present:—Dr. Harrington Tuke, President, Dr. I.ush, M.P., Dr. Buckmill, F.R.S., Dr. Sibbald, Dr. Paul, Dr. Maudsley, Dr. Guy, Dr. Batty Tuke, Dr. Rogers, Dr. Murray Lindsay, Dr. Yellowlees, Mr. Mould, Dr. Lalor, Dr. Rhys Williams, Dr. Duckworth Williams, Dr. Arlidge, Mr. Toller, Dr. Clouston, Dr. Davey, Dr. Boyd, Dr. Blandford, Mr. Thompson, Dr. Stocker, Dr. Munro, Dr. Jepson, Dr. Rayner, Dr. Langdon Down, Mr. Stewart, Mr. Ley, Dr. Deas, Dr. Chapman, Dr. Bywater Ward, Dr. Sutherland, Dr. Duncan, Dr. Parsey, Dr. Sankey, Dr. Blanche (of Paris), Dr. J.

Thompson Dickson, Dr. Macdowall, Dr. Aldridge, Dr. Hewson, Dr. Strange, Dr. Davis, Dr. Kirkman, Mr. Jackson, Dr. Eastwood, Mr. Dudley, Dr. Sheppard, Dr. Wilson, Dr. Shaw, Dr. Orange, Dr. Nicolson, Dr. Sabben, Dr. Mickle, Mr. Gill, Mr. Molesworth, Mr. Horne, Mr. Fellows, Dr. Tweedie, Dr. Thurnam, Mr. Wood, Dr. H. Sankey, Dr. Irvine, Mr. Byas, Dr. Freeman, Mr. Prichard, Dr. Shuttleworth, Dr. Seguin (from New York), Mr. Wilkinson, Dr. H. H. Stewart, Dr. Belgrave, Dr. Balfie, Mr. Swainson, Dr. H. N. Williams.

In the absence of Sir James Coxe, M.D., the President, Dr. HARRINGTON TUKE, the President-Elect, was voted into the chair, when he said that he had received a letter from Dr. Christie, the General Honorary Secretary, regretting his unavoidable absence, and stating that Dr. Sibbald would fill his office for him; also stating that Sir James Coxe had written to him to express his great regret at his inability to be present at the meeting, and in person resign the presidential chair. The vacation had commenced, and he was the only Commissioner left in Edinburgh, and it was required that one should remain in Edinburgh during the recess.

Dr. HARRINGTON TUKE then formally took the chair, and in so doing, said, in taking possession of this chair, which has been so ably filled by Sir James Coxe, whose absence from amongst us to-day we all regret, I feel that you have done me a great honour in calling me to this position, and I beg to tender you my best thanks. With your permission I shall postpone until two o'clock the usual presidential address in order that we may at once proceed to business.

Dr. SIBBALD, for the Secretary, then stated that letters had been received from M.M. Calmeil and Baillarger, Paris; Dr. Ludwig Meyer, Gottingen; and Dr. Bulckens, Ghent, expressing regret for their inability to attend the meeting, but good wishes for the success and prosperity of the Association; also a letter from Sir Henry Holland, who was unable to attend, he having, on the previous evening, started for Russia.

Dr. SIBBALD then produced the minutes of the last General Meeting, and said that it was usual for those minutes to be taken as read, and for the President to sign them in testimony of their correctness, as printed in the Journal.

The PRESIDENT then put the confirmation of the minutes to the meeting, and the resolution was carried unanimously.

The PRESIDENT then said that the first question to be decided was where the Association shall meet next year.

Dr. MAUDSLEY proposed that the next meeting should be held in London. He said a wish had been expressed that the next meeting should be in Dublin, but he understood that our Irish friends were not quite ready to receive us yet, and, therefore, he proposed London as being accessible to all.

Dr. JEPSON seconded the resolution, which was carried unanimously.

ELECTION OF PRESIDENT.

Mr. MOULD proposed that Dr. Rogers, of Rainhill, be chosen as President for next year, and observed that Dr. Rogers was so well known for his ability, pertinacity and fixity of purpose, that he could not fail to do honour to the post to which he had the pleasure of nominating him.

Dr. BOYD seconded the resolution.

The PRESIDENT—As no other name has been proposed, it is within the power of the meeting to carry the resolution by acclamation; but as it has always been customary to ballot for the President, I shall direct that the ballot shall now go round.

The ballot was then taken, and the votes were unanimous in favour of Dr. Rogers.

ELECTION OF SECRETARY.

The PRESIDENT—The next business we have to transact is the election of a secretary. Dr. Christie, I regret very much, is unable to be here to-day; he has been called away upon military duty to Aldershot, and it seems that the business of our Association was not deemed sufficiently urgent to permit of his absenting himself from his duties to attend this meeting; but I learn from Dr. Sibbald that he has sent up the books, letters, and papers of the Association, most carefully compiled, well kept, and in order.

Dr. CLOUSTON said—Mr. President, it is always an unpleasant duty to make personal remarks, but I feel very strongly that it is due to the dignity of our Association that some notice should be taken of the absence of our secretary. I do not wish to say one word against Dr. Christie, who is a personal friend of mine, but think that it is not enough to express regret that Dr. Christie should have

absented himself from the meeting on this occasion, and I think the Association should take steps to guard itself against being left without a secretary in future.

Dr. BOYD said—In all other Medical Societies there are two secretaries, and I was about to propose that we should have a second secretary, and that that secretary should be Dr. Rhys Williams.

The PRESIDENT—I think the rules will not permit of a second secretary being appointed, as such an appointment would involve an alteration in the rules; and no change can be made in the rules unless notice of such change has been given at a previous meeting.

Dr. BOYD then proposed that Dr. Rhys Williams be appointed to the office of secretary.

Dr. DEAS seconded the motion.

Dr. CLOUSTON proposed that Dr. Christie be re-elected to the office, stating that Dr. Christie had performed his duties well, and that his services required some recognition.

Dr. JEPSON seconded the resolution.

A member complained that he had not received a notice of the last quarterly meeting, but

Dr. SIBBALD explained the last quarterly meeting was a Scotch meeting, and that Dr. Christie was therefore in no way responsible for the sending out of the notices.

Dr. LALOR asked whether the remarks of Dr. Clouston were to be taken as a vote of censure upon Dr. Christie?

Mr. MOULD said that he certainly did not think it was a vote of censure, but asked whether any formal letter had been received from Dr. Christie in explanation of his absence.

The PRESIDENT said that no formal letter had been received from Dr. Christie, and after speaking to the onerousness of the duties of secretary—a post which he had himself for a long time filled—said that the question before the meeting was whether Dr. Williams be elected or Dr. Christie re-elected to the office of General Honorary Secretary. He then directed that the ballot should go round, and stated that although in an election for president the rules required that two-thirds of the members present should vote for the president, yet in the case of secretary a simple majority carried the election.

The PRESIDENT then declared the result of the ballot, and the numbers were—

Dr. Rhys Williams	...	...	...	...	13
Dr. Christie	...	...	...	...	12

Dr. CLOUSTON, remarking on the very small majority, asked that scrutineers be appointed to examine the ballot.

Dr. Strange and Mr. Ley were then nominated scrutineers, and, after an examination of the votes, declared the numbers to be as stated by the President.

Dr. Rhys Williams was then declared to be duly elected General Honorary Secretary.

Dr. BATTY TUKE asked that it might be an instruction to the Secretary to make a careful revision of the list of members, and to take off the names of all who had not paid their subscriptions. He regretted very much that there were some gentlemen whose names were on the list who had not paid their subscription for six years, and some, he was sorry to say, Scotch members, who he believed never would pay.

ELECTION OF SECRETARY FOR IRELAND.

Dr. MAUDSLEY proposed that Dr. Stewart be re-appointed Honorary Secretary for Ireland.

Dr. PAUL seconded the resolution, which was carried unanimously.

ELECTION OF SECRETARY FOR SCOTLAND.

Mr. MOULD proposed that Dr. Frederick Skae be re-elected Honorary Secretary for Scotland.

Dr. CLOUSTON seconded the resolution, which was carried unanimously.

ELECTION OF TREASURER.

Dr. RAYNER proposed that Dr. Paul, to whose hands the funds of the association had so long and so beneficially been entrusted, be re-elected Treasurer.

Dr. CLOUSTON seconded, and

The PRESIDENT observed that, as there was a feeling of general approval, voting was unnecessary, and that the resolution might be carried by acclamation.

The resolution was carried by acclamation, and

Dr. PAUL thanked the members for their continued confidence in him.

ELECTION OF EDITORS OF THE "JOURNAL."

Dr. BATTY TUKE proposed that Dr. Maudsley and Dr. Clouston be re-elected Editors of the "Journal," and said he was sure that there could be no dissent from his opinion that these gentlemen had performed the duties to the entire satisfaction of the association.

Dr. SHEPPARD seconded the resolution.

Dr. BOYD said that he felt that the association had done little or nothing to advance the specialty, and he thought that the "Journal" should be made more the medium of advance than it had been hitherto. No encouragement was given by the Editors to superintendents of asylums to publish the facts which came before them in the "Journal." Superintendents generally had not time to write papers, but they might send the facts of their observations and experience to the Editors, who should collect them and put them into form, to be published in the "Journal" for the use of the members of the Association. He desired to speak in terms of high praise of the present Editors, but he desired to draw attention to the fact that one asylum had started an independent volume of reports. He respectfully proposed that an editor and a sub-editor under him, unconnected with the association, should be appointed and paid out of the funds of the Association, and that it be the duty of the editor or the sub-editor to collect the scientific materials from the reports of medical superintendents.

The PRESIDENT said that he must rule that the proposition could only be received as a suggestion—a good suggestion probably—to the Editors, who had power to appoint assistants, should they require them. To receive the proposition in any other way would involve an alteration in the laws, of which notice must be given a year before. But Dr. Boyd might give notice that he would, next year, bring forward a motion proposing a change in the conduct of the "Journal."

Dr. BOYD then said that he would propose that the President be the Editor, and that he should appoint a sub-editor.

Dr. SIBBALD said that it appeared to him that in proposing that the President should be editor, Dr. Boyd had proposed something which was contrary to the laws of the Association, and he read from the rules that notice of motion involving an alteration of the laws must be given a year previously.

Dr. BOYD said that he believed he was quite within the laws. It had happened before that the President had been Editor, as in the case of Dr. Maudsley.

Mr. MOULD thought that in that instance the circumstances were altogether different. Dr. Maudsley was Editor at the time he was called to the presidential chair, and it was not required for him then to retire from the editorship; in the present instance he doubted the power of the Association to vest the editorship in the President.

The PRESIDENT said that he was of opinion that there was no power to do so, but even had there been he should have felt himself unable to accept the office.

Dr. DEAS then proposed that the matter should stand where it was, and

Mr. MOULD stated that he thought that it would be extremely undesirable to make any change in the present editorial staff; and as no other names had been proposed, he thought that the motion to re-elect Dr. Maudsley and Dr. Clouston should be carried by acclamation, and the motion was carried accordingly.

ELECTION OF AUDITORS.

The PRESIDENT said that it had always been the rule for the President to nominate the Auditors; it was then for the meeting to elect or reject his choice. On the present occasion there was one vacancy; Dr. Arlidge retired by rotation; and he would nominate Dr. Rayner as his successor.

Dr. MAUDSLEY then proposed, and Dr. BLANDFORD seconded, that Dr. Rayner be appointed Auditor to fill the vacancy caused by the retirement of Dr. Arlidge, which was carried unanimously.

The PRESIDENT said that three gentlemen had to be chosen to serve as members of council in the place of Dr. Alonzo Stocker, Dr. Palmer, and Dr. Wm. Wood, who retired by rotation, and it was for the meeting to make the selection.

Dr. MAUDSLEY proposed Dr. Lalor, of Dublin; Dr. Donald Campbell, of Brentwood; Dr. Monro, of London, as members of the Council.

Dr. J. M. LINDSAY seconded the resolution.

Dr. BATTY TUKE then called attention to the fact that there was another vacancy on the Council, that the name of Dr. Clouston stood in the list as a member of the Council, but that as Editor of the Journal he was *ex-officio* member of the Council. Dr. Batty Tuke said further that as there was only one Scotch member of the Association on the Council, he should propose that Dr. Howden be elected to take the place of Dr. Clouston, who was already *ex-officio* a member of Council.

Dr. MAUDSLEY seconded, and the President submitted the names of Dr. Lalor, Dr. Campbell, Dr. Monro, and Dr. Howden, who had been proposed and seconded, as members of the Council.

Carried unanimously.

The PRESIDENT then called for the Treasurer's report, which Dr. Peul brought up duly audited, and he congratulated the Association on the balance, £174 8s. 6d., which he had in hand, and which was the largest balance that had ever been shown in any balance-sheet of the Association.

(For Treasurer's Balance-Sheet see next page.)

On the motion from the Chair, the report was unanimously adopted, and ordered to be printed for circulation.

The PRESIDENT then said that it was customary to submit the names of the gentlemen to be proposed as honorary members from the chair, and on this occasion he had to propose the names of Dr. G. Burrows, President of the Royal College of Physicians; Wm. Norris Nicholson, Esq., Lord Chancellor's Visitor of Lunatics, Dr. H. A. Pitman, Registrar of the Royal College of Physicians; and Professor C. Westphal, of Berlin. He thought that the election of Dr. Burrows and Dr. Pitman was but a graceful acknowledgment on the part of the Association of the kindness of the President and Fellows of the Royal College of Physicians in allowing the meetings of the Association to take place in their College. Mr. Nicholson, he thought, would be the more welcome to their ranks as he had already unofficially expressed his desire to be a member of the Association; and Professor Westphal was already so well known that any comment upon his merits was unnecessary.

They were then elected by the unanimous vote of the members present.

The following new members were then proposed and duly elected:—M. D. Macleod, M.B., Assistant-Medical Superintendent, Cumberland and Westmoreland Asylum; George H. Savage, M.D. Lond., Assistant Physician, Bethlem Royal Hospital; W. M. Harmer, M.R.C.P. Ed., North Grove House, Hawkhurst, Kent; Wilson Eager, M.R.C.S., Assistant-Medical Officer, Prestwich Asylum, near Manchester; Francis J. Wright, M.B., Assistant-Medical Officer, Prestwich Asylum, near Manchester; Charles H. Gibson, M.R.C.S., Assistant-Medical Officer, Warwick County Asylum, Warwick; H. Hayes Newington, M.R.C.S., Assistant-Physician, Royal Edinburgh Asylum, Edinburgh; George Ronald, M.D., Assistant-Medical Officer, Royal Asylum, Montrose; James Maclaren, L.R.C.S.E., Assistant-Physician, Royal Edinburgh Asylum, Edinburgh; J. A. Philip, M.B., Assistant-Medical Officer, Gloucester County Asylum, Gloucester; John E. M. Finch, M.B., Medical-Superintendent, Borough Asylum, Leicester; George H. McKenzie, M.B., Assistant-Medical Officer, Fife and Kinross Asylum, Cupar; George H. Pedler, M.R.C.S., 6, Trevor Terrace, Rutland Gate, London; T. Fitzpatrick, M.D., Lower Bagot Street, Dublin; W. Waugh Leeper, M.D., Loughall, Ireland; R. McDonnell, M.D., 114, Lower Pembroke Street, Dublin; G. E. Carre, M.B., Letterkenny, Ireland; T. Vincent De Denne, M.R.C.S., Assistant-Medical Officer, Rainhill Asylum, Liverpool; W. Dewsnap, M.R.C.S., 1, Theresa Terrace, Hammersmith, London; S. O. Bishop, M.R.C.S., Fisherton House, Salisbury; G. S. Elliot, M.R.C.S., Metropolitan Asylum, Caterham, London; Oscar T. Woods, M.B., Assistant-Medical Officer, County Asylum, Hatton, Warwick; Frederick H. Ward, M.R.C.S., Assistant-Medical Officer, Surrey County Asylum, Tooting; W. Yeats, M.D., Assistant-Medical Officer, Asylum, Coton Hill, Stafford; John W. Ogle, M.D., 30, Cavendish Square, London; Thomas Anderson, M.B., Southern Counties Asylum, Dumfries.

The PRESIDENT then called upon Dr. Boyd to propose the resolutions of which he had given notice.

Dr. BOYD said of the last quarterly meeting the report was very partial, and certain portions of the discussion have been ignored altogether, particularly portions of Dr. Ogle's remarks. He knew that it was impossible for the secretary to perform the double duty of secretary and reporter, and he therefore proposed "that a re-

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Treasurer's Annual Balance Sheet, July, 1873.

RECEIPTS.	£	s.	d.	EXPENDITURE.	£	s.	d.
To Balance Cash in Hand	188	8	2	By Annual Meeting ... ..	...	...	...
To Subscriptions received	164	17	0	By Editorial Expenses ... ..	...	...	...
By Secretary for Ireland	38	12	0	Printing, publishing, engraving, and advertising Journal	241	8	5
By Secretary for Scotland	38	17	0	Sundries—Advertisements ... ..	...	...	...
By Sale of Journals, Messrs. Churchill	86	6	0	By Printing expenses of Quarterly Meetings	3	16	6
				By Treasurer	5	5	0
				By Secretary for Ireland	1	8	0
				By Secretary for Scotland	7	17	9
				By General Secretary	5	5	0
				By Balance in Treasurer's hands	174	8	6
	£	462	0		£	462	0
		2				2	

Examined and found correct,

HENRY RAYNER.

ROYAL COLLEGE OF PHYSICIANS, 6th August, 1873.

porter be engaged to attend the quarterly meetings of this Association to report the proceedings."

Dr. MURRAY LINDSAY said that he believed it would be to the interest of the Association to have all its proceedings reported. He thought that if the meetings were worth holding, the proceedings of the meeting were worth recording, and he, therefore, had great pleasure in seconding the resolution.

Dr. MAUDSLEY stated that Dr. Christie had engaged a reporter on the last occasion, but that the work had been so badly done that it was useless; but that in regard to the report, Dr. Christie had applied to Dr. Ogle himself, and got from him direct the report of what he said.

The PRESIDENT said that in the report of the meeting at Glasgow, Dr. Gairdner was made to say nonsense, whereas he had made a very able speech, and certainly did not talk nonsense. He approved of the resolution, but did not say that he would vote for it.

The resolution was then put to the meeting, and was carried unanimously.

The PRESIDENT then called upon Dr. Boyd for his second proposition.

Dr. BOYD said that he had given notice of the resolution in the following terms:—"That with a view to carry out more fully the objects of this Association, a limited number of subjects connected with the care and treatment of the insane be proposed at each annual meeting, for elucidation in their annual report, by those superintendents who are interested, and that a summary or analysis of the information thus obtained be published by the authority of the Association in the 'Journal of Mental Science.'" He thought that such a subject as that involving the question of the proportion that single rooms should bear to associated rooms was a question which might usefully be proposed to superintendents, and the results of their experience recorded in the "Journal" would be of value. Again, he thought that the question of the proportion which epileptics bore to other patients in the asylum was one that might very usefully be considered, and he could see no more important question than that of the various phenomena of epilepsy as seen in asylums and its treatment generally, and he thought that subjects like these and similar ones might very properly be suggested as subjects to be discussed. Also the results of experience on the present popular subject in the weekly journals—the relative value of feeding through the nose or mouth.

Dr. BLANDFORD seconded the resolution.

Dr. LALOR said that it was of the greatest importance that scientific records of insanity should be kept; but he doubted if such records should be distributed in the ordinary asylum reports. He felt the great importance of some such measure as proposed by Dr. Boyd, owing to the want of some means of making the facts in the practice of insanity known to the profession at large. But he also observed that the best asylum reports had done very little to advance the science practically, and he thought that it was because they were not accessible. He thought that the reports of asylums proper were written for the information of the magistrates or visitors as to the cost of the asylum, &c., and that these were details which do not refer to the scientific observations of the resident superintendent, and that as the reports were printed out of the county rates some magistrates would not allow the county to be put to the charge of printing the scientific work. Many reports already contained much good scientific work, and if the profession knew what was in some of the reports, they would see that much good was being done, and how the insane are practically dealt with; but then again where were they to get the reports? It had long occurred to him that the mixing up of scientific matter with the details of asylums, and distributing these reports as they are now distributed, was sending so much good work broadcast and unwisely. The profession do not know where such reports are to be found. He did not think that Dr. Boyd's resolution was competent to do what was wanted; it was too limited. Again, though some reports of asylums contained a mass of very valuable information, it was information from which he did not think a selection could be made. If, for instance, he took Dr. Boyd's own reports, he would not know what to select and what to omit. He wished that the principle of Dr. Boyd's resolution could be carried out, and that the scientific records should be so published that they might be accessible to the profession at large.

Dr. BLANDFORD said that he had no idea of the dimensions of Dr. Boyd's resolution when he seconded it. As regards scientific records, he thought that when they were contained in the annual reports of asylums they were practically lost. He had lately tried to get them, but did not know where any complete set was to be found. He went to the libraries, but had found no complete set in any library. If all the

reports could be got together, he had on doubt that they would be of immense value.

Dr. MAUDSLEY said that he believed that all the asylum reports were most carefully kept in the library of the College of Surgeons. He had all respect for Dr. Boyd's proposition, but he did not know how it could be carried out, for, as Editor, he would not know what to select and what to reject. He would suggest that if the resolution should pass, a committee be appointed to consider how it could be carried out; but he thought, in regard to reports of asylums generally, that scientific matters were best left out of them. These reports were intended for magistrates, whom the scientific matter did not in any way concern; but if superintendents of asylums would send notes of facts and such matters as were of scientific interest to the Editors of the "Journal," the Editors would be only too glad to publish them. And he stated that when he was associated with Dr. Lockhart Robertson, as Editor, they had made a special department in the "Journal" for such notes, but that they were obliged to give it up, as it was so little responded to.

Dr. LANGDON DOWN said that he thought that the publication of scientific records in annual reports of asylums was an incongruity and highly inconvenient, for it was impossible that they could gain more than very partial attention. Such reports could not be kept, for if they were they would very soon fill the library shelves, and what was more, they would be useless unless an index of their contents was kept. He was of opinion that if superintendents would keep the scientific matters from their reports, and publish them separately, they would render much greater service.

Dr. STEWART said that he thought that the error of the existing system of mixing up the scientific observations with the general details of the asylum in the annual reports was singularly shown in the fact that only last year Dr. Wilkins, of California, in his able report to the Governor of California, quotes opinions given 20 years ago to the Commissioners in answer to questions addressed to superintendents by them, and Dr. Wilkins had quoted these opinions in default of more recent information, such not being accessible. He thought that the Association might ask for some better system than the present.

Dr. YELLOWLEES thought that this was a matter for superintendents, for it involved that they should become writers. He differed from Dr. Maudsley as to the distribution of the reports; they were written for the magistrates, were read by them and by the people in the neighbourhood where the Asylum was; that it was a means of instruction to these people; and he thought it good, for it gave these people an insight and interest in the Asylum. But he thought that much might be done to improve the reports by separation of the materials. He had read in a report some remarks upon the action of Hydrate of Chloral, and in the next sentence remarks upon the cost of the Asylum.

A MEMBER was of opinion that in the district of the Asylum many were interested in the inmates of the Asylum, particularly the medical practitioners of the district, for many of the inmates had been their patients before admission, and they had no opportunity of hearing any more of them, except through these reports.

Mr. LEY could endorse all that Dr. Yellowlees had said; he saw a difficulty in carrying out a resolution such as that of Dr. Boyd, but he thought that the object would be attained if medical superintendents would accept it as the wish of the Association that permanent records of scientific observation should be kept and put in the "Journal of Mental Science."

Dr. DEAS said that it was undesirable to mix up the two classes of subjects in reports, especially as the printing of them was at the option of the Committee of Visitors, and it was never intended that medical opinions on insanity should be printed and paid for out of the county rates; many magistrates had already refused to print them. If the doctors would send the scientific part of their reports to the Editors of the "Journal," the desired end would be gained.

Dr. CLOUSTON said that he spoke with an experience of ten years in a County Asylum, and he had felt the difficulty of getting the facts properly arranged, but he thought that if the medical superintendents would collect the important facts of the year, they could be arranged and published in the "Journal;" that whatever the superintendents wished to publish in their reports, they should do, but that they should themselves select which portions should be eliminated, and which published in the "Journal." He thought that medical men in the same county as the Asylum who had sent patients there had a right to copies of its reports.

Dr. MAUDSLEY then proposed, and Dr. DEAS seconded as an amendment—
"That a committee be appointed to consider the best means of carrying out the

resolution of Dr. Boyd," and Dr. MAUDSLEY asked Dr. Boyd if such a course would meet his view?

But Dr. BOYD said that he did not entirely adopt such a view.

Dr. BATTY TUKE then proposed "The previous question." He was sure that the feelings of the Association were now generally known, and that the Editors would adopt the suggestion.

The PRESIDENT then put the amendment to the vote, and it was carried by a large majority.

The PRESIDENT then called upon Dr. Chapman to move the resolution, of which he had given notice.

Dr. CHAPMAN then said—My object in bringing before you the motion of which I have given notice, is to obtain from this Association an expression of opinion which many of its individual members have already given, as the annual reports of our County Asylums from year to year show, but which given as an opinion by an Association like this, should have more weight than the individual utterances can have. Criminal lunatics are sent to County Asylums directly from gaol, and on the expiry of their sentences from the Criminal Asylum at Broadmoor, and from both these sources we receive some individuals of thoroughly criminal character, individuals whose criminality is a more marked and important feature than their insanity; I need not enlarge on the objections to such patients being mixed with the proper inmates of our County Asylums. Before going further, I would point out that at present two very distinct classes of cases are confounded together under the term Criminal Lunatics. Firstly—those persons who have become insane, and from want of being placed under proper care, have committed some offence which has made them amenable to the law. It appears to me that a large majority of the insane might have got into the same position, had they not been properly cared for, and whilst the want of this care may have aggravated the malady from which they suffer, may have rendered it chronic, or have developed some troublesome symptoms, that differentiate them somewhat as a class from the ordinary patient in our County Asylums, I can see no reason why the patient belonging to this class should not be sent to the County Asylums, rather than to a Criminal Lunatic Asylum. The other class of Criminal Lunatics are those to which I think the term should be confined, and if they were called Lunatic Criminals, instead of Criminal Lunatics, the name would be a sufficient definition; they are those in whom the lunacy is the accident, the criminal nature the essence. There is a section of cases, namely, the homicidal, which, as regards the place of detention, ought, perhaps, to be separated from both these classes; both because other lunatics, whether criminals or not, may fairly object to be associated with them, and also because there is often a considerable amount of doubt as to the reality of the insanity in such cases. That public opinion sides with me in recommending the first class of case to be sent to the County Asylums is clear, I think, from the fact that there is a strong and increasing tendency in such cases to hand the patient over to the relieving-officer, to be sent to the Asylum in the ordinary way, and to pay no further attention to the offence, even in cases so serious as would have caused the patient to be sent to a Criminal Asylum, did the matter take the regular course. In all cases where it is clear that the patient committed the offence in consequence of insanity, I contend that this should be the regular and legal course instead of the exceptional one. With regard to the association of the Lunatic Criminal with ordinary patients in County Asylums, nothing I could say would more clearly or more authoritatively show its inadmissibility than the following remarks about them from the last report of the Superintendent of the Criminal Asylum at Broadmoor. You will see that he draws the same distinction between the two classes of cases under his care that I have done:—"There remained in the Asylum, on the 31st December, 407 men and 101 women, who, although all comprised under the term 'criminal lunatics,' are nevertheless composed of two classes differing in many very important particulars one from the other. One class consists of those who, having been charged with the commission of some criminal act, have either, whilst awaiting trial, or when arraigned, or when tried, been found to be insane, and have in consequence been ordered to be detained during her Majesty's pleasure. The other class consists of those who have been removed on the ground of insanity to Broadmoor from convict prisons whilst undergoing various terms of penal servitude. The former class consist mainly of persons whose offences have been isolated criminal acts, the direct results of their insane state, and who, up to the time of the outbreak of their insanity, have, in many cases, led honest and industrious lives."

The other class, consisting of those removed from convict prisons, whilst undergoing penal servitude, differs widely from the class thus described. Instead of being composed of persons who have committed criminal acts in the frenzy of mania, it consists chiefly of those whose offences against law and order are part of their everyday life. It is not intended at the present time to enter upon the discussion of the question how far criminal habits may be the result of natural defect of mind and inaptitude to earn an honest living, but simply to consider the characteristics of this class of patients at the time when they become inmates of this Asylum, and the bearing which those characteristics exercise upon their treatment. Persons becoming insane whilst undergoing sentences in convict prisons, or in county or borough gaols, are all equally included in the term "criminal lunatic," but usually those only from convict prisons come to Broadmoor; those from county or borough gaols going to the County Asylums. The average daily population of the convict prisons in 1871 was 8,218 men, and 1,217 women, and it is from this population that the class of inmates now under consideration is drawn. They are, therefore, chiefly old offenders. The Medical Officer of the Millbank Prison states, in his report for the year 1869, that of 28 prisoners certified during the year to be insane, 24 were known to have been previously convicted, and that in one case 14 previous convictions had been recorded, in another 13, and in another 10. While on the one hand, therefore, the degree of mental defect previously existing would not appear to have been sufficient to warrant the signing of a certificate of insanity by the surgeons of the prisons through which these persons had formerly passed; so, on the other hand, it had not found any impediment to the full development of a life of crime, or to the acquirement of those habits of lawless violence, of antagonism to order, of contempt for honest work, and of the use of language of the foulest description, which characterize this class of inmates, and which cause their management, when they are aggregated in considerable numbers, to present special difficulties not encountered in dealing with other insane persons. At the close of the year, the 507 patients then in the Asylum were composed in the following proportions of the two classes which have been described; 268 men and 75 women belonged to the class found insane, either before or at the time of trial, and 138 men and 26 women had been removed from convict prisons. Although it is not intended to raise the slightest doubt that these 138 men and 26 women are, by reason of their mental condition, quite unfit subjects for penal discipline, or that their proper place is in a lunatic asylum, it may still be open to question whether it is either just or expedient to permit those other inmates whose lives have not previously exposed them to such evil influences to be contaminated by the degraded habits and conversation of the convict class, or to cause those belonging to one class to suffer from restrictions which are only necessary for the other class; and yet this is what at present happens, in consequence of the intermingling of the two classes in the proportion just stated. These remarks apply with greater force to the male division than to the female, in consequence of the proportion of convicts being greater amongst the men than amongst the women, and also because, as the female division is not fully occupied, a better classification of the existing inmates is possible. The male division is, however, now full, and the present seems therefore an opportune time for submitting the foregoing remarks, with the view, that in any plan which may be adopted for providing further accommodation, the desirability of affording effectual separation of the two classes may be considered. In our County Asylums the constant endeavour is to reduce all terrorism, coercion and punishment (restraint, seclusion, the shower bath, &c.), as upholders of order and discipline, to a vanishing point, and the more nearly this can be accomplished the more satisfactory is the state of that Asylum and the greater are the benefits it confers on its patients. The addition of a few lunatic convicts to their population throws difficulties in the way of this result out of all proportion to their number. The number of convict criminals at present in County Asylums is difficult to find. The number of so called criminal lunatics is, by the last report of the Commissioners in Lunacy, 125, and of this number probably half belong to the criminal class. There is also a further number whose sentences have expired. The number of convicts sent from Broadmoor on the expiry of their sentences is about 20 annually, and the probable number now in County Asylums, making allowance for deaths, discharges, and escapes, is probably about 100. Among these transfers from Broadmoor some of the most thoroughly engrained criminals occur. If, therefore, you agree with the resolution I am about to move, we are asking for accommodation for patients in a Criminal

Asylum. At the same time we are suggesting that a certain number of patients at present so accommodated might be safely and properly sent to us. The extent of the evil of which I complain may be estimated from the fact that there thus appear to be a larger number of convict lunatics in County Asylums than in the Criminal Asylum at Broadmoor. I may remark that the Quarter Sessions of Herefordshire have petitioned against criminal lunatics being sent to County Asylums. I would leave it very much to the Committee that I request you to appoint to determine how they had best bring your opinion before the proper authorities; but I would suggest that it would be very desirable that they should, if possible, secure the co-operation of the Commissioners in Lunacy. I have been asked what I proposed with respect to criminals and criminal-minded persons who found their way into Asylums as ordinary patients. No doubt such cases are not uncommon; I have not, however, met with any trouble from such patients, and what is more important, I think that there would be great difficulty in distinguishing them and dealing with them separately. I think you might, however, remit the question to the Committee, though I should much deprecate any suggestions or recommendations being made by them that were not of a thoroughly practical and practicable character. I beg to move, "That this Association take steps to prevent criminal lunatics being sent to County Asylums."

Dr. LINDSAY seconded the resolution, and

The PRESIDENT suggested that a Committee should be appointed to consider the best means for carrying out the resolution. The suggestion was carried *nem. con.*, and Dr. Chapman was asked to nominate the Committee.

After some discussion the President, Drs. Boyd, Rogers, Rayner, Clouston and Chapman were appointed a Committee to consider the best means of carrying out the resolution.

Dr. BATTY TUKE then gave notice of the following motion:—

"That this Association shall, at intervals of not less than three years, grant a sum of £:0 as a prize for an essay on a subject connected with Insanity, the subject to be fixed by the Council, who shall also appoint a Committee to adjudge the prize (two members not being connected with the specialty), Assistant Medical Officers alone being competent to compete."

It being 1 o'clock, the meeting adjourned until 2 p.m.

The Association resumed its sitting at 2 p.m. Dr. Harrington Tuke, President, in the Chair, and

Dr. ROGERS being then present, thanked the Association for the honour conferred upon him in electing him President for next year.

The PRESIDENT then delivered his address (see Part I., Original Articles), and invited discussion on the following subjects:—

I.—The Alleged Increase of Insanity in England.

II.—Can the present system of treating the Insane be altered with advantage?

Dr. LUSH, M.P. for Salisbury, then said that the thanks of the Association were due to the President for his able and instructive address, and he therefore begged to be allowed to move a vote of thanks. He had no doubt that there was a wide field for discussion on the subjects which the President had proposed. The subject of the increase in lunacy had been prominently brought under his notice, and after examining the tables which the President had placed upon the wall, there appeared good grounds for the allegation. But he thought that nothing could be more important than the treatment in insanity. The treatment with restraint had long been abolished, in deference to enlightenment and better knowledge, and medicinal treatment now wanted to be better tried. Therapeutics had, in the last few years, made great progress, and he thought that the treatment of insanity should benefit by this progress. He was glad to hear from the President that alienation had a definition distinct and definite from lunacy, a term to which he had always objected. He said that he spoke early in order that he might be permitted to move a vote of thanks.

Dr. BUCKNILL begged to second the vote of thanks to the President for his valuable and instructive address, and he thought that the question of medicinal treatment should form an important part of the discussion.

The PRESIDENT said that he would like to hear the views of the writers of monographs on special subjects as to the values of Chloral, Digitalis, Henbane, and other drugs, and particularly he would like to hear Dr. Clouston's views.

Dr. DAVEY thanked the President for the allusion he had made to him, and to his paper. He had read a paper in this Association on the progressive increase of

insanity in Middlesex, and he believed there was yet reason to fear a still greater increase. He thought that his remarks, on the occasion referred to, had given rise to the investigation of the subject generally, but he did not comprehend the process of reasoning by which some had come to the conclusion that there was no increase in the number of insane. If we looked at the annual reports of the Commissioners we must come to the conclusion that he had before arrived at, that the increase now is as it then was, very great, but not so much in the upper as in the lower classes. Dr. Davey referred to an article which appeared three years ago in the "British Medical Journal," entitled "A Social Blot." He characterised that article as a shameful piece of writing. It was intended to show that licensed houses were establishments contrived purely for gain. When looking at and comparing the figures on the President's tables, they suggested to him that some reason remained to be shown why the recoveries were greater in public asylums than in licensed houses. He was proposing to himself to put on record his experience through 20 years at Northwoods. Such experience, he thought, would furnish a good and satisfactory reply to the slanderous assertions and abusive epithets contained in the article named.

Dr. DUNCAN, of Dublin, remarked that the recoveries were calculated on the admissions, and from this source his was a fallacy. We get patients in private asylums which have been for a long time under treatment at home or with their friends, such cases being, as a rule, withheld from asylums until they are more or less hopelessly insane, whilst in public asylums most of the cases sent for admission are recent cases, and this is most important in calculating the relative recoveries in the two classes of asylums. But the size of the establishment has also to be considered; the mortality is considerably less in small asylums than in large, probably from the fact that the feeding is better in small establishments than in large, and this fact is of importance. In Ireland he thought that the mortality was much less than in England, and in Ireland the establishments were of necessity small; but in calculating from them, each should be considered by itself, for it is a great mistake to group 10 or a dozen such asylums together.

Dr. PARSEY, of Warwick, said that he had gone more into the subject of treatment than of increase; but he was inclined to believe in the great increase, and he should like to see the subject gone fully into. Until recent times people regarded dreams as marvellous, and were influenced by them; but with our advanced knowledge we had come to regard dreams as physical phenomena altogether, though in the country supernatural causes are still believed in regard to dreams, and also in regard to insanity. But formerly numerous families believing in the supernatural cause of insanity of some of their members, did not allow them to be placed in asylums or to come under treatment. This is a fact, and it is an important fact, in considering the increase of insanity. If we could on this point enquire into the history of every family, and we should find that there were as many insane formerly as there are now, though they were not brought within the register. Formerly the great mass of the middle class was not recognised, now a large section of the lower middle class are found in the county asylums. There is still no provision for them, and all are received into public asylums to swell the numbers. The influence of emigration also had to be considered. He did not think that emigration increased insanity, for it is the restless spirits that emigrate, and in our colonies there are extraordinarily large numbers of lunatics. He did not see how civilization tended to increase insanity. If among the higher and middle classes there was an increase of such forms of disease as general paralysis then there would be some ground for the opinion; but such a form of disease was not increasing, particularly among the commercial portion of the community.

Dr. CLOUSTON said—We have two things to discuss. 1st, Is or is not insanity capable of being benefited by therapeutical treatment? 2nd, Is it increasing? In regard to the relative efficacy of public and private establishments for the treatment of insanity we have but few facts to judge from, and so we may leave this point. But we may ask the question—is insanity remediable by drugs? Is it a so called functional disturbance? Does it consist in many cases of an evanescent condition of brain cells? Do we find any allied conditions in other nervous diseases? I think we do. The physicians who treat general diseases tell us that they find functional disturbances such as neuralgia and cephalalgia which they can cure with drugs; also motor disturbances, as twitchings and chorea, and the great class embraced under the head of anaesthesia. The best men in the profession tell us that they can cure these diseases with drugs, and if we apply the same reasoning to insanity as they do to

other nervous diseases, we must conclude that it is possible for us to cure it. But it is not only by *à priori* reasoning that we come to the conclusion that we can cure insanity with drugs. Take insomnia, which is the most prominent accompaniment of insanity. Is it not a condition which we can overcome by drugs? The next consideration is what causes have these neuroses? Have they their origin in evil habits, in altered function, or in bodily diseases of other organs than the brain? If we can find such a cause, surely we have some chance of being able to treat and cure insanity. Take, for instance, that form of it dependent on uterine disorder. No one will venture to deny that we can cure this by therapeutical means. Then why not other forms of insanity likewise? If the question is, "Have drugs done any good?" I think that the experience of the largest number is that drugs have done much good. You were good enough, sir, to refer to some experiments of mine in drugs of the class to which bromide of potassium belongs, and, undoubtedly, in epilepsy it is of the greatest value, and I would ask is not this the experience of others? I would ask the question of Dr. Duckworth Williams,—does not bromide of potassium control the epilepsy and so control the insanity? It certainly controls both the motor and the sensory function. Chloral, we all know, will produce sleep, and we know that sleeplessness is a part of insanity. I believe that sleep so produced recuperates the system, and does good in the same way, though not to the same extent as does natural sleep. I am sure that other drugs do good in treatment. Henbane, Opium, and Cannabis Indica—all I believe do good in some cases. It is neither very logical nor very honest to make it appear, as some do, that those of us who believe in the medical treatment of insanity undervalue the fresh air, the employment, the good food, the hygienic conditions on which they entirely rely. We believe strongly in both, and not less in the one that we value the other also. There is little strength in the arguments of those who say that we cannot positively tell but that the cases would have recovered without drugs, and who point to those in whom it has failed. A long array of cases and facts, reported by the most trustworthy men, all show that cures and ameliorations result from drug treatment. In those circumstances the sceptics take on themselves a heavy responsibility. I cannot agree that insanity is increasing at all. It must of course increase with the increase of the population, and it is in the tendency of modern life to exclude from society all individuals not conforming to the common type; but the greatest increase is not among the artisan class, who, with the increasing wealth of the country, participate, by improved wages, in the comforts and luxuries of modern civilization, but it is in counties like Wiltshire and Dorsetshire, where the agricultural labourer is but poorly paid, and the wages barely enough for existence, that the greatest increase is seen. It is a cardinal fact, in discussing this question, that not only in those counties, but everywhere where there is great poverty, we have a greater number included in the returns of insanity.

Dr. SANKEY thought that some explanation of the discrepancies in the calculations was required. One explanation was to be found in the fact that the modern and humane mode of treatment rescued a number of the wretched creatures, who used to haunt our villages, from death. He had come to the conclusion that there was no real increase.

Dr. DEAS remarked that Dr. Sankey had said that numbers now lived and remained under care and treatment who formerly died. He did not see how the argument applied, though the fact was a striking one; there were two or three things to his mind not clear; one was how were the ratios calculated? Another was, how the increase of the population was calculated, for in these calculations we had several things to take into account. Both emigration and immigration must play some part in the actual numbers to calculate from; not so much, perhaps, migration in and out of the country, but the immigration and emigration from one part of the country to another. In regard to the difference between public and private asylums, there was this great consideration:—let, in private asylums patients might come under treatment at once, but more often they were not admitted until late in the history of their insanity; whereas among pauper patients they came under treatment at once. And again in private many cases never came on the register at all, for they were treated at home. In the pauper classes impoverished blood, bad food, bad nourishment, and excessive indulgence in alcoholic drinks were powerful causes of insanity, whereas in the upper classes the causes which were most prominently shown were those of degeneracy. In his opinion and experience neurotic treatment of insanity was a mistake. It appeared to him that such treatment was directed entirely to

one class of symptoms; that in which excitement, noise, and disturbance were the prominent features; or those which obtrude themselves on the observer; and he thought this mode of treating symptoms was a fallacy. As to his personal experience he had refrained from using neurotic treatment, and his results of recoveries, 40 per cent., though not better, were at least as good as those of any one else. The only drug he used was chloral, which he gave to correct the bodily symptom of sleeplessness.

Dr. ARLIDGE said that his attention had been drawn to the great gathering together of lunatics in large asylums. There was some reason for the accumulation, for every parish seeks to get rid of, and send its insane to the county asylums. When he was a boy he used to see a great number at large whom we now see in asylums, and he doubted if we were right in collecting these people together. Undoubtedly the large increase was due in some measure to this fact. We now collect and keep a large number who would otherwise perish, as Dr. Sankey has said. There is really no actual increase requiring asylum treatment. The increase arises from the throwing out of a wider net in order to gather all. Referring to the Commissioners' report it appeared that in Dorsetshire there is a poor ill-fed population, and it is from these and such as these that the large numbers are gathered. The conditions which govern recovery are various, and in estimating them we have to look to the difference of asylums, to the defective information supplied on the admission of the case, and the duration of the insanity, and the various modifying circumstances. Every hospital and asylum must stand on its own basis, and cannot well be compared with its neighbour. Another fact, too, which must weigh in the consideration is that we can get actual numbers as to admissions and deaths, but not as to recoveries. Many go out of the asylum, and are not heard of again; but who is to say that they have recovered?

Dr. THOMPSON said that Dr. Arlidge had remarked that he would not collect the insane, but he would be sorry to put it out to the world that it was the opinion of this association that these poor creatures should not claim our sympathy, and that our Asylums should be closed to them. He was connected with an Asylum in which an annual report of the medical practice was published. He was sorry that the question of drugs was introduced; one said that he used this and another that drug, and one in one dose and another in another. His own belief was that there was much use in drugs, but that they might be given at the wrong time; as for instance, Cannabis Indica might be of much use in some stages of General Paralysis, but it was harmful in others. The same might be said for Henbane and other such drugs; suppose some change has occurred in a portion of the brain and you continue to give ergot of rye, the result is that the brain becomes impoverished, and the part supplied by that portion of the brain would go to decay; thus a prejudice would arise against such a drug as ergot of rye. And such scepticism arises more in the medical mind than in the world outside.

Dr. LANGDON DOWNS did not agree with Dr. Arlidge. He thought that the individuals should be collected and cared for. There need not be too great association; the treatment might be varied in separate buildings, and special arrangements for special cases and special classes of cases; but that the miserable creatures should be left to perish amid the miseries to which they were formerly subjected was an opinion he was quite sure this society could not endorse.

Dr. YELLOWLEES believed that the increase of insanity was more apparent than real; but he also believed that drinking habits had an enormous influence in the production of insanity. He lived in a country where there had been two strikes recently among the coal miners. On both occasions the admissions into his Asylum fell to one-half among the males, but the numbers rose again after the strike had yielded—this was not so amongst the women. The number of female admissions during the same period was hardly, if at all, altered. He believed that the cause of the decrease amongst the men was because when on strike sobriety was forced upon them. On the subject of drugs he did not agree with Dr. Clouston. He believed that the neurotic treatment was very useful in some cases, when the insanity was recent or functional and sympathetic. As to recovery, he believed that there was no wonderful difference between the doctors, nor between the Asylums. In some Asylums patients were discharged earlier than in others; but he asked what did recovery mean? What was recovery? And how could it be said, for instance, that any certain case had recovered?

Dr. BLANCHE, of Paris, said—Gentlemen, I beg all your indulgence if I try to address you in your language, which, unfortunately, is not very familiar to me;

but I am induced to do so by the belief that the very few words which I intend to say may be of some interest, and, consequently, of some advantage. In a practice of about thirty years, I have a great many times seen marriages taking place between two families, and in each of them there were more or less numerous cases of insanity—it is in my opinion the consequence of what we call in French the *affinité*—and the result of those marriages between families where the insanity prevails seems to me to be one of the causes of the continual increase of the number of the insane. If I don't mistake, if it is indeed so, do you not think, gentlemen, that this side of the question of the hereditary influence may deserve your attention and your care in trying in your practice, as you do certainly when you have had an opportunity, to prevent those marriages? I should be very happy if you would be of opinion that this point of mine is worthy of your attention.

Dr. BUCKNILL said he would speak first as to the increase. One gentleman says that the figures are all wrong, but none of the speakers had pointed out upon what ground they were wrong; and he did not see the gap which should have occurred in consequence of the Act of Parliament of 1861. It has been said that to gather into asylums cases which otherwise would be allowed to run through the country was prejudicial; he would be glad to hear the remarks of the gentlemen as to what should be done with them. Then as to treatment as a whole, he agreed with the treatment as expounded by Dr. Clouston, but the patient required fresh air, exercise, baths, and, in fact, everything included in the regimen and hygienic treatment of a well-ordered asylum. It was not surprising to hear that Dr. Davey had taken up the fact in the tables that a greater number of recovered cases were discharged from public asylums than from private houses, and that he was prepared to show recoveries of 50 per cent. instead of 20 per cent; he believed that the treatment in public asylums was much more considered than in licensed houses. In how many licensed houses were there conveniences for bathing a patient without causing extra trouble? In how many were there baths for the weekly ablutions of the patients? Then, where was there a licensed house with a system of classification? There is a system of classification, it is true, but it is a classification which gives the best room to those who pay the most money. How many licensed houses had separate and padded rooms for violent patients, and how many had efficient night watches? Night watches prevented suicide, and were the means of checking dirty habits, self-abuse, and other bad practices; but he did not believe that these methods of treatment, or that drug-treatment in its integrity, were carried out fully in licensed houses.

Dr. LUSH, M.P., said that Dr. Bucknill, as the Lord Chancellor's Visitor, would not have spoken so strongly except he had had some grounds for it. But he believed that Dr. Bucknill laboured under some degree of misapprehension. The patients in private houses are not so amenable to the various modes of treatment as are the cases in public asylums. In public asylums the Superintendent has absolute authority; in private asylums the Superintendents have not the same power. The friends of the patients were constantly stepping in and objecting to every method of treatment that might be adopted for the patient's good. And he thought Dr. Bucknill's assertions sent broadcast were sweeping and unfair to private asylum proprietors. In his own place, Fisherton House, the cases admitted are mostly such as are incurable, and not sent before they are incurable. Such facts ought to be taken into consideration in making statistics. He saw in workhouses, when he was a medical officer of a Union, a tendency to send all troublesome cases to the County Asylum, and he asked whether the alleged increase of the cases was among those to be considered as purely recent cases, and whether they contain many cases of general paralysis from among the higher classes. Statistics in a society like this ought to be well analysed, and distinction should be drawn between recent cases and old cases.

Dr. SIBBALD said—I think I may venture to suggest one of the answers which may be given to the question put by Dr. Bucknill—why the figures on Dr. Tuke's table cannot be accepted as a true statement of the amount of lunacy in the country. If the source from which these figures are derived is relied on as furnishing such a statement, we are indeed driven to the conclusion that a great increase has taken place in the amount of insanity. But the rate of increase thus represented is so startling, that we are at once rendered doubtful as to its reality. In Dr. Tuke's table the increase from the years 1859 to 1871 amounts to about 20,000, or about 1,500 per annum. And if we refer to the English Commissioners' Reports, we shall find that the increase from the year 1852 to 1859 gives about the same annual

average. The number of lunatics registered in the earlier of these years was only 25,588, and if we suppose that statistics had been gathered from the previous 30 years, we might expect, while making full allowance for the smaller number of the general population of the country, to reach back to a period when insanity may be said scarcely to have existed at all. This conclusion is, however, so extravagant, that we are fully justified in refusing to accept the teaching which a superficial consideration of the figures seems to support. I do not dispute the accuracy of the figures. They have, I believe, been prepared with great care, and without doubt they have an important signification which we should try to discover. Some light may, I think, be thrown on the subject, if, instead of glancing backwards from the present to the past, we look from one district of the country to another. If we compare the statistics of the several counties, we find that the proportion of insanity is much greater in one county than in another. In the statistical tables given in the Report of the Scotch Commissioners, we find, for instance, that the proportion of pauper lunatics to the population in Renfrewshire is one in every thousand of the population, while in Perthshire it is as much as three in every thousand. It cannot be, and is not the case, that any great difference in the amount of insanity in these two counties is really to be found. But their comparative wealth and different social conditions so affect the necessity for official registration of the insane, that insanity appears by the statistics to be three times as prevalent in one county as in the other. In the Appendix to the Report of the Commissioners for Scotland there is a printed document in which I have made a partial attempt to show how relative wealth may affect the statistics of lunatics in different districts; and I believe that it is to influences such as this that we ought chiefly to refer the very remarkable augmentation which Dr. Tuke has exhibited in his table. We have the influence of the recent legislation in encouraging the registration of lunatics; the rapidly increasing wealth of the rural population; the decreasing number of those who can devote unemployed time to the care of insane members of their families; the more complete provision of satisfactory accommodation in asylums; and the broader view now taken by society of what are indications of mental unsoundness. Looking to the powerful influence of forces such as these, I think we must hesitate in admitting that a mere increase in the number of persons registered as lunatics is to be held as proving any actual increase in the real amount of insanity in the country.

Dr. YELLOWLEES said Dr. Bucknill has asked for an explanation of the difference of the results of recoveries in public and private asylums. The principal cause of the difference is in the large number of pauper patients admitted, whilst the number of private patients admitted is very small. An increase of 20,000 among the pauper classes in ten years might be shown. The tables of the Commissioners would bring out this, and the explanation might be sought for in incurable cases sent in from the workhouses, which in private could be treated at home.

Dr. STOCKER said, in addition to the remarks of Dr. Lush, he wished to answer Dr. Bucknill on one or two points. In metropolitan houses the number of patients forming the bulk of the admissions are sent in only whilst room is being made in public asylums, so that as regards these patients the licensed houses become merely houses of convenience for the unions, but they swell the number of admissions. Then, again, the friends of patients insist upon removing them before they are recovered, and, in consequence, they can only be discharged as simply relieved. As regards the supervision in licensed houses generally, the nurses sleep in the dormitories with the patients, but in all the large metropolitan houses there are night watches, and this is an additional safeguard.

The PRESIDENT said it is impossible to answer all the speakers, and my object has been attained in getting the expression of their opinions. The question of therapeutics has been met only by two, and they admit the value of medicine. One gentleman admits that there is nothing more useful in melancholia than Morphia, added to which we now have Chloral. Leaving the question of treatment which should, year by year, be more and more gone into, I insist that the increase is an absolute fact; you must not say bring other tables, and I will show you different results, for you may do this *ad infinitum*. In a table published by the Commissioners, in 1853, they gave the ratio as $3\frac{1}{2}$ per 1,000; in 1861 there was an increase of 1.1; and in 1863 the ratio had risen to 6 per 1,000. A result so startling cannot be passed over upon the plea that the basis of calculation is wrong. There is a cause for this increase; we may call it a wave of insanity, we may not know the cause, but we

must do our best to break it down. The tables on the wall were compiled in the Registrar-General's Office, and took several clerks many days to compile, and I believe are correct. I am sorry for Dr. Bucknill's statement, he is always so fair. If some public asylums give a per centage of 55 cases why do others only give a per centage of 28? There must be some explanation for this. If it be true that we do not do our duty as proprietors and superintendents of private asylums, then let private asylums be shut up and the patients handed over to the gentlemen who are empowered to use unlimited baths and the other appliances we cannot insist upon. Dr. Stocker has pointed out one source of fallacy whereby it may be shown that the public asylum has cured 34 per cent., when the large Metropolitan houses have from the nature of cases sent and removed from them been excluded from showing good figures. Many cases, too, never come under treatment in an asylum at all. Medical men in general practice treat puerperal mania, for instance, and the patients get well—we only get those which they fail to cure; they send to us for a trained nurse, and we may see the patient in consultation or we may not; but the cases never come under official cognizance. Cases from among the poor show a large number of re-admissions, as many as 12 per cent., but in private asylums the per centage is only 8; it indicates at least that in public asylums recoveries are too rashly assumed, added to which the freedom of marriage among the poor adds to the facilities for perpetuating the taint of insanity amongst them by hereditary transmission. In conclusion, I have to thank the meeting for the discussion, and I offer my thanks to Dr. Bucknill for his expression of opinion.

On the motion of Dr. SIBBALD, seconded by Dr. ARLIDGE, a vote of thanks was tendered to the President and Fellows of the College of Physicians for the use of the College.

The proceedings then terminated.

DR. TUKE'S ADDRESS AS PRESIDENT OF THE SECTION OF PSYCHOLOGY

(At the Annual Meeting of the British Medical Association, held in London, August, 1873).

The proper treatment of mental disease must always be considered as involving two distinct divisions. In the one, "moral" management, it is necessary to gain regard and willing obedience, to check wayward impulse, to beat away disturbing fears, to cheer the despairing, to restrain, not by force, but by patience and firmness, the angry and the violent, and to catch the moment in which the swiftly wavering mind may be brought to rest, and its balance permanently retained. The other division embraces the correct employment of hygienic and purely medical remedial agents.

Dr. Conolly was one of the founders of this great Association. Many I now address must well remember his ever kind and courteous manner, his evidently consummate knowledge of his subject, and the fervid eloquence with which he advocated the beneficent system to which his life was devoted. I was myself his pupil, and it is with no irreverence that I venture to dispute an opinion of one so much loved and honoured. But the time is coming when the medical treatment of insanity should assume its proper place; without it, psychology is not a science but an art—we are nurses and not physicians; a wider study of pathology, an increased knowledge of the effect of remedies upon the organism, and a higher standard of education among those specially engaged in treating mental disease, has led to the recognition of the paramount importance of prompt and judicious medical treatment. At the same time, our obligations to the great advocate of non-restraint are none the less; and no physician, however able, can forget those essential principles of gentleness and forbearance in the treatment of the insane which were so earnestly inculcated by Dr. Conolly.

The improvement in the medical treatment of the insane has also a definite history and a recent origin. In 1845, and in subsequent years, Lord Shaftesbury and the Commissioners in Lunacy were instrumental in passing through Parliament several Bills for the benefit of the lunatic poor, especially one providing for their treatment in county asylums, and placing them under the charge of qualified resident physicians. Hence arose a new race of practitioners, carefully trained and selected, and anxious to raise the character and increase the usefulness of their respective