

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

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

Dr. Bucknill then addressed the meeting as follows:

On certain modes of Death prevalent among the Insane.

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

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

disease under terms having such wide and indefinite application, as to be almost without meaning.

I have here the report of an able asylum physician, who in an obituary table of forty-five cases, attributes fourteen, or 30 per cent. of them, simply to "exhaustion." Here is that of another who attributes eleven out of thirty-four to the same indefinite cause. In another report I find a number of deaths attributed to "prostration," which is perhaps a synonyme for exhaustion; while in other reports the terms "gradual decay," or "general decay," appear often to be used to express the same facts; so that an examination of these obituary tables leads to the belief than one of the largest classes of which they are made up is entered in the various reports under very different headings, and that the death of a patient under identical circumstances might in the obituary of one asylum be attributed to "cerebritis," or "myelitis" and in another simply to "disease of the brain," in another to "gradual decay," in another to "exhaustion," and in a fourth to "prostration." The fact at the bottom of all this confusion is, that the insane die largely of forms of disease which are not tabulated in any existing systems of nosology. Even when a person suffering from mental disease dies from some recognised form of bodily disease, from phthisis for instance, the most frequent form, it is found that the symptoms of the bodily disease are greatly modified, and its aspect often wonderfully changed; for insanity is not confined to the brain, and, when it is confirmed, a man becomes a lunatic to his finger ends; literally so, for scabies will often abound on an idiotic or demented patient without seeming to touch the blunted sensibility, just as phthisis often ravages the lungs of the insane without producing cough. The most ordinary diseases of the insane, therefore, require special knowledge of their peculiarities, although we have yet to endure to be told that physicians skilled in the treatment of the insane require the assistance of physicians who are not skilled in the treatment of the insane, whenever they suffer from ordinary disease. With regard to the peculiar forms of disease here referred to, from which so large a proportion of the inmates of asylums die, we find that they are for the most part different varieties of the gradual loss of power of the nervous system, more or less chronic, in their course; and to which our associates apply the terms exhaustion and decay in rather a promiscuous and undetermined manner.

In some of the obituaries both of these terms are to be found, in others only one of them; thus, in Dr. Robertson's report, fourteen patients are said to have died of exhaustion, but not one death is attributed to any form of decay; in Dr. Wing's report eleven deaths out of thirty-four are attributed to exhaustion, and one to old age, but none to decay. On the other hand, in Mr. Hill's report, ten cases are attributed to gradual decay, and five to old age, while only four are attributed to exhaustion. And in Mr. Cleaton's report, thirteen

deaths are attributed to senile decay, while only five are attributed to exhaustion after mania and melancholia. I cannot, in examining the tables, find that any discrimination has been used in these terms exhaustion and decay, though probably the former is more frequently intended to designate that failure of the powers of life which rapidly supervenes upon acute symptoms, and the term decay is used to indicate the more chronic processes of degradation through which the nervous system passes in several forms of insanity. If the use of these words is to be continued, no doubt this distinction in their employment ought to be preserved; but I am strongly of opinion that one of these terms ought to be disused, and that the other ought always to be characterised so as to bear a more definite meaning. The term of which I advocate the total disuse is "exhaustion," to whose indefinite influence we have seen that in some large obituaries as many as one third of the whole number of deaths is attributed. Now the manner in which patients suffering from acute mania, die from exhaustion, is very similar to the manner in which cases of typhus, or cases of delirium tremens die from exhaustion. There are the same influences tending to death in both these diseases, and especially so in delirium tremens; the same loss of sleep whereby the nervous system is deprived of the opportunity of rest and repair, the same deterioration of the nutrient qualities of the blood, and the same death by syncope, due for the most part to asthenia arising from exhaustion of nervous energy, but often greatly assisted by poverty of blood. The mode of death, therefore, both in acute mania and melancholia, and also in delirium tremens, and in a large number of cases of typhus, is death beginning at the heart; that is, death by syncope, the largest factor of which is asthenia. Such is the mode of death, more precisely expressed than by the vague word exhaustion. But in obituaries we do not endeavour so much to indicate the mode of death as to name the remoter cause of death, namely, the disease which leads to the portals of the dark house. We do not say that a patient dying of delirium tremens, or of typhus, died of exhaustion, or even of asthenic syncope, but we name the disease which led to this cause of death; and in like manner I urge it upon the members of our Association to recognise in their obituary tables, the undoubted fact, that acute mania and acute melancholia, with persistent delirium exhausting the powers of life, with insomnia and refusal of food preventing repair, are in themselves bodily diseases as fatal as typhus or delirium tremens. Let us therefore, in assigning the cause of death, always give the name of the disease, though we may choose in addition to it, also to specify the mode of death. For example, let us say in an instance where the powers of life have been worn down by the uncontrollable course of acute mania, that the patient died of acute mania, though we may add that the mode of death was asthenic syncope; and in those acute cases

where food has been refused, either from delusion or from the diseased condition of the gastric membranes, let us say that the patient died of acute mania, or acute melancholia, adding, if we think fit, that the mode of death was anæmic syncope from refusal of food.

In support of my recommendation that we should disuse this vague word "exhaustion" as a cause of death, I am glad to be able to cite the authority of the Registrar-General, who always objects to accept exhaustion as a cause of death, unless the disease which caused the exhaustion is also specified.

The term "decay," which is also so much in use in our obituary tables, cannot in many instances be replaced by any other term, because it expresses not so much the mode of death as the cause of death, in the absence of any definite disease to which death can be attributed. But while I object to the term "gradual decay" as the needless employment of an attribute, since all decay must be gradual, I wish earnestly to solicit the attention of the Association to the necessity which exists of defining more accurately the various kinds of decay under which our patients succumb. The only kind of decay which is usually defined in our tables is that of old age; and although this may be taken as the type of all other forms of decay, it will be obvious from an examination of our tables, that this term is used to indicate the form of death in a large number of persons of middle life. By fatal decay, I understand that gradual failure of all the organic functions which, without the aid of active disease, results in death which neither begins exclusively at the heart, nor yet in the brain, but is at once the result of degradation of the cerebral, spinal, and ganglionic nervous systems, of impaired assimilation and diminished nutrition; so that watching the advances of death it is difficult to say whether it invades most through the heart or the brain. The nature of senile decay, which is the simplest and typical form of decay, is by no means so well understood that we can confidently take it to illustrate the various other forms of decay to which it bears analogy. I myself think that a marked declension of the function of the nervous system throughout the body is the ultimate fact in the history of our decline in old age to which all others must be traced; for although as Dr. Symons points out in his able article on Age, in the 'Encyclopædia of Anatomy and Physiology,' this defection of the nervous function is partly the result of diminished force of circulation and diminished energy of assimilation and nutrition; it must be borne in mind that these latter functions are themselves dependent upon the integrity of the nervous function. In the decay of old age it may be impossible justly to apportion that which is effected by the lost energy of the nervous function, and by the declension of the functions of circulation, respiration, and secretion, through thickening of the capillary walls, or collapse of the cells. All the functions are so inter-dependent that it is impossible to say where death com-

mences to break the circle of life ; but the decay of earlier age is often directly traceable to degradation of the nervous system. Either that system is congenitally imperfect as in idiots, and prematurely refuses to discharge its functions ; or through the influence of recurring disease like epilepsy, or through the shock of disease whose active processes have ceased, as that of past inflammation, the state of nutrition of the nervous system becomes altered in some manner in which we can only recognise the gross changes of the bulk and appearance of the organs. We see the brain and spinal marrow diminished in bulk and consistence, and changed in colour ; and we perceive that all its functions fail. All the other organs of the body may, so far as we know, be healthy ; but yet a train of symptoms commences which very closely resembles those attending the decline of life from extreme age, and these are the forms of decay which I wish to recommend our associates to specify more distinctly in their obituary tables ; and I think at least we may distinguish— 1, the decay of idiocy ; 2, the decay of epilepsy ; 3, the decay following apoplexy ; 4, the decay of dementia ; and 5, the decay of old age.

The decay of idiots is very remarkable. Some of these imperfect beings appear to arrive at real old age at a time when man scarcely attains maturity. They become feeble, decrepit, and all their functions decline, and thus they pass out of existence without any symptom of positive disease. In connection with this early decay of their stunted life, a very interesting fact may be mentioned, that in some idiots a premature maturity may be observed. Idiot children under nine years of age sometimes exhibit all the signs of puberty, a fact which may bear some analogy to the premature ripeness of fruit, the growth of which has been arrested by the tooth of the worm. The idiot child whose development is arrested by the inability of its defective nervous system to continue the processes of growth, undergoes those changes which in healthy children take place when their growth ceases in the normal manner ; these changes, by which the nutritive fluids are directed into new channels, are those of puberty.

The decay of epilepsy closely resembles that of idiocy, and is often combined with it. An epileptic may die in various ways ; he may die from coma and asphyxia following a fit, or rather a succession of fits ; he may die from syncope, after a severe fit which has so paralysed the nervous energies that the heart ceases to beat from asthenia ; and he may die from what I venture to call epileptic decay, in which the fits have no immediate influence in the causation of death. In these cases the fits, in some manner to us unknown, change the nutrition of the whole nervous system, the functions of which decline, and the patient dies deprived of sense and sensibility, in what I venture to call the decay of epilepsy.

By the decay of apoplexy I wish to indicate those cases in which the patient, after having recovered from one or more apoplectic attacks,

gradually loses first the mental, and then the other functions of the nervous centres, at a considerable period after the incursion of the disease to which these results are primarily to be attributed. Some, but by no means all of these cases have more or less local paralysis, but they are all distinguished by that gradual failure of the powers of innervation, circulation, and respiration, which characterise other forms of decay. These symptoms are also observed in no inconsiderable number of cases of chronic insanity in which profound dementia is either the primary or the secondary form of mental disease; and these deaths should, I think, be assigned to decay from chronic insanity.

With regard to the decay of old age, I have only further to observe that some care is needful to prevent cases being attributed to it which it has not caused; for it is not uncommon to see patients in extreme old age, die from an attack of mania or melancholia; and in such cases it is scarcely needful to observe that the cause of death is not the decay of old age, namely, the gradual failure of all the functions, without the interference of active disease.

I have been tempted to add to the above forms of decay that which is due to general paralysis, but as this disease, whatever its nature may be, is the actual and efficient cause of death, I think the gradual failure of all the functions by which such death is brought about, is more conveniently and properly attributed simply to the general paralysis itself. The modes of death in this disease are remarkable and instructive, making for our observation, as they do, physiological experiments as to the effect of the gradual denervation or abstraction of nervous influence upon the various functions of the organism. One of these effects I have not anywhere seen alluded to, although it produces a most remarkable mode of death. In some cases, which indeed are rare, but which I have observed several times, the molecular death of all that we can see of the body appears almost to precede the systemic death. While the heart still regularly beats, and the lungs expand, the whole surface of the skin takes the appearance of a body so far decomposed that the cuticle peels off at the slightest touch, as if from putrefaction. There is no reason why the whole of the cuticular surface should not die while life still maintains itself for a brief period in the fortresses of the organism; but these rare cases of general paralysis are the only instances in which I have ever observed phenomena which could bear this explanation. That an amount of mischief to external parts from disease or physical injury which would be fatal to a healthy organism may be endured by an organism in which the nervous bonds of sympathy have been abolished by the pathological changes of general paralysis, is a remarkable fact, of which evidence is not wanting in the frightful mortifications which sometimes occur in general paralytics, without producing any of those secondary symptoms which would undoubtedly arise with fatal readiness if such an amount of injury were inflicted

upon the soft tissues of a healthy subject. It is well known that in the lower classes of the animal kingdom in which the nervous system is little developed, an amount of mechanical injury to the limbs and soft parts which would inevitably be fatal to the higher classes, will be endured without producing much constitutional effect. Some reptiles, for instance, will bear injuries with apparent immunity, which would quickly destroy birds or mammals. Now general paralysis, which gradually deprives a man of the benefit of a nervous system, seems to place him for a time in the position of those animals which have nervous systems of a simpler nature, and to grant him for a time their immunities from the painful, and often, destructive impressions which can only be inflicted when the nervous system is in its perfect state of sensitive sympathy.

The President : I am sure we are much obliged to Dr. Bucknill for his interesting address. I confess that when he was turning his statistical returns over, and complaining about the frequency of the term "exhaustion," I was very much afraid he was about to refer to my own returns; for I confess I have very frequently assigned that as the cause of death.

Dr. Williams : I wish to make one remark with regard to disease of the brain, not always connected with insanity, but which is connected with it in many cases. Andral made the observation long ago, that the patient does not die of disease of the brain; and you will find that the person dies from extensive sloughing, and from results of the original disease, not from the disease itself. I have a patient at this moment who has sores as large as two or three hands, in different parts of the body, and he is dying from the irritation occasioned by these sores, not, I believe, from the disease of his brain. The remark which Andral made with regard to common diseases of the brain, is, I believe, applicable also to those connected with insanity.

Dr. Davey : It occurs to me, from the remarks which Dr. Bucknill has made, that there remains much for us to do if we would be exact in the employment of terms intended to convey the cause of the death of our patients. I think that the matter is not so easy as Dr. Bucknill, from some remarks that he has made, would have us believe. It is not always in our power to reach the diseased structures. Patients will die after a long course of illness. You examine the brain and the internal viscera very attentively, but you find no pathological appearances to account for death. The prominent symptoms may have been the general exhaustion of the vital powers, and you naturally put down "exhaustion" as the cause of death. Having for a number of years kept the particulars of the deaths of patients at the Hanwell and Colney Hatch Asylums, where the deaths were very numerous, I was obliged from necessity to put down "exhaustion" or "general debility," as most expressive of the

cause of death, and a reference to the reports of these large establishments will show that to be the case. Taking the hint conveyed in Dr. Bucknill's remarks, I think it would be well if the causes of death in our reports were divided into proximate and remote. Some such arrangement as that might bridge over the difficulty which has been brought to our attention, and render our accounts of death more accurate than they now are.

The President: I have now to call upon *Dr. Maudsley*, for his paper ON ASYLUMS FOR THE INSANE AMONG THE MIDDLE CLASSES.

Dr. Maudsley said there would be hardly time for two papers, and he desired to withdraw the one he had prepared, in order to afford *Dr. Robertson* an opportunity of bringing forward the subject of UTILISATION OF ASYLUM SEWAGE, in which the members would be more generally interested.

Dr. Robertson: I do not propose to trouble the meeting with a paper on this subject, nor have I prepared one, but I have brought with me a ground plan showing the method by which this system of sewage irrigation has been employed at Hayward's Heath. I have also asked the engineer, Mr. King, who was introduced to me by Mr. Mechi, to attend here, that he may answer any questions members may desire to put to him on the subject.

Last spring, one of our visitors called my attention to the importance of making use of our sewage, if I could find out any mode of doing it. I wrote to Mr. Alderman Mechi, who kindly sent me his book upon the subject, and did me the greater favour of introducing me to Mr. King, with whom I put myself in communication. Mr. King went over our grounds, and made us a tender at a very low rate, viz., £3 an acre (including every expenditure), for which he was to apply the sewage, and we were not to pay him unless we were satisfied with the work. Mr. King has now applied the sewage to eighteen acres of grass land. Of course, the asylum sewage offers many advantages. In the first instance, it is properly diluted, and it is not of that powerful nature which town sewage is, because we use more water, and are cleaner than people in towns. Another advantage is, that there is no unpleasant smell from asylum sewage. (Laughter.) If gentlemen would walk over our fields, they would hardly know that it was not clean water going over the ground. By receiving the sewage, which comes down in a limited quantity, into an open tank, and making use of nature's own deodoriser, earth, and putting vegetable matter and other refuse from the garden into the tank, the smell is entirely removed. There it is with all its fertilising qualities, phosphates in solution, and ammonia in combinations, ready to flow across the land free from all smell. Mr. King's principle of applying it to meadow land, assuming that he has a reasonable fall, is to divide the land into so many chains. The sewage is introduced at the top of the field, and by a very slight

manipulation it is made to run over one square chain, and then over another, as shown in the ground-plan which I hand round. Any man, with a few hours' instruction from a person who understands the work, can easily undertake this irrigation. We have an old man who does it for us for 2*s.* 6*d.* a week. He takes one square chain of grass, and then another, and so lets the sewage gradually, bit by bit, fall over the whole surface. The sewage is conveyed in two divisions, one from the male and the other from the female side of the establishment, the latter being the better sewage of the two, in consequence of the products of the laundry including the soap and other materials. We have one pipe going into a field of four acres, and another to a field of eight acres; it is on the former that our operations have been principally conducted this year. The sewage has been flowing on the field since March, and the result is that, since the 30th of April, when we first began to cut the grass, we have fed fifteen cows solely from it. In the five subsequent weeks to the 30th of April, these fifteen cows, thus fed from the cuttings of these four acres sewage meadow, yielded £80 worth of milk, valuing the milk at 1*s.* per gallon.

The field was formerly in a very miserable state, the whole farm being little better than moor land; a heavy clay soil, very much neglected, having no manure, and no drainage of any kind. The result of our first six months' experience of this sewage irrigation is, that we have all the summer been feeding our fifteen cows off these four acres of irrigated meadow land.

Dr. Campbell: What is the return per acre?

Dr. Robertson: I do not know the tonnage per acre, we have cut it as we went along.

Dr. Davey: How much milk have you obtained from the cows?

Dr. Robertson: Fifty gallons a day, and £80 worth in the first five weeks. We have been found fault with for overstating the quantity of milk, but I can say that the first week our butter rose from fifty to seventy pounds. The first day the cows would not eat the grass, and the only way we could get them to eat it was to put them on a night's fasting. The next morning they began, and have since eaten it very steadily. Our crop of hay was so heavy that the mowers would not face it, and instead of paying 4*s.* 6*d.* for our mowing, which is the ordinary price of mowing in our county, we have had to pay 7*s.* 6*d.*

Dr. Bucknill: With regard to the quantity of grass cut under the system of sewage irrigation, I may say that I have sold grass at £1 per ton, and I received £14 per acre for it; that was the first week in May, and I had a good crop of hay afterwards.

Dr. Robertson: I omitted to mention that the sewage water, after passing over the field, is so beautifully filtered, that I am sure you would drink it for spring water if it were put on your table. In the

Essex Asylum, on the other hand, the magistrates put up a large filter to stop the solid part of the sewage, and let the water pass through, acting upon what Mr. Mechi considers quite a wrong principle; and at the Worcester Asylum I saw a similar contrivance. The result is that they have nothing to show in the way of improvement of grass-land. I do not know whether Dr. Campbell can give us any account of that said filter.

Dr. Campbell: I must be allowed to dissent from Dr. Robertson. Unfortunately, we are not all provided with such admirable falling slopes as Dr. Robertson. I am perfectly aware that in the Sussex Asylum, all the farm falls from the house, and consequently there is very little expense incurred in throwing the sewage over the farm; but if you make the sewage flow on flat land, where you have no such fall, I am afraid the results would be very different. I think I see an asylum superintendent here who is one of our most practical farmers, and I believe he will tell you, what I can tell you, that where the whole machinery has been purchased by farmers for the purpose of using the fluid manure, they have converted that machinery afterwards to other purposes. With regard to Mr. Mechi's system, I think any one who reads the return that appeared in the 'Times' newspaper, will say that the scheme can never pay a farmer who has to pay rent. It is very well for Mr. Mechi, who makes thousands of pounds a year by other means, to experiment in that way, but he has never shown us any satisfactory result on Tiptree Farm. I should like to hear the experience of the Superintendent of the Derby Asylum upon this system of fluid manure, because I have more confidence in his judgment, as a practical farmer, than that of all the superintendents of asylums in England.

Dr. Hitchman: If I felt reluctant before to address the meeting, I feel still greater reluctance after the eulogy which has been passed upon me by Dr. Campbell, in reference to my knowledge as a practical farmer. I can, however, endorse, as far as my own experience goes, all that he has said in reference to the value of liquid manure upon all ordinary farms, unless there is something special in the slope, by which you can keep the irrigation at a constant flow, and then with certain kinds of grass, especially the Italian rye grass, you may get something like the profits which have been stated. I do not think that any ordinary grass would flourish for a long time upon that kind of sewage. The Italian rye grass will for three years produce large quantities, realising immense profits, and enabling you to feed a large number of cows; but unless you can keep up a continuous and rapid flow, the result would be disappointment. As far as regards the liquid sewage of the Derby County Asylum, I wish from my heart that I could make Dr. Robertson a present of it.

Mr. Sankey: At the Oxford County Asylum, the whole of the land, amounting to about twenty-four or twenty-five acres, has been

treated in this way. The land is excessively uneven, and all the sewage has been turned on by the patients, with one or two skilled persons to look after them. The ground has been altered in its level, and the whole of the sewage from the asylum, containing 500 patients, is used on the land. There are several different levels and flats, and when the sewage cannot be used upon higher grounds, it is allowed to run into cesspools, where it is mixed with the refuse ashes and clay, for we are obliged to mix clay with the ashes on account of the soil being very light and sandy, then it is allowed to run down upon the lower level, and in that way we can run it upon the grass-land, but it requires a considerable amount of filtration before that is accomplished. After filtration it is very valuable, and we have had some very fine crops.

Dr. W. P. Kirkman : As Dr. Robertson has stated that the cows would not eat the grass, I should like to know whether he took the trouble to ascertain the chemical composition of the milk, as that is a matter of great importance.

Dr. Robertson : I can only say that I have used the milk freely myself.

Dr. W. P. Kirkman : I should also like to ask whether ammoniacal gas liquor has been used, as I have been told that this product from the gas-works is a good manure for pasturage when largely diluted, and produces very large crops. I have 103 acres to experiment upon, and I think, in addition to carrying out Dr. Robertson's suggestions, I shall try the gas liquor.

Mr. Sankey : With regard to the cattle not eating the grass, I think it has arisen from the grass having grown a little too rank, and the liquid manure supplied to it being too strong. I have found that to be the case in several instances. It has been only when the liquid manure has been supplied in too concentrated a form that the animals would not take it.

MR. WARWICK'S MOTION.

The President : I have now to call upon Mr. Warwick to bring forward a motion of which he has given notice.

Mr. Warwick : I find myself placed in a situation of some difficulty, because, in the first place, the motion which I have to propose is in some degree a personal matter, and in the next place it will seem like throwing the apple of discord into what has hitherto been a very agreeable and pleasant meeting. My motion is :—"That a sub-committee of this Association be appointed to inquire into the proceedings of the Commissioners in Lunacy with regard to the licensing of private asylums in the metropolitan district." I apprehend that this Association takes cognisance of all matters that

relate to asylums, and to the status, and position, and interest of medical men concerned in the treatment of the insane. I cannot for a moment imagine that because a large number of members here are connected with public asylums, therefore they will look with indifference or coolness upon the interests of those members who have the misfortune in some cases to be connected with private establishments. (Hear, hear.) The members present are probably aware of the slight difference that exists in the mode of licensing private asylums throughout the country generally, and asylums in the metropolitan district; you are aware that the application is the same in both cases. You send in your plans, with a list of your patients, and so on. In the case of the county asylums, that is read before the magistrates in quarter or general session, in public open court; you are at liberty to have your counsel present if you like, and if any objection is made to your license it is generally made publicly; at any rate, if your license is refused, you know the reason why. In the metropolitan district no such rule holds good; you send in your application in the same way, but it is considered in secret, debated in secret, and you have no opportunity of being represented; any kind of accusation may be made against you; the decision is secret, and it is irrevocable. It seems to me that that is a state of the law which requires some amendment. Why should not proprietors of private asylums in the metropolitan district enjoy the same advantages that proprietors enjoy in counties generally? Perhaps an example will tell more than a very long story, and although I am the subject of the example which I am about to relate, I must beg your kind attention and indulgence; because if I adduce it, it is not that I wish the Association to take up any personal quarrel of mine, it is simply that I can speak truly on the matter, being thoroughly conversant with the circumstances to which I am about to refer. Two years ago I was looking out for a small asylum in the metropolitan district. In March, a gentleman who had a small asylum came to me; he had incurred the censure of the commissioners for a purely private and domestic matter, in no way relating to his patients, of whom he had but two, a middle aged lady, and an elderly gentleman. For that private matter, the commissioners took away his license, and not content with that, they wrote to the friends of the patients, advising their immediate removal before the time of the license had expired. That gentleman asked me to take his asylum off his hands. Seeing that his patients were then under compulsory removal, anything like goodwill or purchase-money was out of the question, he asked nothing, nor should I have given anything; he merely asked me to take the lease off his hands, and to buy his furniture and fixtures at a valuation, and to repay some little expenses he had been at in fitting up the house. There was no question, therefore, of purchasing the asylum as such. Before I entered into negotiations

I applied to the Commissioners in Lunacy to know whether, in the event of my taking the asylum, they would grant me a license; in return, I had an order to attend the meeting of the board. I went, and was asked many questions relating to this gentleman who wished to part with the asylum, but none respecting myself. They did not inquire into the matter of the intended purchase, but asked me many irrelevant questions, all connected with the gentleman leaving the place, not as to myself about to take it. They then told me they would send me an answer; some few days afterwards I received an answer from them, in which they said that they should feel it their duty to decline granting me a license to that establishment. Now, when I made the application, I had had seventeen years' experience in lunacy practice connected with a large public establishment, and ten years of that had been under the jurisdiction of the Commissioners in Lunacy. During the whole of that time I am not aware that any kind of complaint was made against me; I know I never incurred any kind of censure or reprimand; I uniformly received favorable and sometimes laudatory reports, and I cannot charge my memory with having one single dispute with the commissioners. Yet suddenly they, without assigning any cause, refused my license to an already existing establishment, which I was anxious to take. I have applied to them from time to time for an explanation of their conduct, and sought some reason for their refusal, but, up to the present time, I have been unable to obtain any kind of satisfaction whatever; they replied that it is not their custom to state the reasons of their decisions, and that is all the answer, and all the satisfaction I can obtain; so that I find myself, at the end of nineteen years' experience in lunacy, during which time I have never incurred any blame or censure, suddenly compelled to give up my practice in the metropolitan district, and to refuse many patients who, from previous acquaintance, would have been placed under my care. I am actually excluded from my profession—it virtually amounts to that, so far as the metropolis is concerned, and that without any kind of reason or statement being made in explanation. Now, surely, this is something like tyranny; it seems very hard, after many years' practice, that a man should be virtually shut out of his profession merely because a secret tribunal, giving no reasons for their conduct, choose to say that he shall not practise. I really have not in any way over-stated or exaggerated the case. I have been told that the commissioners are anxious to reduce the number of private asylums in the metropolitan district, thinking there are too many of them; that may be, or it may not; it would lighten their labours to have fewer, but that has nothing to do with the question; the public have a right to choose their own medical attendants, and if insanity be a disease, surely A, B, or C, the friends of the insane person have a right to select any medical man they wish to

attend their own relative. If a man is duly qualified, and there is no objection to him in character or status, it is a harsh proceeding on the part of the commissioners to exclude that man from practice. I really do not know any reason for the course they have adopted, unless it be that the Commissioners in Lunacy are strongly opposed to what may be called the Metropolitan Cottage System—that is, the system whereby the patients are placed in private houses in the neighbourhood of the metropolis. Lord Shaftesbury, in conversation with me some three years ago, expressed the strongest abhorrence of the system, and he told me that if any relatives of his became insane, he would rather place them in any common lunatic asylum than in any one of these pretty metropolitan villas, scattered round London, attended by eminent medical men. It is certain that this refusal to license is only perpetuating that system. The anomaly is this, that although you cannot have two persons in one house without a license, you may have fifty detached in separate houses. So that by refusing to license a properly qualified person, the commissioners are only increasing what has been stated to be a very great evil. I am, therefore, utterly at a loss to account for their conduct in any way. I know no private, and I can see no public reason for their proceedings. But you will ask me what remedy do I propose? I propose that a sub-committee be appointed to consider the circumstances, and, if expedient, to draw up a petition, which might be presented to parliament, in the event of the bill—the Amended Lunacy Act—being brought before the legislature. I apprehend another session will not pass without something of the sort being done; and I think a petition from this Association would have weight. I only go to this extent, that the commissioners should license in the metropolis in the same way as is done by the county justices; that the application should be made in open court; that counsel should be allowed to attend; and that if the commissioners refuse, they should state their reasons. This does not seem to be an exorbitant demand; and it is only placing proprietors in the metropolitan districts on the same footing as those in the provinces. I beg you will excuse me for having taken up so much of your time. So anxious am I that this subject should be considered on grounds of merit only, and not as a personal matter, that I have abstained from seeking a seconder to this motion, and trust to the generosity of this meeting to find me one, if they should think this is a matter worthy of their consideration. I cannot but think that a temperate agitation of this subject, and the presentation of a petition to parliament, might relieve us from what seems to me to be a very harsh method of jurisdiction.

The President : Before I ask whether any gentleman seconds this motion, I may be allowed to make one remark. I am quite sure that the medical officers of county asylums have no invidious feeling

towards private proprietors; indeed they consider their interests identical. (Hear, hear.) This, however, is a delicate question, which may require careful attention.

The motion not being seconded, fell to the ground.

Dr. Campbell: As Mr. Warwick has brought this subject before the meeting, it is only due to him to say, after the statement he has made, that we quite enter into his feelings; but we should be placed in a very awkward position as medical men connected with asylums, if we took upon ourselves what he proposes, and were to address our views to the Commissioners of Lunacy.

Mr. Warwick: Not to the commissioners, but to parliament.

Dr. Campbell: I think it would be even more indelicate to go to parliament with any complaint from us, reflecting upon the commissioners.

Mr. Warwick: It does not reflect upon them. It is a simple request that the proprietors in the metropolis, as regards licenses, shall be placed on the same footing as proprietors in the provinces.

Dr. Campbell: I only felt it right to state why we declined to enter into the subject. I think we cannot do it, out of respect to the Commissioners of Lunacy; that we should be exceeding our position in addressing them, or addressing parliament regarding a matter of which we have only heard from Mr. Warwick, and in which we are in total ignorance as to all the facts.

Dr. Davy: I agree with Dr. Campbell in his remarks with reference to this resolution. I do not think that we, as an Association, are in a position to inquire into the proceedings of the Commissioners of Lunacy in this matter. It is not our place, and certainly it will not be to our profit to do so. What is left to be done by us as a body is just to bear in mind the facts which have been placed before us by Mr. Warwick, which are very important; and let us hope that an opportunity will one day offer, when this revised law is brought into operation, to go through it carefully, and, at a subsequent period, enter our protest against this, that, or the other, taking care, so far as we are concerned, that some clause shall be inserted that would meet the difficulty which has been explained to us. We might, as individuals, or as a corporate body, bear the evil in mind, and work through the difficulty, but at present, I think, we cannot undertake the responsibility which has been suggested to us.

DR. FLYNN'S RESOLUTIONS.

The President: The next business is the resolution to be proposed by Dr. Flynn.

Dr. Robertson: Unfortunately, all our Irish members are absent, as the asylums in Ireland hold their monthly meetings on the first Thursday in the month. Dr. Flynn has entrusted to me a series of

suggestive resolutions. He does not wish to tie the Association to his words, but his object is that some public acknowledgment should be made to Sir Robert Peel for the great firmness with which he dealt with and settled the question of the position of the resident physicians in Irish asylums. He simply wishes that the Association which addressed Sir Robert Peel last year on the subject, should now make some acknowledgment of its thanks. I would, therefore, as Dr. Flynn's mouthpiece, propose that the Secretary of the Association be desired to express to Sir Robert Peel their sense of the courteous consideration he has given to the communication which was made to him by a deputation of the Association last year at their meeting in Dublin, and their extreme gratification, generally, with the rules which he has promulgated for the government of the Irish asylums, and which have been assimilated, as far as circumstances would permit, to those of England; which was what we asked him to do. What the Association asked Sir Robert Peel to do has, in fact, been done by him; and I have no doubt that the deputation who waited upon him was the cause of the new resolutions that have been adopted. Sir Robert Peel, I am told, has done all this in the face of considerable opposition on the part of the privy council in Ireland.

Dr. Stewart: I beg to second the motion. I am quite aware that Sir Robert Peel has carried his measures after very great opposition; and if he had not been very energetic and anxious about the matter, he would not have succeeded.

DR. BURNETT'S OBSERVATIONS ON THE IDIOT
ASYLUM.

Dr. Burnett: I do not know that I have a right to detain the meeting, as I have not given formal notice of the observations I desire to make. But I asked the favour of being allowed to say a word or two, if there should be time at the end of the meeting. The subject is one which really involves the interests of the private proprietors of asylums in this country, and I think it will eventually involve even more than it does at this time. One or two cases have occurred to my mind since I have been here, bearing upon the point which I wish to bring forward. I will not propose any formal resolution, but merely ventilate the subject, so as to ascertain the opinion of the meeting.

I was consulted about nine months ago about a case that was to be committed to my care by some private connections of my own. The case was that of a child who had become idiotic in consequence of a slow scrofulous inflammation of the membranes. It was agreed that the child was to be admitted into my establishment, and every arrangement was made for the purpose. I had even engaged a nurse, and done everything that I thought was

necessary. I afterwards received a letter from her father, telling me that he had been to Brighton, and had there met with some person who had recommended him to place his child in the Earlswood Asylum. I said nothing more about the matter; I did not want to enter upon any discussion, and I did not condescend to make any reply to the father, beyond telling him that I had no doubt the resolution he had come to was the result of his own careful deliberation. But afterwards I thought—for thoughts will cross one's mind on these occasions—upon the time when the asylum was first established. Amongst the number of persons applied to when they wanted to get up the public interest in so philanthropic a cause, I was one, and I received a letter from the late Dr. Read, requesting that I would go and advocate the cause of the idiot. I did so; and also gave my subscription. I continued to do the same for some years, until I found that the institution was sufficiently established, and, after that, I, of course, withdrew my subscription. This asylum has been erected by the public purse. It is, in fact, an eleemosynary establishment, founded by the agency of men like the late Dr. Read, who have held public meetings and obtained subscriptions for the purpose. The asylum is built; and the public have an idea that it is erected solely and entirely for helpless idiots—a class of persons that are pressing round our asylums; for if we had an idiot asylum for every county, we should not be out of our proper ratio compared with the number of the population; because there are a thousand idiots in a population which is exceeded by that of most of our counties. Under these circumstances, what room can there be in an isolated idiot asylum for the reception of persons who are quite capable of keeping patients in a very different position, for these were people of property? I ask whether it is just that patients under these circumstances should be admitted, or that any terms should be made to receive them into such an asylum? It may be a difficult thing to determine: at the same time, I think, if we look at the justice of the matter, it is not right to draw subscriptions from the public under the impression that they are supporting the poor and helpless idiot, when, in fact, they are only furnishing good apartments for the education of rich people. I think some steps ought to be taken in the matter, or, at any rate, that publicity should be given to it. I do not want to make any stir. I do not wish my name to appear in the matter in the journals of the day, but I certainly think that the opinion of so large a meeting of our brethren as this is, should be taken as to whether that is a right course to pursue, or a wrong one,

The President: I believe the subject you have brought forward has been under discussion in other counties. I have myself heard it discussed in Essex, and in Suffolk, but only in the way of ordinary conversation. No doubt there are abuses; but whether we can take cognizance of them here is another matter.

VOTE OF THANKS TO THE PRESIDENT AND FELLOWS
OF THE COLLEGE OF PHYSICIANS.

Dr. Bucknill: I am sure that we all have one feeling with regard to the courtesy and liberality of the College of Physicians in granting us the use of their noble rooms on the present occasion. I am happy to have observed, Sir, so large an assemblage of our members, not only to grace your presence in that chair, which you so admirably fill; but also to grace this building, which I felt it was rather an ambitious thing even to think of coming to. That we have been permitted by the first of British medical institutions to occupy the greatest and most famous of the Collegiate buildings connected with the profession, is a subject of congratulation; and calls for an expression of our best thanks. I beg to propose that the best thanks of this Association be conveyed to the College of Physicians for the use of the College rooms, for this meeting; and that Dr. Munro be requested kindly to convey the same. In asking Dr. Munro to convey our thanks, instead of allowing them to go through the ordinary channel of our Secretary, I do so because of the very distinguished position which he holds in the Corporation whose house we occupy; and because we feel proud in having so eminent a member of the College of Physicians among our associates.

The motion having been seconded, was unanimously adopted.

Dr. Munro: I feel exceedingly obliged by this vote of thanks, which has been paid to the College of Physicians; and in some measure directed off towards myself, because of the happiness I enjoy at the present moment of occupying a post amongst the physicians of the College. All I can say is, that I shall do my best to get these premises offered to you again next year; and I believe I shall be successful. I would take the opportunity of saying that I feel I have not hitherto sufficiently appreciated the importance of this association. I hope in the future, if I am spared, that I shall not be a mere silent member; but be more active in it than I have hitherto been. The Association has my most cordial regard, and wishes for its success; and I hope I may be the means of assisting it in a humble way; and if one means of aiding it is the exercise of that little influence which circumstances have at the present moment given to me, I shall be truly pleased.

VOTE OF THANKS TO THE PRESIDENT (DR. KIRKMAN).

Dr. Bucknill: We cannot allow you, Sir, to leave that chair, without giving you the best thanks of the Association for the admirable manner in which you have filled it.

Dr. Burnett: I beg to second this vote of thanks to our President.

It gives me great pleasure to see my old friend, Dr. Kirkman, in the chair; for, I believe that honour has fallen upon one who really deserves it. One who has spent his life in this cause; and who now, in the days of his honoured age, comes to us, to guide us by his counsel, and give us the benefit of his wisdom; a wisdom which, I feel confident, far transcends that of many whom we are too apt to follow.

The vote of thanks was carried by acclamation.

The President: I can but very imperfectly return you my thanks. My great regret is that I have not been able to fill the chair more ably than I have done.

DINNER.

The annual dinner took place at the Star and Garter, Richmond. The dinner was everything that could be desired. Dr. Paul acted as steward of the feast. The party numbered thirty-five. Among the guests were: Dr. Pitman, Registrar of the Royal College of Physicians; Dr. Tweedie, Dr. Markham, John Churchill, Esq., Dr. Llewellyn Williams, Dr. Edward Hart Vinen, Dr. Salomon (Sweden), Dr. Brown (New York), &c. &c. The following members were also present: Dr. Kirkman, President; Rev. J. Kirkman, Dr. William Kirkman, Dr. Mundy, Dr. Sibbold, Dr. Fayrer, Dr. Bucknill, Dr. Paul (steward of the dinner), Dr. Wood, Dr. Christie, Dr. R. H. H. Sankey, Dr. Campbell, Dr. H. Tuke, Dr. Robertson, Dr. H. Stevens, Dr. Wing, E. Toller, Esq., Dr. Davey, H. Jacobs, Esq., Dr. Boyd, J. Warwick, Esq., Dr. Rorie, Dr. Stilwell, Dr. Burnett, Dr. Lowry, Dr. Maudsley, Dr. Eastwood.

Dr. Watson, President of the Royal College of Physicians, was prevented from accepting the invitation of the Association.

Dr. Robertson has received the following communications relating to the business of the meeting.

ROYAL EDINBURGH ASYLUM FOR THE INSANE;
July 9, 1862.

MY DEAR DR. ROBERTSON,—I beg to acknowledge your favour of the 7th, informing me of the very unexpected and very gratifying honour conferred upon me by the Association of Medical Officers of Asylums in electing me President for next year. My clinical class has heretofore prevented me attending the meetings or entering into the business of the Association with that interest which I feel. I had, therefore, not the remotest reason to anticipate such an honour as being your President; and hope, therefore, that I may now be incited to use all my energies to make up for my past deficiencies by

renewed efforts for the future in supporting the objects of the Association.

I am,
My dear Doctor,
Yours very truly,
Dr. SKAE.

Dr. C. L. ROBERTSON.

DUBLIN CASTLE; *July 25, 1862.*

SIR,—I have to acknowledge the receipt of your letter of the 23rd instant, with its accompanying resolution passed at the annual meeting of the Association of Medical Officers of Asylums for the Insane, relative to the recent rules promulgated for the government of the Irish District Asylums.

I am, Sir,
Your obedient servant,
WILLIAM LAWSON.

C. L. ROBERTSON, Esq.,
Sussex Lunatic Asylum, Hayward's Heath.

WHITEHALL; *August 5, 1862.*

SIR,—I am in the receipt of your letter of the 2nd, and am obliged to you for the opportunity you have afforded me of giving expression, in less formal terms than can be conveyed in a dry official acknowledgment, to my warm appreciation of the unanimous approval by the superintendents of asylums in this country of the rules recently promulgated by the Irish government for the better management of the District Lunatic Asylums in Ireland; and I rejoice to find that our views on this subject have been endorsed by so practical and influential a body as the Association which you have the honour to represent.

I am, Sir,
Yours very faithfully,
ROBERT PEEL.

C. L. ROBERTSON, Esq.,
*Hon. Sec., Association of Medical Officers of
Asylums for the Insane.*