

separate buildings, or blocks connected by corridors with the main asylum, so as to break up more and more that congregate system which had been so long in use in American asylums. In regard to mechanical restraint, it appeared that even less was now used than a few years ago. As regards the training of mental nurses, he had been very much interested in that matter when he was in America. Dr. Cowles was, so far as he knew, the only superintendent in America who strongly advocated having female attendants on the male side of the asylum, considering that it had an enormous influence in promoting refinement and self-control among the patients. The employment of female attendants in this way was one thing, their training for their own sex another—the former was beset with difficulties, but the latter was no doubt a most valuable thing. As he had remarked to Dr. Cowles, when writing to acknowledge the photographic group of his nurses, the difficulty would be to retain fifteen nurses in service who were so good looking. As regards lady physicians, he was well aware there were two sides to the question, and had spoken of their employment as an experiment.

Dr. SAVAGE exhibited a machine called "The Allen Surgical Pump" (Truax and Co., New York), and explained its manipulation. The inventor claimed for this pump that it could be used to aspirate and to inject, also as a stomach pump, uterine dilator, urethral dilator, and tampon, for litholapaxy, embalming, direct transfusion, transfusion of defibrinated blood, and as a syringe or douche. If the opening of the tube should become clogged a backward turn of the crank would free it. As an aspirator, it was stated to be superior in several ways; thus, there were no connections requiring air-tight joints, and no bottles to empty. In the common aspirator the air was exhausted from the bottle, the connection opened, and a force often excited which would draw in the tissue. With the apparatus exhibited just the force required was exerted. If the pus should be thick and flow slowly, a powerful force would be got, while if the pus was lighter, flowing freely and fast, it would supply the tube, and the force would be proportionally less. In rinsing the bladder the force could be regulated by the operator by a slow motion of the crank. The apparatus was at the same time a force and vacuum pump.

Among other exhibits were photographs of nurses and probationers at the McLean Asylum in Boston, and the spinal cord from a case of acute general paralysis of the insane, showing bony plates in arachnoid.

SCOTTISH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Royal College of Physicians, Edinburgh, on the 10th Nov., 1887.

Dr. Howden was called to the chair; the other members present being Drs. Blair, C. M. Campbell, J. A. Campbell, Clouston, Ireland, Carlyle Johnstone, Keay, Macdowall, Maclaren, R. B. Mitchell, G. M. Robertson, Ronaldson, Rorie, Turnbull, Batty Tuke, Urquhart, Watson, and Yellowlees.

The minutes of last meeting were read, approved of, and signed.

Frank Lang Collie, M.B., C.M.Aberd., Clinical Assistant Medical Officer, Perth District Asylum, was elected a member of the Association.

Dr. HOWDEN showed the plans of the proposed detached infirmary building for Montrose Royal Asylum. It has been designed to accommodate 100 patients, 50 male and 50 female, at an average cost of from £130 to £140 per bed. Provision was made for a section with all necessary appliances, capable of being entirely cut off from the general sick-rooms, and intended for use in specially repellent cases, such as gangrene, &c. The plan of independent ventilation for each department has been adopted.

Dr. RORIE read a paper on "The Present State of Lunacy Legislation in Scotland."

Dr. CLOUSTON said he was sure they were all obliged to Dr. Rorie for his historical review of lunacy legislation and practice in Scotland. In 1857 they

really had only English experience to guide them. Our Act was largely founded on the English Act. Following the lines that experience pointed out, the Scotch Lunacy Law and the Scotch lunacy system had become greatly changed. He thought that Dr. Rorie, perhaps, meant his paper as a flag of warning against certain dangers. The tone of his communication was in some way rather adverse to the present practice in Scotland. There was no doubt whatever that some things had been carried out neither in accordance with the Act nor with common sense. Different districts carried out different practices, and this had advantages and disadvantages. Dr. Rorie showed in his paper that the general Board of Lunacy and the Parochial Boards have been undergoing a process of education. The Parochial Boards are taking, on the whole, a larger and more enlightened view of their duties in regard to the insane than they did in and after 1857. He did not think that asylum superintendents could take a line antagonistic to the local authorities having a certain amount of control over the incurable insane. It was natural that they should feel a little hurt that, while having control in other matters, a line of demarcation should be drawn against them in the matter of lunacy. He thought it was necessary that they should look at this matter from the Board's point of view as well as their own. He was quite prepared to homologate what has been done with regard to licensed houses for boarding-out patients and poor-houses. And looking to their present experience of the best method for providing for pauper insane of the different classes, he did not think there was anything better than the three methods in use—the asylum for the curable, the dangerous, and the troublesome, the lunatic ward of the poor-house for the easily managed incurable, and the boarding-out for those still more quiet and more fit for family life. When these three methods had been carried out, under proper conditions, the problem of dealing with the insane had been very successful. Dr. Rorie would agree with him that the weak point in the Scottish system is the selection of the patients for these various modes of treatment. By devising a practical scheme for deciding how these patients are to be allocated, this weakness would be removed. At present they were in a mass of confusion. If the Parochial Boards will accept the control of the incurable and those easily managed, every one of them should help those Boards to make a suitable selection. They claim that the medical officers of asylums should be the sole judges in this matter, and that it is not for laymen to say who are and who are not fit for the asylum, or for the poor-house, or for boarding-out. What they have to make provision for is, who shall be the authority in selecting these patients. What he did by way of compromise in the Royal Edinburgh Asylum, after years of trial, was to select and recommend out of the patients those whom he thought suitable for the poor-house or to be boarded-out. Parochial Boards do something more than this, they sometimes send those whom they think quiet and manageable to be boarded-out without sufficient consideration, and not by medical authority, and hence some of the failures of the system. He would say that they must take the members of the Parochial Boards along with them in this matter. He did not think that they could take the position that the Parochial Boards are to have absolutely nothing to do with the selection. He thought that if the powers of the three authorities, the asylum doctors, the Parochial Board, and the General Board, were defined in this matter, they might get a good workable system. He did not quite agree with the tone of Dr. Rorie's paper. It was right that the question of economy should be one main question in the treatment of a chronic incurable lunatic. He thought the ratepayer must have a great deal to say as to it, for such a patient, though his general management and treatment should be founded on medical principles, commonly needed no active medical treatment. Regarding Dr. Rorie's contention that as a lunatic was only deprived of his liberty because he was dangerous, therefore we should discharge him from an asylum when he ceased to be so—that would never hold water. The lunatic is not sent to us under common law because he is dangerous, but by the Sheriff under statutory law. He did not think that they had to do with the question of danger. He

thought that the old notion of the common law would be altered by-and-bye. It did not represent fact as regards lunacy, and the lawyers themselves will no doubt give up contesting that danger is the only ground for deprivation of liberty *quoad* lunacy.

Dr. WATSON, continuing the discussion, said—As one of the medical officers of the much-derided so-called parochial asylums, he begged to draw attention to one or two points that Dr. Rorie and subsequent speakers must have misapprehended. In the selection of patients it was his invariable experience that the Parochial Board is entirely guided by the medical officers in the selection of patients for the lunatic wards of the poor-houses, and also for boarding-out. So much was this the case that it was impossible for the Parochial Board, at its own hand, to board out any patients. The superintendent, according to a regulation of the Board of Lunacy, must take the opinion of the medical officer of the asylum, and be guided by him; and he cannot discharge the patient unless the medical officer signs the minute—the latter having complete control. [This view gave rise to a short general discussion, several members expressing their dissent.] Dr. Watson, continuing, said there was no reason why the Parochial Board should not be represented in the government of a chartered asylum. With regard to the instability of the Parochial Board, he found in his own district that out of the 33 members they had in 1880 no less than 13 were still remaining. It was only the members that were not of great consequence that shifted about.

Dr. YELLOWLEES said that he had not noticed in Dr. Rorie's paper any reference to asylums for the chronic insane of the pauper class. He believed that a better, healthier, and happier home could be made for the chronic pauper insane in an asylum of this kind than in the wards of poor-houses, and at an expense very little greater. He had hoped to find this question solved at the Willard Asylum, in the State of New York, an asylum specially intended for chronic patients, which he had lately visited, but had been disappointed. It was an admirable institution in every respect except the vital one of economic maintenance. While economy was not the main thing, it certainly came next in importance to the welfare of the patients. He thought that the Parochial Boards were only doing their duty to the ratepayers in seeking the least expensive mode of providing for their incurable cases, and were therefore entitled to our co-operation. In practice he had not found the Parochial Boards unreasonable, and had had no difficulty as to the selection of patients whether for poor-houses or for boarding-out. He felt it his duty to point out suitable cases, and frequently parted with useful patients rather than keep them in the asylum at needless cost. There was a certain limited class of patients—those who had seen better days, and had a better education than the others—who deemed the poor-house a terrible degradation, and who were able fully to appreciate the amenities of an asylum. He had always held out firmly against such cases being relegated to a poor-house. Speaking from a limited experience, he had not found the boarding-out of pauper patients satisfactory, although, when both patients and guardians were carefully selected, he believed it often answered well.

Dr. J. A. CAMPBELL, of Carlisle, as one of the two English asylum physicians present, thanked Dr. Rorie for his interesting paper, and hoped it would shortly appear in the Journal, more especially the portion which gave a tabular statement concerning the positions of the insane in asylums, workhouses, and boarded with relatives or others. So far as he could gather from the paper, there were fewer boarded-out now than in 1859. The boarding-out system in Scotland has been much eulogized. A calm and judicial history of its working so far, its merits, its difficulties, its defects, dealing both with patients and the public and touching on the pecuniary question, would be interesting and useful. The opinion that "a boarded-out dement is better off than an asylum patient or a British working man" is open at least to doubt; and the weekly expenditure shown by Dr. Lawson in the 26th Report of the Commissioners in Lunacy for Scotland of a boarded-out lunatic who lived with his sister, and whose cost

for everything was 3s. 1½d. a week, and who had only ½lb. of animal food a week, would make one fear that he was undergoing a process of slow starvation. Enthusiastic and glowing descriptions which avoid mention of all drawbacks tend only to engender distrust, and are far too common in new developments of modes of treatment of the insane. In the lately proposed new legislation for England it was suggested to follow certain of the Scotch procedures, notably an expiry at a given date of order of detention. I should like to hear the opinion of members on this point. I think that the provision of expiry of order is merely a mode of increasing the duties of the superintendent without in any way benefiting the patient. In any future Scotch legislation Sec. 90 of cap. 71 of Victoria 20 and 21 should be omitted. It gives a Justice power, on the sworn evidence of any credible witness, to grant a warrant for the detention of any alleged lunatic and his transmission to the nearest town for examination. The power of treating patients for insanity for six months without any formality should, in my opinion, also be altered. I think it is open to much doubt whether it is a good plan to allow one of the medical certificates which consign a patient to an asylum to be given by one of the medical staff of that asylum. I am of opinion that more power in dealing with insane in private dwellings who are not under certificates should be given to the Commissioners in Lunacy. A perusal of Sir A. Mitchell's book on the insane in private dwellings clearly shows the need of this. I quote: "Indeed, in one remarkable case which I shall presently detail, all the efforts of the Board to liberate the patient were without success." So far as I can find, no further powers have been given to this Board since this book was written. In England the law provides distinctly that any lunatic not properly looked after, be he rich or poor, shall be dealt with by the Relieving Officer, under penalties if he neglects his duty.

Dr. HOWDEN agreed with Dr. Clouston and Dr. Yellowlees that it was beneficial to the insane poor that they should be provided for in various ways. Curable asylums, lunatic wards, or chronic asylums, and private dwellings had each their advantages according to the requirements of the lunatics. He had not found any difficulty in working with Parochial Boards under the present system, and found them always glad to be advised as to the suitability of cases to be transferred to lunatic wards or private dwellings. He thought that the discharge of uncured patients was justified by the result; and in support of this view stated that of 124 uncured pauper patients discharged during five years from the Montrose Asylum only 17, or 13·7 per cent., had been returned. During the same period 176 patients were discharged recovered, of whom 42, or 23·8 per cent., had been returned. In Forfarshire the boarding-out system appeared to be on the increase. From the parish of Dundee alone the number of pauper lunatics boarded in private dwellings had risen from 29 in January, 1885, to 88 at the present date. They were much indebted to Dr. Rorie for his paper, and would take his hint to keep their eyes open as regards future legislation. He did not see any practical way by which Parochial Boards could be represented on the Boards of chartered asylums. At the same time, if they were, he was not satisfied that their representation would be injurious to the interests of the asylums.

Dr. TURNBULL considered that an essential point in lunacy legislation should be elasticity. Different cases of insanity required different methods of procedure in dealing with them; and the nearer our system comes to providing the varied requirements for all the different cases the better it would be. All cases do not need to be in asylums; and, therefore, care under private guardianship, or boarding-out, should be a recognized part of our lunacy system, and should be suitably provided for in our legislation. Similarly, an asylum for chronic cases, and the lunatic wards of a poorhouse, supply suitable care for a certain class; and in moving patients to them from the ordinary asylum the procedure should be simple and expeditious, and not hampered by unnecessary restrictions. He thought the responsibility of the removal of unrecovered patients from asylums should not be entirely in the hands of the medical

attendant; and the present system, he thought, could be made to work quite smoothly. If the friends of an insane patient are willing to care for him, we have no right to insist on parochial relief being accepted by the friends, and on the patient being placed in an asylum. Similarly with patients already in asylums, if the friends are willing to undertake their care they ought, under due restrictions, to have the power of doing so, and must, of course, take the responsibility. The medical authorities should advise what they think is best in the interests of the patient, but are not entitled to enforce continued detention in the asylum unless there is a distinct reason for it, such as the patient being dangerous. This latter emergency is already provided for in our lunacy statutes. In a recent case the Parochial Board had referred the matter to him; and he advised very strongly against the patient's removal, but could not prohibit it. The friends persisted in removing the patient, with the result that in four days they had to bring him back to the asylum again. He thought the friends would in that way be thoroughly convinced that asylum control was necessary for the patient, and was not urged by the medical officer merely as a fad of his own. He considered that in the case of pauper patients it was unobjectionable and often convenient that one of the certificates might be signed by the medical officer of the asylum. With regard to the renewal certificate on the expiry of the Sheriff's order, he thought the certificate served a very good purpose, and ought to be kept in force.

Dr. YELLOWLEES observed that he found Parochial Boards only too ready to accept the statements of friends regarding their ability to provide for patients; and only too ready to take the view that, if a patient was not "dangerous," he might be safely removed. From the medical point of view, it was not primarily a question of saving the rates, but the lunacy of a pauper and the curability of his disease.

Dr. J. A. CAMPBELL said that if the friends of a pauper in England wished to take him out of the asylum they can make him a private patient, and so remove him. Before the patient can be withdrawn, however, the friends must sign an obligation that they are willing to maintain him; but he will not be discharged if he is dangerous or suicidal.

Dr. MCDOWALL said that in Northumberland the parochial authorities are in the habit of keeping patients in the wards of the workhouse, and then sending them to the asylum when they become troublesome. He would be glad if future legislation would make this illegal.

Dr. IRELAND concluded the discussion on Dr. Rorie's paper by urging the necessity of lunatics being provided with proper medical care. The happy results were seen in the number of patients who had recovered as shown by Dr. Rorie. He would regret to think that pauper lunatics in workhouses should be deprived of such aid, and there could be no doubt that in many cases they were subject to more restraint than in ordinary district asylums.

Dr. KEAY read the next paper on "A Case of Insanity of Adolescence."

Dr. YELLOWLEES said he did not like to permit so interesting and important a case to pass without comment. He was not quite sure if it was a case of insanity of adolescence. Dr. Keay had pointed out the difference between it and other cases, and mentioned constant and invariable depression as one of the symptoms. He (Dr. Yellowlees) had found a prominent symptom of insanity of adolescence to be unceasing mischief-making, as if for the mere pleasure of giving trouble. He could not in too strong language say how injurious it was to a patient of this character to be engaged in a constant struggle with attendants, especially if he succeeded in escaping. If there ever was an occasion for locked doors and rigid seclusion this was one.

Dr. IRELAND followed. He asked what was the insanity of adolescence? He was not favourable to the multiplication of technical terms, but they should be strictly defined. He had noticed the question asked in an examination paper set by Dr. Clouston for the new certificate of the Association. He (Dr. Ireland) had put the question to a prominent member of the Society, but he did not seem

to know. Dr. Keay's case was that of a man who had inflammation in the glandular system, which ended in blood poisoning. Now, adolescence is a mark of health, and he could not see that in the matter of clearness anything was gained by the term "insanity of adolescence."

Dr. ROBERTSON read a paper on "Reflex Action of Automatic Speech."

Dr. TURNBULL expressed the thanks of the meeting to Dr. Robertson for his paper.

The members dined together at the Edinburgh Hotel¹ after the meeting.

The next Scottish Quarterly Meeting will be held on the second Thursday of March, 1888, in Glasgow.

IRISH MEETING.

The Quarterly Meeting of the Medico-Psychological Association was held in the Richmond Asylum, Dublin, on December 1st, 1887. There were present: Dr. Duncan (in the chair), Dr. Patton (Dublin), Dr. J. Molony, Conolly Norman, F.R.C.S.I., Dr. Myles, Dr. Cope, E. M. Courtenay, M.B.

William Thornley Stokes, Esq., M.D., Visiting Surgeon, Swift's Hospital, proposed by CONOLLY NORMAN, F.R.C.S.I., seconded by JOHN MOLONY, M.D., was duly elected a member of the Association.

Dr. COURTENAY stated that, having at the last annual meeting handed in his resignation of the post of Irish Secretary, he was requested to continue in office until an appointment could be made. He was then directed to obtain the sense of the Irish members as to the name of the candidate they would select to be laid before the general meeting for appointment. He, therefore, proposed Mr. Conolly Norman as the most fitting selection, if for no higher reason as the superintendent of the largest Irish asylum, and as living in the Metropolis.

Dr. PATTON seconded the resolution, which was agreed to.

Dr. COURTENAY begged to call the attention of the meeting to the Bill introduced during the last Parliamentary Session to amend the Superannuation Act at present in force in Irish asylums. The Bill had not only been introduced, but had passed through the House of Commons, and had only been stopped by having no seconder in the House of Lords. The object was to introduce a scheme of superannuation very much in conformity with that in force in English County Asylums, and to this no one could object, except in so far that the pension given was so large, and the period of service so short, that in England, where it was necessary that pensions should be ratified at Quarter Sessions, the award made by Asylum Committees was nearly always sent back to them, and the unfortunate pensioner was satisfied to take a very small part of what he was entitled by law. But what he had to object to, and what was the interest of every one connected with Irish lunatic asylums to oppose, was a clause stating that pensions should be granted at the will of Boards of Asylum Governors, "and not otherwise." It was unnecessary for him to point out, without going into any political discussion, that the management of asylums would undoubtedly in a few years be thrown into the hands of men of very different feelings to those who at present are appointed governors of asylums, and that it would undoubtedly occur that men holding office in asylums would at the end of their years be thrown out, without being granted the pension they had looked forward to as the support of their old age. He, therefore, considered that this was a subject of importance to every Irish superintendent. He had attempted to have it opposed in every way in his power in the Commons, in which he was ably supported by Dr. Nugent; but the passing of the Bill was kept so quiet that it had only been heard of before the third reading, and was only thrown out of the House of Lords as it had no seconder. He, therefore, considered that some action should be taken to amend the Bill during the next Session.

Mr. CONOLLY NORMAN concurred with Dr. Courtenay. In his opinion the clauses of the proposed Bill absolutely excluded men in the