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PART 1.—ORIGINAL ARTICLES.

The President's Address. By THOMAS LAWES ROGERS, M.D.,
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GENTLEMEN,—In assuming the honourable position to which, by your kindness, I have been elected, I must thank you sincerely for the confidence you have placed in me; at the same time I can assure you honestly that, so far from having sought this distinction, only the feeling that one ought not to shrink from any duty to which one is called by one's professional brethren, has induced me to accept it. Looking back upon the many distinguished names who have preceded me in this office, I may well feel some diffidence in addressing you.

Of your former Presidents, two have been removed by death since we last met in this room.

One, Dr. Thurnam, who was present at our last meeting, had twice filled the office of President, and his sudden death, cut off as he was in the midst of his work, evoked the general sympathy of our Association.

Equally distinguished as an archæologist and as a physician, he found in the exploration of the barrows and tumuli of his adopted county abundant material for the studies to which he devoted his leisure hours, and in which he was justly regarded as a high authority.

The writings of Dr. Forbes Winslow, his extensive learning, and the position he held in the professional society of this Metropolis are so well known to you all, that it is unnecessary for me to do more than allude to them. One other distinguished name that death has erased from our muster-roll demands a tribute of respect. Sir Henry Holland, though an honorary member only of this Association, had in his writings evinced a strong predilection for psychological studies, whilst

by his versatile gifts, as an accomplished physician, an erudite scholar, and a graceful writer, by his travelled lore, his eminent social qualities, and his unflagging energy, continuing down to the last moment of an unusually prolonged life, he created for himself a position that was quite unique in society, and has left a blank which will not readily be filled.

Gentlemen,—The subjects on which I invite your attention to-day are neither of a literary nor scientific character, but rather of a domestic nature; they are nevertheless, I conceive, of great importance, and well adapted for attentive consideration by the Association.

Following the precedent of late years, I have arranged for a full discussion on the different subjects that I shall bring before your notice, although in inviting discussion I am aware that I relinquish a salient point, an advantageous position, somewhat similar to that enjoyed by a clergyman in his pulpit, who can anathematize the unorthodox, or those who differ from him in opinion; or to what we have sometimes experienced in a kindred Association, in addresses which have been almost enough to take away the breath of those holding opposite views, without giving them the opportunity of replying.

But besides being sensible of my own incapacity for any such rhetorical display, I consider that the interests of the Association will be best served by a full discussion of the subjects that I purpose to deal with, and for this object alone I assume that you have chosen me as your President.

In considering the treatment of the Insane and the management of Asylums, "Restraint" and "Seclusion" always occupy a prominent place. They are subjects on which it might be supposed that quite enough has already been written and spoken, and I can conceive that the very mention of the names may be sufficient to produce a sense of weariness in my hearers, and yet though "familiar in our mouths as household words," they are terms that are by no means accurately defined, and in the manner of employing them I believe that great divergence exists in practice.

To attempt to define more accurately what is, and what is not, "restraint" and "seclusion," is, it appears to me, a duty peculiarly appropriate to this association, and even at the risk of trying your patience I will venture a few observations.

We have heard of late of something like a re-action having set in in favour of the employment of restraint, and this supposed re-action has been hailed by some with a feeling akin

to exultation, whilst by others it has been deprecated as a retrograde movement towards the dark ages of the treatment of insanity.

I do not myself believe in anything like a general re-action in favour of restraint, and, therefore, consider both the elation on the one hand and deprecation on the other equally groundless, but there are, I think, certain causes to which this supposed re-action is attributable. And, first, as it appears to me, there has been an intolerance on the part of some of our associates towards anything that savours of restraint under any circumstances whatever, and something like a desire to suppress adverse opinions on the subject, not by free discussion, but by invoking sentiment in favour of the non-restraint system, and by appealing to the name and prestige of Conolly against all advocates of restraint in whatever form, and by quoting some expressions of his (uttered probably in a period of depression) of apprehension lest the labour of his life might have been fruitless, and that "future ideas of economy or delusive theories might lead to the abandonment of non-restraint" in the treatment of the insane, as a sort of rebuke to those who are disposed to resort to restraint even under exceptional circumstances.

Far be it from me in this place, and before this audience, to disparage in any way the great work of Conolly and those who were associated with him; indeed were I so minded nothing I could say would detract from his fame; but, on the contrary, it appears to me that the fact that the principles laid down by him have been almost universally accepted and acted upon by a generation to whom he was personally unknown, is a far higher testimony to the sagacity of his judgment than the adherence to his views of those who, knowing him well, were influenced by his lofty enthusiasm, and by the persuasive eloquence of his teaching.

Even if "restraint" should again become much more generally employed than at present, his position in history as a philanthropist and as a benefactor to a sorely afflicted portion of the human race, would not be rendered less honourable than it is at present.

"Whatever record leap to light he never shall be shamed."

But the time has surely arrived when the system may be discussed without any sensitiveness on the part of his disciples, and it certainly ought to be able to stand entirely on its own merits, and without any apprehension that the

cruelties that, in former times, were associated with the restraint system should again creep into practice. In these days of freedom of thought, and still greater freedom of expression, when even the authority of Moses and the Prophets is often rudely called in question, it is not to be expected that opinions in favour of restraint should be suppressed by the shibboleth of a system however beneficent, or of a name however distinguished and honoured.

When, too, we regard the practice of other countries, notably of Germany and France, we find that a frequent resort to restraint is by no means commensurate with neglect of the medical treatment of the insane; on the contrary, no nations have contributed more to the literature of insanity in its medical aspects.

I do not wish to be considered as an advocate of restraint; I have never employed it except in two or three urgent surgical cases, and then only in a form which, in old times, would not have been considered as restraint at all, and I look on its continued employment in other countries to a great extent as being the result of a system of routine continued because it is the custom, rather than from its actual necessity. I was strongly impressed with this view in visiting an asylum in one of the Austrian States last year, in which with abundant cubic space, lofty rooms and spacious galleries, and a quietness to which I was totally unaccustomed, I found most of the recent cases under manual restraint.

By some the extreme quiet and tranquillity might be attributed to this very free employment of restraint; I, however, thought it due to the ample space of the wards, and regarded the restraint as entirely superfluous.

Another cause which may operate in producing the supposed re-action against the system of absolute non-restraint is an apparent tendency on the part of the official authorities to widen the definition of restraint, and thus by narrowing the meshes of the net, whilst more small fish are captured, the greater ones sometimes break through.

That this effect is not always produced we have lately had an instance in the admission of a Superintendent of an asylum that he had discontinued for a time the use of the "wet sheet," although he had found it beneficial in certain cases, because it had been considered "restraint."

This is a familiar illustration of the vulgar adage "give a dog a bad name," &c., but it would be a matter of regret if any mode of treatment which had been found beneficial

should be given up because it was called by an unpleasant name.

I speak without any bias on this subject, never having myself observed any good effect produced by wet packing, probably because I have not selected favourable cases, but it must be admitted that our category of therapeutics of generally recognised value in the treatment of insanity is not so extensive that we can afford to lay aside any of proved efficacy, and it would be a misfortune if the sensitiveness of the physician were to be considered before the benefit of the patient.

It is held by jurists that any legislation that tends to make artificial crimes is bad, and on the same principle any definition of restraint which includes modes of treatment that are employed in ordinary practice, merely because they are used in asylums is, I think, unsatisfactory.

Now the practice of wet packing is, I believe, largely employed in hydropathic establishments, where people voluntarily undergo, and fancy they derive benefit from it; at all events it may be assumed that no ill effects result from its use, and a similar mode of treatment has been strongly recommended in fever and other acute diseases, and to call such treatment restraint when it is employed in asylums seems to me an artificial distinction. On the other hand, it has been remarked that the chief advantage of the "wet sheet" is that it effectually restrains the movements of the patients on whom it is applied, and that this is its principal merit, and thus it might come to be used as a means of restraint, pure and simple, and the same remark would apply with still greater force to what is called "dry packing"—a mode of treatment that I only know by report.

It is very obvious that abuses might creep in if such modes of treatment became general, and we might thus drift back to a full use of restraint under a more euphonious name, but I think that this might be guarded against by entering in the "Medical Journal" every case where either is employed, but under some other heading than that of "restraint."

So again with the use of gloves, which are an everyday article of clothing, at least among the wealthier classes, but they might be so made as to be very efficient instruments of restraint. A considerable number of my patients (chiefly women) suffer from chilblains during the cold weather, and require protection for the hands, but as these very patients are generally the least able to take care of themselves and their property, unless the gloves were secured in some manner they

would certainly lose them, and probably just at the time when they were most needed, but it would be almost an absurdity to call such protection "restraint."

Intention should always be taken into account, and it is a different thing using gloves to protect the hands from cold, and to prevent a patient destroying his clothing or injuring himself, but though the latter use has been considered restraint, it is a question whether by so condemning it we do not lose somewhat of substantial benefit to our patients in straining after the ideal purity of absolute non-restraint.

I think that a less obnoxious term than "restraint" might be adopted for this use of gloves, at the same time that their employment, as well as that of all kinds of mechanical contrivances for securing other portions of the dress should be duly recorded, and to this I would add every instance of mechanical restraint where the instruments are the hands of attendants.

To approximate the treatment of the insane as far as possible to that of sick people in every-day life, and to make it as little special as possible is, I think, the line of conduct that is both most rational, and most conducive to the benefit of those treated, and any exceptional mode of treatment should be recorded, not less as a safeguard to the physician employing it, than to ensure the patient against even the suspicion of any harsh mode of treatment.

What I have remarked about the definition of "restraint" applies even more strongly to the use of "seclusion."

In the 27th Report of the English Commissioners in Lunacy, they express the opinion "that in a remedial point of view the value of seclusion has been much exaggerated, and that in many instances it is employed unnecessarily and to an injurious extent, and for periods which are quite unjustifiable."

Now, if by the term "seclusion" were meant shutting up troublesome patients in a dark room, perhaps on low diet, and merely for the purpose of getting them safely out of the way, I fancy that no one would call in question this dictum, but as their interpretation of seclusion seems to include every patient who occupies a separate room in the day-time with the door fastened, whether for bodily illness, for observation, or for mental excitement, and independent of the room being dark or light, I cannot agree with their opinion that the "value of seclusion in a remedial point of view has been much exaggerated."

If the system of unlocked doors in asylums advocated by

Dr. Batty Tuke, and carried out by him at the Fife asylum, were generally adopted, one could understand the sensitiveness as to patients being locked in single rooms ; but as I fancy we are as yet not quite prepared to adopt that system, and to allow perfectly free ingress and egress of patients to and from their wards, I fail to see why locking up a patient in a ward with several others should be regarded as right and proper, and placing him in a room by himself should be altogether objectionable. On this point I cannot forbear quoting from an article on Seclusion by Dr. Bucknill, published in an early number of the "Asylum Journal" (April, 1855).

"Assuming" (he says) "that which will scarcely be denied, that seclusion from society at large is necessary for the protection and welfare of the insane ; where this step has been taken, and large communities have been secluded in asylums from the excitement of the outer world, it cannot reasonably be maintained that one and the same amount of seclusion is all that is requisite for every variety of case.

"The principle of seclusion being recognized in the very existence of asylums, it is inconceivable upon what grounds it can be denied that more or less of seclusion may be needful in the treatment of various cases of insanity, differing enormously from each other, as they do, in the intensity and character of their symptoms. Having secluded the inmates of asylums from the excitement of society at large, on what principle can it be maintained that none of them can ever need, for a time, to be withdrawn from the excitements of that society to be found in the asylum itself, and that one exact measure of seclusion is the proper dose in all cases?"

The whole of this article (which I have only recently met with) is so completely in accordance with my own views on the subject that I should have liked to have quoted from it at greater length, but my object at present is, not so much to defend or advocate seclusion, as to show cause for a better definition of the term than at present prevails.

In a paper which I read before this Association in 1872 on this subject, the unanimity of opinion in favour of seclusion was very remarkable, and yet the difference in practice, to judge from the various asylum reports, is so striking that I can only explain this on the supposition that every superintendent defines seclusion in his own way.

I have certainly known the traditional seclusion in one asylum in former times to mean only confinement in a single room with both door and shutters securely closed, the room

being almost in complete darkness. If my surmise is correct, it follows that the practice of different asylums may be less unlike than their published reports would lead us to infer.

The term "seclusion" as at present understood, applies indiscriminately to treatment having entirely different objects, the one being purely medical and employed for the benefit of the patient, and the other being of a repressive nature, and used for the sake of discipline, and for the benefit of others. Now it is to the use of seclusion in the latter sense that the remarks of the Commissioners are, I fancy, mainly directed, and on this point it will probably be generally admitted that the less it is employed the better. But seclusion as used for the benefit of the individual is, I consider, an essential element in the treatment of the insane.

For what does seclusion in this sense mean but removal from causes of excitement by placing the patient under the most favourable circumstances to secure for him that quiet and rest to the organ affected—the brain—which would be prescribed in the case of disease affecting any other organ of the body? Indeed, when the advantage of perfect rest in the treatment of any other important organ is so thoroughly recognised in general practice, it would seem almost superfluous to insist on its necessity in disease affecting that most sensitive of all organs; and here I think our specialism leads to error, and that in adapting our treatment of the insane to principles that are incontrovertible in general medical and surgical practice, we follow in the lines of rational and scientific medicine.

It has often struck me as very inconsistent in our practice that we should give large doses of sedatives, and yet at the same time place patients in the most unfavourable conditions for those medicines to have their intended effect. Instead of endeavouring to favour the action of a sedative by keeping a patient as quiet as possible, and in a somewhat darkened room, he is placed in a day room with a lot of others as bad as himself, or turned out in an airing court, and made to walk off the effects of the medicine he is taking.

Again, the opportunity for correct observation of a patient is much interfered with when he is associated with numerous others in large day rooms and galleries, the effect of medicines cannot be so well ascertained, nor the diet be so carefully regulated, and a patient may even escape medical observation altogether, which is insured when he is under separate treatment.

A case in point occurred to me last year, in which a patient declared that he had not eaten anything for three weeks, and the attendants were unable to detect him in procuring food. As the man showed none of the usual signs of abstinence, it was evident that the sympathy which so commonly exists amongst insane patients, had prompted someone to convey food to him secretly, but for a time he created quite a sensation in the ward, and was compared to the "Welsh fasting girl." Taking advantage of his complaining of being ill, I placed him in bed in a single room (in a word in seclusion), and from that day he never refused his food.

It is to the treatment of recent cases that these observations more particularly apply, and in which the good effects of temporary seclusion are most clearly demonstrated, and to its free use I attribute the very rare event in my own practice of a death occurring from maniacal exhaustion, a cause of death that I regard with much the same feelings as I do a suicide.

I know it is said by some of our brethren, "we do not employ seclusion, we tell our patients it is for their good that they should remain in bed by themselves until their excitement passes off, or as long as their condition requires it, and they appreciate our motives, and remain quietly in bed in accordance with our wishes."

Well—happy are the patients who are under the care of gentlemen possessing such power of moral persuasion, and still more to be envied those Superintendents who are blessed with such docile patients! But is not this the strongest testimony in favour of separate treatment, and even in these well-regulated institutions, it must, I should imagine, occasionally happen that some patients most requiring separate treatment will prove not amenable to this moral discipline, and in asylums where unfortunately the Medical Officers are not gifted with such powers of moral suasion, or where the patients are of a class that are not amenable to moral discipline, are they on that account to be deprived of treatment which is admitted to be beneficial in similar cases?

I think we should be acting on a safe rule if we were to place ourselves in imagination in the circumstances of our patients, and consider what treatment we should prefer in our own case, and I fancy there is scarcely one of us who, if he had the misfortune to be a patient in an asylum, would not think it a boon to be allowed to separate himself sometimes from the society of his companions in misfortune.

It will no doubt be said that **many patients** who are most prone to seclude themselves, **are just** those in whom association with others is most beneficial; but when every patient is **individually treated**, the medical officer should surely be **the best** qualified to determine what is the best treatment in any particular case.

I have a patient at the present time, a very violent and quarrelsome man, whom I dare not employ at his trade in company with others, but I have for some months kept him locked up in a single room making shoes, and the result is, that instead of being as formerly, a destroyer, he is now a producer, and has in general derived some of the benefit that labour always confers; but this patient certainly spends a good portion of each day in seclusion.

Let me not be understood to depreciate the power and value of moral influence, but it is evident that "moral" means are powerless in many instances. What moral influence could check the delirium of a patient suffering from fever, or from an attack of acute mania, or that accompanying progressive disease of the brain, or the furious excitement that is common in epilepsy?

Happily, however, there are generally remissions of disease in which moral treatment can be brought to bear.

My purpose in dwelling so long on these subjects is not so much to ventilate my own views as to suggest a remedy for that which I know many of my brethren as well as myself regard as an evil, the want of a definite understanding as to what ought to be called seclusion.

It is not agreeable to find treatment that one considers most beneficial to one's patients condemned as injurious and unnecessary; speaking for myself, however, I must say that if I abstained from any treatment which I was satisfied was the most advantageous to my patients, from a desire to court official commendation, or avoid animadversion, I should consider myself untrue to my patients, to my profession, and to my own conscience.

But the injured self-love of an individual is, after all, a matter of small importance, affecting only himself, or at most the institution with which he is connected, and a man's opinions are not worth much, nor should I esteem the man himself very highly, if he were not prepared to expect some misrepresentation, and to endure some amount of obloquy in defence of them; and if those who share my views are in a minority, we must accept the common position of minorities

until we can convert the majority, or be converted ourselves. But, as I before ~~hinted~~, I believe there is ~~less~~ divergence of opinion than appears on the surface.

We may fairly claim for this country that, as regards the treatment of the insane, we are in the van of progress, and it is for this association to give expression to the views prevailing in our branch of medicine, but let these be clearly expressed, and let practice and profession correspond, and even if our system lose somewhat of its theoretical perfection, it will at least rest on the surer basis of honest conviction.

My proposition is that the term "seclusion" shall be limited to the confinement of patients in their own rooms for violent propensities, or for excitement, in so far as it affects others, and that treatment in single rooms, for bodily disease, or for the *bona fide* benefit of the patients, shall be known by the milder term of "separate treatment;" but to avoid any suspicion of the milder term being employed for the harsher, I would have every case of "separate treatment," as well as every case of seclusion, duly recorded, in the same manner as a record is at present kept of all patients who are ill in bed, and who are unemployed, and that the use of the "wet sheet," and of gloves, as well as of all kinds of wearing apparel, made in such a manner that a patient cannot unfasten them himself, should be classed under the head of "Special forms of treatment."

Should the proposal meet the approval of the Association, I suggest that a communication should be made to the Commissioners in Lunacy, by deputation or by letter, inviting them to accept the definitions or to suggest others, and from the readiness which they have always shown to meet the views of this Association (I may instance particularly their adoption of the statistical tables recommended by a committee of the Association), I have no doubt that a satisfactory understanding can be attained.

I have before remarked that the less special our treatment of the insane is rendered, the more we move in the path of rational progress; but unfortunately the subject of insanity is with the profession, almost as much as with the public, a subject to be avoided, unless, indeed, when some fault, either real or imaginary, on the part of those who spend their lives in working for the benefit of the insane, brings asylums in a sensational form before the public, and an attempt is made by spasmodic declamation to atone for years of neglect.

It is, however, a matter for congratulation that our Asso-

ciation numbers among its members many men distinguished for their excellence, either as teachers or as practitioners in the art of medicine, amongst whom I may be permitted to mention the names of Drs. Lockhart Clarke, Samuel Wilks, and Hughlings Jackson, whilst many others, without actually belonging to our Association, contribute to the advancement of our specialty by their teaching and writing.

It would be difficult to over-estimate the advantage we derive from the presence among us of men who, from their large and varied experience, are able to bring additional acumen to bear on psychological subjects; and for my own part I should like to see their number largely increased, and I may be permitted to hope that the feeling with which we welcome them is reciprocated.

It is only by a more just and full recognition of the claims of our specialty to be considered and admitted as a branch of medical education that we can hope that our motives and conduct can ever be properly understood and appreciated, and that the treatment of the insane can come to be regarded as, in subsidiary matters only, differing from that of other diseases.

Without going as far as the noble Chairman of the Lunacy Commission, who, in his evidence before the Select Committee on Lunatics, is reported to have expressed his belief "that a sensible layman conversant with the world and with mankind, can give not only as good an opinion, but a better opinion than all the medical men put together," I think it must be admitted that the mere fact of a man possessing a medical diploma does not constitute him a competent judge on any doubtful case of insanity, and the manner in which so many certificates of insanity are filled up strongly bears out this view; in place of facts, inferences and deductions from facts being inserted, and the facts themselves being very often not more indicative of insanity than of anything else. Indeed, I am afraid that the manner in which many medical certificates are written, on which patients are admitted into asylums, scarcely testifies more to the thoroughness of the general education of the certifiers than to their familiarity with insanity as a disease.

It would be a matter of surprise, did not daily experience convince us that critics by no means possess a monopoly of wisdom or knowledge, that this fact should not be made a little more of. We have often heard loud complaints that any man's liberty should be at the mercy of one or two

medical men, who, by signing certificates of insanity, are able to procure his confinement in an asylum, but I do not recollect ever having seen it suggested that the certifiers should be required to possess some knowledge of the disease which they declare the individual is suffering from. Possibly, however, it might be considered that the power of certificates would be all the more dangerous when exercised by so-called "mad-doctors." It must, however, be admitted that in spite of this want of practical acquaintance with the subject it is a rare occurrence for any person to be confined in an asylum in whom there is no evidence of insanity. Whether placing a patient in an asylum is always requisite, or the best method of treatment, is another question, to which I shall return presently.

A case that created some notoriety last year at the Macclesfield Asylum illustrates both the extreme unfairness with which matters relating to lunatics and asylums are so frequently treated by the press, as well as the peculiar views held by certain professional men who think themselves competent to instruct their fellows; and in alluding to it here I know I can assure Dr. Deas of the sympathy that was felt with him by every member of the Association for the annoyance to which he was subjected, and of their satisfaction at the complete refutation of charges that ought never to have been made. Here we found newspapers of respectable reputation adopting a charge made anonymously, and on the bare statement of a lunatic, gravely reflecting on the character of a public institution, and of the officers connected with it, treating the charge in leading articles as though it were already proved, and subsequently compressing its complete refutation, after an inquiry which had occupied two of the Commissioners in Lunacy two whole days, into half a dozen lines of small type. But what I more particularly wish to refer to here is the view put forth by a medical correspondent, that an infraction of the law had been committed, and an injury done to the individual by placing her in an asylum before she had become dangerous! A more retrograde idea of the nature and purpose of a lunatic asylum could scarcely be conceived. To wait until an insane person has committed some act which would in one sane be followed by punishment, before placing him under treatment, is not only to delay the opportunity of successful treatment, and so to favour the disease becoming incurable, but also to degrade a hospital for the treatment of disease into a receptacle for potential criminals.

But we can hardly be surprised at the unreasonable manner in which the subject is treated by the lay press, when we find the medical journals following in the same line; and certainly nothing has of late years done some of these more discredit than the manner in which everything connected with asylums has been handled. But were the nature and treatment of insanity once fairly recognised as a necessary branch of medical education, criticisms and strictures, which I believe proceed more from ignorance on the subject than from intentional misrepresentation, would soon cease to have any influence.

Asylums have been stigmatized as "dark places," but if dark, the fault lies with the profession and the public for the lack of interest they take in them, and there certainly should not be anything in an asylum that would not bear inspection either by day or night; but the best way of admitting light would be by making them, where practicable, schools for the clinical study of insanity.

No greater incentive to work could be desired for the Medical Officers of these institutions than the presence of a class of students, who would be quick to notice any deficiencies on the part of their teachers, and who, carrying with them into practice a recollection of what they had observed, would not only have a better appreciation themselves of the manner in which the insane are treated, and of the difficulties experienced in treating them, but would be able to influence public opinion by the diffusion of juster views than are at present commonly held.

It is true that of late years an attempt has been made, by nominating lecturers on Mental Diseases to all the principal medical schools both in the metropolis and in the provinces, to recognize the importance of the subject as a branch of medical education; but as this hitherto has only been an optional instead of a compulsory course, the arrangement has not been more successful than permissive legislation usually is, and the value of the gratuitous instruction thus offered has been so little esteemed that in very few instances has there been anything like a full class; and the additional inducement of a substantial luncheon has been tried sometimes, but not always successfully, to bring a class together. But surely a physician ought not to be expected to provide food for the body as well as the mind, and such a custom reminds me of a story I once heard of two rival photographers, one of whom offered to take a likeness for nothing, but was outbid

by the other, who offered the sinner a rasher of bacon into the bargain.

But if instruction is worth having, surely it is worth paying for, and there can be no valid reason why the subject of mental diseases should be placed on a different footing from other subjects in the curriculum of the Medical Student.

The chief objections that are advanced against the addition of any fresh work to be undertaken by Medical Students are the already too numerous lectures they are required to attend, and, in the case of institutions for the insane, their distance from the Medical School, and the consequent loss of time occupied in going and returning.

The first objection has already been partly met by the proposal to eliminate Botany and Chemistry from the compulsory studies of the student, by permitting them to be included in the preliminary examination to be passed before the professional education commences. And certainly botany seems rather out of place in a course of strictly professional study, whilst chemistry is so attractive a science to youths, that it might well form part of the preliminary education. With regard to the distance, I think that an afternoon spent once a week in an asylum for the three months of the summer session would be time very well occupied, and the additional expense to the student might be met by a corresponding reduction of fees.

On the advantages—I might almost say necessity—of a familiarity with insanity and its symptoms, treatment, and causes, to those members of our profession who are employed in the public service, as well in the naval and military as those who hold prison or poor law appointments, I will not dilate, but as cases of mental disease in the earliest stages generally come under the care of medical men in general practice, it can scarcely be maintained that some practical acquaintance with the disease is unnecessary.

At present the division of practice is very unsatisfactory, both as regards the benefit of the patients, and the opportunities for treatment offered to the medical officers of asylums, as those who hold public appointments have as a rule to admit all patients who are sent to them indiscriminately, and being generally precluded from private practice, have not the advantage of seeing patients in the initiatory stages of disease, and experience, as a rule, great difficulty in learning anything of the previous history, and the causes which have brought on the attack; and even those who are

engaged in private practice often I fancy do not see their patients as early as they could wish, from a sort of aversion experienced by patients in admitting that any mental disorder threatens or exists so far as to consult a specialist, whilst most of us can, I have no doubt, recall instances in which the initiatory treatment has been the opposite of what is generally considered admissible in this class of diseases.

We have frequently in this room heard and taken part in discussions as to the increase of insanity, and also as to whether treatment in an asylum, or at their own homes, is the most advantageous to the patients.

The discussion as to the increase of insanity has, I suspect, generally left those who took part in it in the same opinion as they first held; but without entering into this vexed question, my own impression is that ephemeral cases of insanity occur more frequently than formerly. Even in my own limited experience, I have met with such cases, where all the symptoms have subsided without any special treatment, cases too occurring in more than one member of the same family, where there has been, as far as could be ascertained, no hereditary predisposition; and some remarks on this subject in a review in the last number of the "*Journal of Mental Science*" support this view. This bears upon the second question, the advantage or disadvantage of treatment in an asylum. That such cases recover without any special treatment is the strongest argument against their being sent to an asylum, and it is here that the advantage of greater familiarity with mental disease amongst the profession at large would make itself most felt. In recognizing the earliest symptoms which threaten insanity, and by appropriate treatment warding off an actual attack, is the province of "preventive medicine," which in our specialty has been hitherto too much neglected; and unquestionably the best mode of treating insanity is by preventing its occurrence.

Even if it were incontestably proved that insanity were materially on the increase, the fact would not be a wholly unmixed evil, if it resulted that more just views were held concerning it—if it came to be regarded as a disease to which anyone is liable, instead of, as at present, a mysterious affection, and the subjects of it being regarded with aversion, and like the lepers of old as unclean, a feeling which is, in some degree, unfortunately often extended to those under whose care they are placed.

When we see how one form of neurosis may appear as another in a second generation, how epilepsy and neuralgia, and also habits of intemperance in a parent may be followed by mental disease in the offspring, it must be admitted that a better understanding of their relations one to another amongst the profession at large would be of no small advantage to the public.

If these views find favour with you I conceive that the influence of our Association might be usefully employed in impressing them on the profession through the various examining bodies and the Medical Council, and the present seems a favourable opportunity for making an effort in this direction, as a "Committee of Reference" is now employed in drawing out the regulations relating both to the preliminary and professional education of candidates for examination by the Conjoint Board. I have here their "Report on the Professional Examination of Candidates," and the names of the committee are a guarantee that a unanimous expression of opinion on the part of the Association would receive due consideration.

Our department of medicine and the best interests of the insane have suffered from the state of isolation in which we are placed, and the diagnosis and definition of insanity, instead of being treated as a purely medical question, has been a sort of battle field, or at least neutral ground, between the lawyers and doctors. It is time that we made an effort to claim for the profession of medicine the right to determine what does and what does not constitute insanity, whilst we leave to the lawyers the legal questions affecting the insane.

The legal restrictions affecting the admission of patients into hospitals for the insane must always distinguish such hospitals from those for the treatment of every other kind of disease, and this necessarily acts disadvantageously in the relations of the patient to his medical attendant, any kind of compulsory treatment being liable to incite opposition, as we see in the opposition to the "Vaccination" and "Contagious Diseases" Acts; but it cannot be denied that the protection afforded to the public in providing against any improper infringement of personal liberty more than counterbalances any inconvenience that may arise from these restrictions. I should, however, like to see the experiment tried of a hospital for the insane, instituted on precisely similar conditions as to the admission of patients as any other free

hospital. If such a scheme would be sanctioned by the legislature, the experiment might be favourably tried at the institution now in course of erection at Virginia Water, founded by Mr. Holloway. Such a scheme will no doubt appear chimerical to many, but I can perceive no conclusive reason why patients suffering from mental disease should not be admitted voluntarily into a hospital without certificates, but merely on the judgment, and after a personal examination, of the Medical Officer of the Hospital, notice of all such admissions being forwarded then, as at present, to the Commissioners in Lunacy, and the institution being of course under their inspection precisely in the same manner as any other asylum. The patients might make a voluntary agreement to remain as long as the Medical Officer considered desirable, or to give a certain notice (say a month's notice) of their desire to leave, and a further period of two or three weeks to elapse before they actually left, to allow time for their friends to make provision for them elsewhere, if they insisted on going out.

One cannot predict how far such an arrangement would answer the purpose intended, or whether there would be a sufficient number of persons found acknowledging themselves insane to keep the institution going, but I think the experiment might be tried with advantage both to the public and to the patients who might be expected to submit themselves to treatment.

The provision for the proper care and treatment of pauper lunatics is a subject that may appropriately engage the attention of this Association, especially under the new phase of recently proposed legislation.

Apart from the vexed question as to the increase of insanity, there can be no doubt the proposed capitation grant from the Consolidated Fund for every lunatic in an asylum will very materially increase the number of patients by causing the transfer of such as are at present in workhouses or with friends, to asylums. Now the feeling against still further increasing the magnitude of our pauper lunatic asylums is, I believe, almost universal, but as it is certain that the demand for the admission of patients will be very much increased if the law comes into operation, the question is, how is this demand to be met? If this enactment merely, or principally, had the effect of causing all recent cases to be submitted at once to treatment in asylums, instead of their being, as they too commonly are at present, detained in workhouses, the

result would be entirely beneficial; but there is every reason to apprehend that instead of this being the effect, the new admissions will consist not of recent, but of chronic and incurable cases, and imbeciles, who have hitherto been maintained elsewhere.

The great increase of the admissions into asylums following the passing of the "Union Chargeability Act" teaches us what we may expect from the proposed grant from the Consolidated Fund for the maintenance of lunatics in asylums.

Under this arrangement it will be to the direct pecuniary advantage of the unions and parishes to relieve themselves of a large portion of the cost of the maintenance of imbecile and epileptic paupers, by sending them to asylums, and we all know that it is principally financial considerations that govern the action of these bodies.

The determination to exclude the newly-established "Metropolitan Asylums for Imbeciles" from participation in this grant strikes a direct blow against what I consider some of the most useful institutions that have been established of late years, and instead of the number of these being increased, those at present in existence will scarcely be kept up, because, however economically they are conducted, the cost of the maintenance of their inmates will always be more than the charge for patients in asylums when the capitation grant is deducted.

Whatever objections may be urged against the aggregation of idiots, imbeciles, epileptics, and chronic and harmless lunatics in spacious buildings set apart for their especial use, it cannot be denied that it is the duty of the State to provide for these helpless ones, who cannot make provision for themselves, and it would be more to the purpose if those who condemn such provision, and who speak of the cruelty of shutting these unfortunates out from the world, and immuring them in vast establishments, would suggest some practicable plan for otherwise dealing with them.

It is certain that keeping them in workhouses is about the worst mode of disposing of them.

I believe our experience is unanimous that even of the cases that are considered best adapted for detention in workhouses, a large proportion are returned to asylums after a longer or shorter interval, in a very much worse mental condition than that in which they were discharged. A much better arrangement, when it can be carried out, is no doubt for provision to be made for them by their friends, or by strangers in blood,

either a portion, or the whole, of the cost of their maintenance being allowed out of the poor rates, and regular inspection being provided; but when we look at the manner in which the poorer classes are housed in this country, whole families frequently occupying a single room both for living and sleeping, who would propose a further addition to such horrors by adding an insane inmate or two to share such accommodation?—and of the neglect and ill-treatment of the imbecile and weak-minded when left entirely to the care of their relations, without any official supervision, we have abundant and daily recurring testimony.

Under any circumstances, the proportion of imbeciles or chronic lunatics who could, in this densely populated country, where the ever-increasing tendency is to aggregate in cities and “populous places,” be thus disposed of, must be infinitesimally small, and there will still remain the great bulk to be provided for.

Only one advantage I can discern in the proposed grant, which is, that the demand for new asylums, and the extension of old ones, will be so much increased that the public will get tired of such constant calls on the rates, and that the whole subject will have to be re-considered on a more comprehensive basis, instead of on the piecemeal legislation which has been the fashion of late years.

In the County of Lancaster, for example, there are now three asylums, and a fourth partly completed, which will afford accommodation altogether for about 3,700 patients, but in addition to these, there are now in workhouses 2,400 lunatics and idiots, besides the few (260) who are placed out with friends or others. When the new regulation comes into force, there is every reason to anticipate that efforts will be made to transfer the majority of these to asylums, and in that event the only way of meeting the demand will be by adding two or three new asylums, or by increasing those which are at present sufficiently large. This subject is therefore one which may most usefully be considered by this association, and though the legislature may not think it necessary to ask our opinion in the matter, I see no reason why, if this opinion is at all unanimous, it should not be voluntarily proffered.

Taking the Report of the Commissioners in Lunacy for 1873 as a basis, there are now in asylums and hospitals in England and Wales, about 30,000 lunatics, and in workhouses 14,000, who under the capitation grant will probably be sent to

asylums as soon as possible. What is the best provision to make for them? To keep them in workhouses is about the worst mode of disposing of them; on the other hand they do not require such care and attention as acute cases of mental disease, and might be provided for in establishments of less costly and elaborate structure, and with a smaller staff of administration. I submit the following propositions to the Association—that besides institutions for idiots who are capable of training, and hospitals and asylums for recent and curable cases of mental disease (to which there should be generally attached a medical school), further provision should be made for chronic and harmless lunatics, imbeciles, and idiots, upon the plan of the Metropolitan Asylums for Imbeciles, and for criminal lunatics by establishing district asylums specially for this class.

The evil of associating criminals with the ordinary inmates of asylums is sufficiently notorious, and has been so often dwelt upon, and so recently as the last annual meeting of this association, that it is unnecessary to go into details, but as it was hinted by a member of the Government during the present session, that so far from increasing the State asylum at Broadmoor, it was under consideration to transfer some of the criminals there detained to their respective counties, it is desirable, if possible, to prevent such a plan of dealing with them.

The Act of 1867, by considering insane convicts whose sentence had expired as ordinary pauper lunatics, and so transferring them to county asylums, inflicted great injury on these institutions, and unless a strong remonstrance is offered, it is to be feared that further injury will be inflicted in the same direction.

There is no valid reason why convicts who are insane should be sent to asylums, any more than convicts who are sick to any other kind of hospital, and the amount now proposed to be given away to Unions and Parishes, in the form of a capitation grant for the inmates of asylums, in one year, would defray the cost of erection of two such convict establishments.

The subjects I have brought before your notice are such as deeply concern us, and may, I think, very profitably be discussed by the Association.

Concerning each, much more might be said than I have been able to compress into the limits of this address, but deficiencies on my part may be well supplemented by the expression of opinion by other members.

In conclusion, I must beg the indulgence of my hearers for a few minutes, whilst I venture to offer a few observations on the attitude that we should assume, and the duties that we owe one to another as members of this important Association.

It has been often remarked that one reason of the greater influence possessed by the legal over the medical profession is that greater cohesion among themselves, a more thorough *esprit de corps*, exists amongst the lawyers than between ourselves, and the remark applied to a nationality, that "where one man was to be roasted, half-a-dozen were ready to turn the spit," might, I am afraid, with equal truth be applied to the profession of medicine.

Now, although I believe that less of this feeling of jealousy (or from whatever cause it springs) exists amongst our specialty than amongst the profession at large, and although it would be childish to complain of fair and honest criticism, it must I think be admitted that our somewhat isolated position, and our liability to attack on all sides, render it more imperative upon us to maintain a kindly spirit of consideration and forbearance one towards another. It is frequently said that as a body we neglect our duties as physicians in devoting our attention too much to architecture, farming, questions of hygiene, &c., to the neglect of pathology and therapeutics, and these remarks, originating perhaps with some member of our own body, are echoed parrot-fashion by the medical press generally, until it comes to be held as a fact that with very few exceptions we lower our more strictly professional character in assuming others of less dignity and importance.

Now, whilst fully recognizing and appreciating the labours and researches of those who make pathology or therapeutics their principal study, it cannot be maintained that in this consists our whole duty, which is undoubtedly also a present and immediate one, towards our patients, and the field over which this extends is so extensive, that it is to the advantage of the profession, as well as to the public, that we should pursue our end by different ways. The "Procrustean" system is not more the type of an individual despot or tyrant, than of officialism, or of society and fashion in general.

As one man with high literary attainments might never attain the manipulative delicacy necessary for making microscopic sections of the brain, so others whose chief capacity lies in administrative functions might be only wast-

ing their time and neglecting their more immediate duties in endeavouring to prosecute original research.

The effective study of pathology demands early and special training, and great manipulative dexterity in using the microscope, and it is quite possible for a person to fail of achieving success in this branch, whilst he has at the same time neglected subjects in which he might have made practical advances, and have added to our general stock of knowledge.

Indeed, with regard to this particular study, I think the practice adopted in some of the asylums in America of appointing a special pathologist is well worthy of being followed here; and in the metropolis, at least, such appointments might easily be made, and without much extra cost.

On behalf of architecture and hygiene, too, as applied to the structure and condition of asylums, and the treatment of the insane, much may be said.

It may safely be asserted that a neglect of sanitary precautions may cause more deaths in a few weeks than special neurotic treatment will cure cases in as many years; that bad architectural arrangements may seriously interfere with the classification, and almost neutralize the treatment; and that increased cubical capacity of a ward, in other words, a more liberal allowance of "elbow room" for patients, is of more efficacy, in a tranquillizing point of view, than sedative drugs.

The general immunity from epidemic diseases which our asylums enjoy is mainly attributable to the care and attention bestowed on the selection of sites, and to their generally good sanitary arrangements, and for which credit is due to the Commissioners in Lunacy.

A neglect of these matters in times gone by, as subjects beneath the notice of the profession, has certainly had the effect of retarding the progress of medicine and surgery, and it was left to a non-professional person—Miss Nightingale—to reform our system of nursing, including the preparation and administration of food, on which so large a measure of success in medical practice depends, and what Miss Nightingale has done for nursing, Captain Galton, assisted by Dr. Sutherland, appears to be now undertaking for the improvement of our general hospitals.

Unfortunately no training institutions for nurses and attendants exist for us, and therefore it is the more necessary

for every superintendent of an asylum to be himself well informed on all matters of detail.

If any illustrations were needed of the value of sanitary science, and of the danger of neglecting its teaching, I might instance that afforded by our military experiences, and compare the campaign in the Crimea with the later ones of the Red River, Abyssinia, and the Gold Coast.

In behalf of the much despised farming too, something may be said. It can scarcely be meant as an accusation against Medical Superintendents who take an interest in agricultural pursuits that they give up time to them which ought to be devoted to their patients; indeed it could hardly be seriously asserted that the few acres which are attached to any of our English asylums would furnish sufficient employment to anyone so disposed, and if merely pursued as a hobby, what more harmless or healthful recreation could be proposed? And it must be admitted that anyone having the responsibility and anxiety of the care of a large number of lunatics requires some extraneous employment or amusement in the way of recreation.

The ancient Romans did not hold agriculture in such low esteem when they called Cincinnatus from the plough to take the helm of the state, or when Virgil sung of the delights of pastoral life; and both he and Horace cultivated farms of their own.

Besides, the small quantity of land attached to our asylums affords favourable opportunities for the solution of sanitary and social problems, such as the disposal of our sewage, and it might be still further utilized by producing different kinds of crops, and so enlarging our knowledge of the effects of various kinds of food, as to which it has always struck me that too little attention has been paid. Instead of keeping to a close routine in the matter of diet, and devoting all our attention to the effects of certain drugs, I think experiments similar to those lately published by Dr. Parkes would be of advantage, both to our patients and to the profession and public in general.

In making these remarks, I speak without bias. Having no hobby of my own, I am often disposed to envy those who have, and who can thus take refuge in a little world of their own, in which they have implicit faith, and from pursuing which they can return to their duties refreshed and reinvigorated.

Our two-fold position as physicians and heads of com-

munities, whilst it affords great opportunities of doing good in our generation, demands something more than mere professional knowledge, whilst our Association is of sufficient extent to allow its members to follow pursuits for which they are best qualified; and excellence in anything relating to our profession attained by any member should be regarded as to the common advantage of us all.

Our motto should be "*Homo sum, nihil humanum a me alienum puto,*" and whilst our Association numbers among its members men of high mark both in literary and scientific attainments, let not those who follow more common-place, but not less useful pursuits, be despised. Our duties are so multifarious and diverse, that it is scarcely within the compass of any individual to achieve success in all; but this, instead of being a discouragement, should be an incentive to us to pursue our duty to the best of our abilities, and in the manner in which we are best qualified.

In a social point of view, too, isolated as we more or less are, often viewed with unfriendly eyes by the public, and criticised by hostile pens, there is the more necessity for unity amongst ourselves. Let there be no jealousy between us, whether we hold public appointments or are the more fortunate possessors of private asylums, but let each credit the other with the desire to relieve in some measure suffering humanity, and endeavour to maintain the "unity of spirit in the bond of peace." Thus we shall obtain for our Association the position to which it is entitled, to be the exponent of all matters relating to our specialty.

In the remarks which I have offered I am fully conscious of the too frequent repetition of the Ego; but, though sensible of the fault, I have been unable to correct it. The views I have laid before you are the result of my own reflections and are not the platform of any party, and if, whilst showing myself sensitive to criticism, I have appeared to criticise others, I beg you to believe that what I have said has been, as it seemed to me, in the interest of our common profession; and whatever of these views meet with your approval I ask you to accept as your own, enunciated, through me as your president, and whatever is unworthy of your support, to treat as the crude utterances of an individual.