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OFFICIAL REPORT.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

AGENDA FOR THE ANNUAL MEETING

HELD AT

THE ROYAL COLLEGE OF PHYSICIANS, PALL MALL EAST,

ON THURSDAY, the 3rd of JULY, 1862.

At 12 noon. The Committee of Management meet at the Royal College of Physicians.

At 1 p.m. Annual General Meeting of the Association at the Royal College of Physicians.

1. Dr. Lalor will resign the chair to Dr. Kirkman, the President-Elect.

2. Dr. Kirkman's address from the chair.

3. Receive the report of the Treasurer.

4. Election of President (and place of meeting) for 1863.

5. Annual election of officers, viz., Treasurer, Editor of the Journal, General Secretary, Secretaries for Scotland and Ireland, two Auditors.

6. Election of new members.

7. The following communications will be read :—

a. "On the Cottage Asylum System," by Dr. Mundy, of Moravia.

b. "On Middle-class Hospitals for the Insane," by Dr. Maudsley.

c. "On Modes of Death among the Insane," by Dr. Bucknill.

d. "On the Special Utilization of Asylum Sewage," by Dr.

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Robertson (with a ground plan of eighteen acres of meadow land thus irrigated at the Sussex Lunatic Asylum).

8. Mr. John Warwick's resolution.
9. Dr. Flynn's resolutions.
10. Dr. Burnett, on The Red Hill Asylum.

REPORT OF PROCEEDINGS

At the Annual Meeting held at the Royal College of Physicians, on Thursday, July 3rd, 1862.

DR. KIRKMAN, M.S., Suffolk County Asylum, *President*.

There was the largest attendance of members that has ever met. The following (*among others whose names were not left with the Secretary*) were present. Dr. Kirkman, *President*; Professor Czermak, of Prague, the originator of the laryngoscope, Dr. Herz, Assistant-Surgeon to the Imperial Hospital in Vienna, Dr. Alex. Lumniczer, Chief Surgeon of St. Rochus' Hospital in Pesth, Hungary, Dr. Markusovszki, from Pesth, Editor of the 'Medical Weekly Journal of Hungary,' Dr. Bucknill, Dr. Caleb Williams, Dr. Paul, Dr. Harrington Tuke, Dr. Wood, Dr. Monro, Dr. D. Mackintosh, Dr. S. Newington, Dr. Ross, Dr. T. B. Christie, Dr. Andrew Wynter, Dr. Gustavus Symes, Dr. Campbell, John Warwick, Esq., Dr. Davey, Dr. R. H. H. Sankey, Dr. Fayrer, Dr. Sibbald, Dr. Mundy, (Moravia), H. H. Stewart, Esq., Dr. Corsellis, Dr. Wing, Dr. Sheppard, Dr. Brushfield, Dr. Gilchrist, Dr. Rorie, Dr. Lowry, Dr. Boyd, Dr. Burnett, E. Toller, Esq., Dr. Maudsley, Dr. Eastwood, H. Jacobs, Esq., Dr. Robertson, W. M. Hollis, Esq., J. P., Dr. Webster, Dr. Salmon (Maleno Asylum, Sweden), Dr. Brown, Bloomingdale Asylum, New York, Dr. Edward Hart Viven, Dr. Llewellyn Williams, Mr. King, C. E. (142 High Holborn), James Hewart, Esq., Belfast; Dr. Clouston, G. G. Gardiner, Esq., &c. &c.

Dr. Robertson, the Secretary, read the following letter from Dr. Lalor resigning the chair to Dr. Kirkman :

RICHMOND DISTRICT LUNATIC ASYLUM,
DUBLIN; *June 26, 1862.*

MY DEAR DR. ROBERTSON,—A question regarding increased hospital accommodation for the insane in this district, which is of the deepest importance to the institution, has just arisen, for consideration in different quarters here, which will require my constant presence at home for some time, so that I find my hopes of being at your meeting on the 3rd July, disappointed, just at the last moment.

It is indeed a deep disappointment to me that I cannot personally have the pleasure of repeating the expression of my heartfelt thanks to the members of the association, for the high and unmerited honour to which they raised me, at the same time that I resigned that honour into the worthier hands of my successor, Dr. Kirkman.

It would have been also a source of great gratification to me to have had an opportunity of personally expressing at the meeting, the obligation which in common with the other Irish Resident Medical Superintendents, I owe to the association, and to our Irish Chief Secretary, Sir Robert Peel for the improvement which has been inaugurated in our position, by the new rules for the Management of District Lunatic Asylums in Ireland. This improvement in our position, for which we are so largely indebted to the kind support of Sir Robert Peel, and of the association, is valued by us, as we believe, it was recommended to him, and to the association, for no other reason more highly than for the opportunity it affords us of bettering the condition of the institutions in our charge, an opportunity of which I trust, we will temperately, judiciously, and perseveringly avail ourselves. Thus, as I am convinced, can we best prove to Sir Robert Peel and to the association, the sincerity and the extent of our gratitude.

With sincere and warm thanks, with many earnest wishes for the continued prosperity of the association, and with fond hopes of meeting the members at many future meetings (and at no distant period again in Ireland), I now beg through you to resign the Presidential chair which I shall ever feel it a source of pride and honour to have held.

Your very much obliged,
JOSEPH LALOR, M.D., &c.

To D. C. L. ROBERTSON, M.D.,
Hayward's Heath Asylum, Sussex.

PRESIDENT'S ADDRESS.

Dr. Kirkman then took the chair and read the following address :
GENTLEMEN,—Your kindness has placed me upon a very giddy height, and it is to the continuance of that kindness that I must look to uphold me lest I fall. When I call to mind the previous occupants of this chair—men honoured in science, and the very echo of whose names still ennoble that branch which we cultivate, and for whose prosperity we devote every energy and effort, I may well solicit your indulgence as I ask for your support. If any department wherein medical science and art are blended, can claim the high privilege of proposing to itself, the great end of humanity and the search after those means by which God permits this end to be approached, it is the delicate investigation of Psychology, and if those who engage in it, do so, in the spirit of my talented predecessors in this chair, they will be led to acknowledge the true theory of life, as tenancing this temporary structure, that mode in which God himself manifests his wisdom.

It may be observed with submission, that even in the sacred science of theology, assertion and dogmatism are too often substituted for

investigation and proof. But we would not have it so in psychological inquiry, we would remember one universal law of organization and life, that the more refined the more exquisite the organization the higher the faculties are; and, consequently, the greater our responsibilities. We would not attempt in the slightest degree to sever this peculiar branch of the practice of medicine from the full exercise of the higher morality. Psychological science forms a broader portion of the foundation of ethics, than some may be disposed to admit, or than has ever yet been duly acknowledged by the moralist; but in proof of it, it will be enough for me to point to the honoured authorities I have already referred to, some of whom we are permitted to claim as adorning our own ranks; professors of bright intellect illuminating whatever truths or facts they have been illuminated by; but concentrating all upon the cause of a class long unnoticed and almost unknown, and are still identifying themselves with sufferings not their own, and devoting a toilsome and an anxious life to the benefit, the health, the restoration, and the happiness, of the insane generally, and especially of the insane poor.

I am old enough, gentlemen, to remember the origin of this association, existing at first only in a small volunteer band, urged on by the energetic labours of Dr. Hitch. I can revert in pleasing recollection to its more organized arrangements, and its augmented numbers from our meeting at Oxford (with the liberal encouragement of Mr. Ley); and in marking its progressive growth, from the days of its peripatetic youth, widening its area, before it deepened its roots into "a local habitation and a name." I cannot but congratulate every officer and every member on the influence that the association now exerts, and the rank that it holds among the nations. Our bands are now strengthened by increasing numbers of foreign associates, and we esteem the presence of these gentlemen among us, and appreciate their value, while we assure them that our houses are free for their inspection, and with our hands and from our hearts we shall cordially welcome them.

As the vast concurrence of all peoples and tongues, rational and irrational, causes us to meet once again in London, I cannot but be reminded of our earliest visits, as an associate body, to Hanwell, at the time of its mighty strides in ameliorating the treatment of the insane, when the feebler sporadic efforts in the counties were fortified by electrical connection with the great centre of commendation and of praise. Nor can I resist a reference to Bethlehem Hospital, with its present philanthropic revolutionist, without pausing for a moment aptly to solicit the attention to those splendid memorials graven on stone, by the father of Colley Cibber, of mistaken views and practice, which stand in the hall, and as he looks upon the fettered limbs of the maniac, and the petrified melancholia of Cromwell's servant, without dwelling unpleasantly on the comparisons

between 1662 and 1862, just to trace his own contrast between "Now and then." Here is indeed a bicentenary worth celebrating, now the old chains of ignorance and cruelty are melted for ever in the fires of knowledge and of love. The false theory and practice of the past are carved in stone, because they belong no longer to the flesh; the sculpture of the present is on the living tablet of the brain itself.

"Ring out old shapes of foul disease,
Ring *out* a slowly dying cause,
And ancient forms of party strife;
Ring *in* the nobler modes of life,
With sweeter manners, purer laws."

While we meet, then, in order to focus the teachings of prolonged experience, and the light of psychological science, and to take a prospective view of the many important steps yet before us, we cannot forget those honoured members who have ceased to instruct and to cheer us. Each year deplores the loss of living thinkers, although it is enriched with the legacies of their thought. It is because of those who are gone, and have left their records with us, that we are able to repeat as to one science, what Lord Bacon said of all, "Now is the true antiquity." But especially ours is no region where the wave of deep grief has not travelled for the loss of the Prince Consort. Having laid the first stone of the Medical Benevolent College on the foundation of his own name, and given promise of far more varied assistance in the future, our mournful tribute to his memory is not to be estimated by or dissolved into quantity of utterance, but fixed in intense regret that a thousand chains, and our own not the least, have lost their integrity by this one royal link which has been snapped.

Though the past and the present give full confidence in the future, the shadows of that future are not altogether free from unsightly appearances. The uncertain state of our lunacy laws still calls for the closest attention of every member of the association, but we may confidently look to those of our body who are anxiously watching the course of events, with the assurance that they will not let slip any valuable propositions, or fail to condemn whatever may present itself of a perplexing, or an antagonistic character. It seems as if legal opponents were resolved to take arms against medical authority, and to suppress if not altogether to reject medical evidence on medical cases alone. Our law courts, in some of their strange vagaries, seem disposed to deal with lunacy as a purely legal idea, and even the Lord Chancellor's bill appears to be based upon the principle that lunacy is not a medical question, but irrespectively of the physiological fact, a question of equity or law. We may well take up the distinction which somewhat ludicrously declares that law is not equity, and equity is not law, but while neither disputing upon legal technicalities, or attempting to decide upon legal questions, we lay ex-

clusive claims to the ability of answering our own. We earnestly, zealously, and conscientiously protest against that "hazy legislation," as expressed by Dr. Mayo, which would hazardously interfere in purely medical questions and encroach upon the full prerogative of medical men to judge of mental sanity. Such legislation must be as an instrument edged with evil, and it cannot by any legal dexterity be tempered into good. At the late Social Science Congress, Mr. Palmer, the secretary of the Law Amendment Society, is reported to have said that no less than eight acts of parliament must now be studied to understand the law as applicable to the courts presided over by Sir Cresswell Cresswell, and he asks whether anything could more clearly show the empiricism of our legislative proceedings. I think that gentleman for the term, because I am sure that we can show something that does evidence empiricism more clearly when we point to men who would decide upon medical questions without having received a medical education. This is really empiricism, and it strikes at the very root of every correct, of every safe decision. The empiric taking it on this authority as a medico-legal term, may gain sometimes, we admit, very great public confidence, and an accidental result will strike the public mind as forcibly and often more so, than one arrived at by the true principles of induction from facts and premises adequately estimated, even where nothing but those principles could avail. It is the more needful to remember this, because some men, whose services have raised them high in public esteem, have not thought it beneath them to endeavour to lower and metamorphose the psychologist into the mad doctor, and to treat his devotedness with sarcasm and contempt. Such ridicule is both undeserved and misapplied, and if the delusion went no farther one might be content to bear it; but when we are met with the preposterous supposition that lawyers, who are ignorant of anatomy and physiology, and more particularly of the symptomatology of disease, and of those abnormal changes which are constantly taking place within the cranium, long before there is any outward evidence of insanity or intellectual aberration, are to be the judges whether a patient is of sound mind or not, we must reject their assumption altogether. Is it possible (we would ask) for any other than medical men to trace the course of the "sly treacherous miner working in the dark," to recognise the tremor of the upper lip, the hesitation of speech, the inability to pronounce the consonants, the tripping of the foot, and the irritable temper as incipient symptoms of general paralysis? Whereas the psychological physician would have his suspicions aroused at the appearance of the first symptom, however slight, and his diagnosis and prognosis pronounced long before the appearance of any delusion, long before that which is the great and sole guide of non-professional opinion. As far as all human knowledge extends at present, it is generally supposed, that whatever the case

may be morally, intellectually at any rate the mind cannot be sick. If diseased mind cannot exist apart from diseased matter, how can those attempt to give an opinion upon the former, who are ignorant of the changes which characterise the latter. If the high legal authorities should go back, and take part with the ancient Greek empirics, who contended that an investigation of obscure causes and natural actions was fruitless, because nature was incomprehensible, we can only say in reply, with old Celsus, "that as pains and various kinds of diseases arise in internal parts, no one can apply remedies to these who are ignorant of them." Let us still trust, however, that the legislature will not sanction such anomalies as these, and that we may look with confidence to the anticipative appointment of the Chancery Commissioners as correctors of much that we feel to be almost intolerable in the examination of medical witnesses. The physician should be called, not as the advocate or the witness for any particular party, but be as unfettered and unbiassed in his opinion as the members of the jury. He should be allowed to question witnesses, and give his opinion upon the evidence before him. This would tend to check many of those unguarded expressions which keep up a morbid feeling in the public mind. At the late monster case, whose records "frightened the whole isle from its propriety" for four-and-thirty days, the stain of insanity was a term in frequent use; an epithet which stained the phraseology of those who ought to know better.

This leads me to observe generally that the functions of the psychological physician are becoming every year more widely diffused, and more intimately interwoven with social life. While, consequently, the sphere of our labour, so also that of our convictions, is less limited by the radius of an asylum, more especially as the cases to be decided by court or jury in which the verdict of insane is contingent, rapidly increase, it is a question for us to echo forth from hence, what party is competent to pass such a verdict. Is any court, judge, or jury, without special evidence to justify it? Could a physician pronounce finally on the ambiguous tortuosity of a will? Can a lawyer or a jury be justified in returning that verdict which is now so common, so easy, and so cheap, of insane in a case of suicide, where in all probability the first act of insanity was the act of suicide itself? Is it not equally immoral as *authoritatively* relaxing the bonds of responsibility and guilt, and confused as announcing a conclusion without premises? Is it more irrational than our other hackneyed verdict, given with all thoughtless flippancy, "Died by the visitation of God," whenever there is no palpable cause of death assignable from subsequent investigation.

I fear we must acknowledge the increase of insanity both at home and abroad. I quote from the 'Times' (June 12th), which states that there were in workhouses "5160 women and girls, imbecile,

idiotic, or weak-minded." I quote from the 'Lancet,' which says that there are fifty-eight lunatic asylums in Prussia, besides thirty-two which are only preparatory or provisional, and that the number of patients in these has been progressively on the increase, there having been in 1853, only 4054, and in the successive years to 1860, 4094, 4074, 4278, and 4882. The 'American Medical Times,' as quoted in the 'British Medical Association Journal,' writes of New York—"in this State there are upwards of two thousand insane persons confined in almshouses, penitentiaries, and gaols."

It is a question whether that clause in the new Poor Laws Removal Act, which throws the charge of the patient from off the parish to which he belongs, and on to the common fund of the union, will not tend to increase the number of imbeciles and idiots in the county asylums. If so, it is useless to expect the reception of recent cases, and our efforts must be in great measure neutralised against both prevention and cure. Those noble institutions, asylums for idiots, have a claim upon the public which should be liberally responded to, and it is matter of no small gratulation that they are under the fostering care of one of the ablest and most philanthropic men of our day, and that we can point to their great supporter, Dr. Conolly, as a valued member of our own body. I fear that the pressure for admission into these valuable institutions is very great, and that many are retained in the county asylums to the discomfort of their more legitimate inhabitants. I know an asylum where there are two congenital idiots. One, nine years of age, the other four and a half, and yet the house will not hold half the patients demanding admission, and it is in contemplation to enlarge. It has now 96 per cent. of probably incurable inmates. The difficulties which beset the questions of distribution and provision for such increasing numbers is very great; but the subject of prevention is more difficult still. Who can stop that fertile source of both insanity and idiotcy, scrofulous marriages? Who can check the course of the dypsomaniac?

"Though mortal mind may fail
To tell how the most trivial circumstance
May operate in the mass of combinations,
The fine deep moving processes of life,"

still there is a fearful seal which stamps the lineage of patients inheriting a strumous diathesis. There is a want of vitality in the brain, it is too large, or too small; soft and pulpy, heavy in its functions, and liable to effusion from vascular debility. The practical difficulties from this source of evil are immense, and whatever the class among whom the attempt may be made, they each and all defy classification. The difficulty of engaging in this preventive service is not from any position in society alone, but it arises from the feelings and from the ages of those with whom we have to deal.

They are the young, who, if they have forgotten the literal translation of Cæsar's 'Commentary,' or if they never heard it, they still adopt the self-satisfying one, "I came, I saw, I married," and however unpalatable the assertion may be, I fear the result of such rapid evolution is too often a cripple, a maniac, or a fool.

One of those main channels into which our investigations must continually flow, and to which all special streams of observation and discovery must be tributary, is the correlation of brain disease and mental aberration. It is most satisfactory to have to record the continuous patient research, the amount of thought, and the studious microscopic scrutiny which have been devoted to this subject. Upon the very threshold, as it is, of the unsolvable mystery of the connection between mind and matter, the darkness of that central mystery must necessarily hang over this subordinate portion of the problem. To a philosophic mind, not charmed away from the severe path of induction by attractive theorising, nor chilled by the delay in assuring themselves of those laws which are mighty in their simplicity, our present state and our future duty are equally clear. In our present state we cannot be said yet to have arrived at any *certain* law of relation between distinct phases of insanity, and distinct forms of cerebral disease. Our duty is to continue increasing the number wherein the form of insanity as known in life, and the condition of the brain as observed after death, are registered together. The problem, as a matter of scientific discovery, and as a means of practically advancing the treatment of disease, is of very different dimensions. In the former case it is very great, in the latter it is probably very small. Our therapeutic power must always be far greater than our physiological knowledge. And for this simple reason, that we have *two* available avenues towards the converging point of their union, which is shrouded from our understanding. The structure of the brain is to be acted upon in both cases indirectly through the body and through the mind. We are, perhaps, guilty of a paradox in our phraseology, having enthroned the term psychology on the level of the inductive sciences, while more accurately and practically we are craniologists. Strictly speaking, craniology is the science of the disease as seated in the brain. Psychology of its symptoms and manifestations. As to the physical treatment of brain structure, through diet, medicines, exercise, and asylum retirement, nothing need now be said. As to the mental or psychological treatment, without running over the old strings whose tones are familiar to us all, I would keep to those points more particularly when we come in contact with those of other professions. We have not, I fear, hitherto been duly attentive to the process of introducing thoughts into the mind which at once would begin to operate upon the physical structure. A *fit thought*, introduced *ab extra*, can create tendency to healthy circulation, and normal condition of the brain

matter, as a poisonous one can disturb the machinery, and fix that disturbance in the form of cerebral disease. The wise administration of religious *consolation* is perhaps our most powerful agent. Where that *consolation* is withheld from diffidence or fear, the approach is close upon—

“that path of old, Spinoza trod,
To man a coward, and a brave to God.”

But the agent is a “sharp sword,” by its own designation, and the higher it is tempered, the keener that the edge is ground, and the more morbidly sensitive the surface it has to touch, the greater is the danger from its injudicious use. While I can register many thoughts and passages from the Bible, simply and strictly among the most powerful agents in the Pharmacopœia, while I can recall happy, faithful death-beds, after prolonged residence in the asylum, and mark the peculiar phenomenon of the candle just flickering up anew before going out in the short period of positive sanity previous to death, I would still guard our asylum chaplains, lest by an unwise administration they change a remedy to a poison. The power of fanatical distortions of the gospel to produce insanity has been only too fearfully illustrated of late, and plentifully treated in many of our periodicals. In the other direction is the power of simple presentation of certain truths, actually to give the first impetus towards cure. Nothing can be more striking than the undeniable fact that the very *definition* and essence of insanity seem lost, while the insane can be *healthily* recipient of the highest thoughts upon which the most rational can reflect. It is thus with moral delinquency, and it is thus with mental distortion; and by careful investigation of each case, the phase of insanity, and the individual character which must be the substratum of it, may be acted upon on the first principles of all the therapeutic art.

A man's moral character and his spiritual character, his amiability or his moroseness, his purity or impurity, his hypocrisy or abandonment, are clearly to be distinguished after some intercourse, through all the clouds of insanity. And it is practically understood, too, without any of the subtle niceties, or endless confusions of legal questionings, and categorical distinctions, how far insanity merges moral responsibility. It is understood by the physician, and it is irresistibly felt by the patient himself; so easy is it for us to perceive the difference between the sufferings of insanity, and the moral madness of sin, and to retain analyses of those two, which are but contingently united. All this can only be done by the discriminating eye, and the mind of the physician.

It is a vital principle at length acknowledged, now that the legislature, by requiring every asylum superintendent to be a specially educated *medical man*, has, at least indirectly, condemned the paradox of the old system of visiting physicians; accompanied, as it must be,

with interference, and fraught with injury and discomfort. The disinterested withdrawal from the Metropolitan Asylum of him who held the highest position in this respect, must warn back the assumption of all others, and prove that their introduction must be merely nominal.

In approaching, gentlemen, as I feel now that I must, the confines of very tender ground, I desire, before I take one step upon it, to speak with all deference and respect of the Commissioners in Lunacy; to express regret at the loss of Mr. Procter, and pleasure at the appointment of Mr. Foster. For myself, I should gladly hail an increase in that body, and when I look, as I now do, upon those who would adorn that commission, and augment its vitality and strength, I would gladly render that anticipative respect which a master mind must always command from a mind of mediocrity. Whether there should be undivided authority in this official body is a question upon which some difference of opinion may exist. But perhaps you will pardon our personal intrusion here, as I assure you that, through the long course of thirty-one years, I have never known one hour's discomfort from the visitors of the Suffolk Asylum. All, however, have not been so favoured as I have been, and some of those conflicts well known to us, and to which it is not necessary particularly to refer, only serve to establish the conviction that there should be undivided authority somewhere. Conflicting opinions must harass the superintendent in his duty, and impose upon him needless distractions. He has enough upon his mind, without being thwarted in his efforts by one party, or teased with immaterial suggestions from another. He who is honest in his endeavours, may be pardoned if he couples his honesty with some little jealousy of intrusion upon unimportant points. The conjunction of these feelings is the great preventive against the perpetuity of error. The asylum superintendent can take no subordinate position. He must act from an infinitely higher motive than the aim after official commendation, and hold himself altogether free from the fear of official censure.

The valued proprietors of our private asylums are equally interested with public officers in these questions. How many honoured names have been rudely taken in vain? how many has the boldness of ignorance exposed to annoyance, from the hasty and injudicious urgency for the removal of patients only partially restored? Some alleged lunatic's friends, as they called themselves, obtained the removal of a patient from a house of high respectability and name, contrary to the opinion of the resident physician, and in opposition to his own expressed desire; and that gentleman was seen by a late friend of my own, only a few weeks afterwards, painfully exposed to the disreputable frequenters of the Strand. "Every encouragement," said Marshall Hall, "should be given to the devoted investigator, every obstacle, every source of annoyance and distrust, should be entirely

taken away. The physician makes great sacrifices; he exposes himself, it may be, to misrepresentation; his path requires cheering; it should not, and it ought not to be, unnecessarily interfered with, or beset with thorns."

I can cordially echo these sentiments of the late Marshall Hall, and I would conjure my colleagues by "the rights of our fellowship" (I wish I could add by "the consonancy of our youth,") to take care, while their minds are on the stretch, lest the progress of improvement should sink into collapse; to guard their own health, by joining some lighter recreations to their heavier weights. I wish every one of us had a hobby. Rosinante is essential for recruiting the spirits as well as for the main purposes of chivalry. "It is all very well," says the philosophic author of the 'Caxton Papers,' "to trace the symptoms and prescribe repose. But repose is not always possible. A brain habitually active will not be ordered to rest. It is not like the inanimate glebe of a farm, which when exhausted you restore by the simple process, 'Let it lie fallow.' A mind once cultivated will not lie fallow for half an hour. If a patient habituated to reflection has nothing else to meditate, his intellect and fancy will muse exclusively over his own ailments, muse over a finger ache, and engender a gangrene. And what is to be done? Change the occupation, vary the climate, call new organs into play, restore the equilibrium deranged in overweighting one scale, by weight thrown into another." The conscientious superintendent of an asylum is alarmingly exposed to that condition of mind caused by the persistent tension of the brain, called by Dr. Ordonaux mental hyperæsthesia. "The mind though greatly fatigued is not disposed to quiescence, but it continues to oscillate under the reflex influence of its original stimulus." Many sad results from such a condition are known to us, and we think that the Commissioners in Lunacy, from their conviction of this fact, have done themselves honour in urging a limitation to fifteen years instead of twenty, for the grant of pensions to medical officers. Gentlemen, we thank them, but we ask for compulsory enactment for this grant. We deserve what we solicit before we ask for it. We do not make the request as an inducement for future exertions, though it is of the greatest moment that all pensions should be made positive in this latter point of view. In order to support any stretch of mind, and keep up the vigour of any science, it must be permitted to hold out some permanent encouragement for men of talent and research to devote themselves to it. If we are met with the objection that the demand is made by interested parties, I for one most candidly allow it, but I contend that the interested parties are the insane poor of England. Only lower the honorable reward which is the ladder to "all high designs," and "that which should accompany old age," and see if the loss will not injuriously weaken the pulse of self-sacrifice

and life-long energy, which now throbs with regularity and health. It is this which makes us feel that we should be entirely independent upon the decisions in amount even of a liberal magistracy, and free from the financial observations of sessional meetings or sectional boards. There may be every desire to acknowledge the claims of long and faithful service; the public may estimate individual exertions made in the cause and for the welfare of its afflicted population, but we look to the legislature, for what we think the legislature should not withhold, decided security against any disappointment, and reward of the servitude of fifteen years' residence in an asylum, with a positive and permanent pension.

I can now, gentlemen, only look back with humility on this feeble effort to conduct you a few steps upon the beaten path without attempting to open up new avenues on it. Though I have traversed that path longer, you have traversed it more philosophically than I; but that you have done so with more hearty desire for the good of the insane wanderer, for the steady advance of the sure inductive science of psychology, and for the general philanthropy of all; I hardly can allow. While we yield then, together, to the entertainment and instruction which swarms around us in this marvellous era, let us never be distracted from the enthusiastic and philosophic view of every asylum as a great exhibition, with its unnumbered manifestations of mind, reflecting all the colours of the opal, and promising more discovery than the utmost to which we have hitherto attained.

Dr. Bucknill: Mr. President, I beg to thank you in the name of the large body of members here present, for your able address. It is a privilege, sir, to hear such large and humane views on so many important questions so admirably expressed; and whatever opinions we individually may have entertained upon them, I am sure we are all truly obliged for the instruction you have afforded us.

Dr. Munro: Will you allow me, sir, to second that, as I think—in the position in which I stand, being one of the censors of the college just now, I am the person who should second it. I feel that I have not myself taken the interest in the working of this association which I ought to have taken; therefore, I do not feel that I am at all an important member; but, as being connected with the College of Physicians, I desire to second this vote of thanks to you. I unfortunately happen to be a visiting physician of an hospital, and therefore I am afraid I am not at this moment in very good odour here. I hope, however, that though I am a visiting physician, I shall do the best I can as long as visiting physicians continue. (Hear, hear.)

The President: I am very much obliged to you, gentlemen, and I can only regret that what I have had to say has not been more worthy of your attention. Our first business now is to receive the treasurer's report.

TREASURER'S REPORT.

Dr. Robertson, in the absence of the treasurer, read the annual financial statement.

On the motion of *Dr. Robertson*, seconded by *Dr. Williams*, the report was received.

Dr. Robertson: With reference to the treasurer's report, I have now an unpleasant part of my duty to perform. We have seven heavy defaulters. A resolution was passed at a general meeting some years ago, that any gentleman being two years in arrears in the payment of his subscription, payment having been demanded for three months by the secretary, should be struck off the list. I have always been unwilling to do that, and the names have remained, but I hope you will not come down on me for the arrears. (Laughter.) The heaviest defaulter is * * * * *. I understood from *Mr. Lee*, when I took the office of secretary seven years ago, that there was a small outstanding claim of *Dr. * * * ** against the association.

Dr. Williams: Is it needful to go over the names? I should think that could hardly be necessary.

Dr. Robertson: I do not like to take the responsibility upon myself.

Dr. Wood: Have you written to these gentlemen annually?

Dr. Robertson: I have written to them repeatedly during each year.

Mr. Warwick: I think I have not paid for five years. I did not receive any communication till a week or two ago, having been travelling about. I think it would be desirable to write to the gentlemen who are defaulters. It may be only an act of neglect on their part.

Dr. Robertson: I had not your address, and I knew that your money was safe. I have written to these gentlemen whose names are before me, dozens of times, but I do not like to strike them off the list without some authority.

Dr. Campbell: I would propose that their names should be struck out of the list. It is useless mincing matters. We had better act according to our rules.

Dr. Williams: It is a matter for the committee, I think.

Dr. Robertson: The committee discussed it, and referred it to the general meeting.

Dr. Williams: I think we should request them to manage a matter of that kind, and not bring any names of defaulters before this general meeting.

Dr. Wood: It is certainly a delicate question to bring before the public meeting; and, after all, the offence is not so very great. I

Copy of Balance Sheet of 1861-2.
WILLIAM LEY, Treasurer of the Association of Medical Officers of Asylums and Hospitals for the Insane.

Treasurer's Report.

	£	s. d.
BY RECEIPT.		
Balance of Treasurer at last report	80	19 8
Subscriptions received—		
By Treasurer	107	7 4
By General Secretary	18	18 0
By Secretary for Ireland	23	2 0
By Secretary for Scotland	11	11 0
Total	£241	18 0
Audited and found correct, <div style="text-align: right; margin-right: 50px;"><i>J. H. PAUL, Auditor.</i></div> ROYAL COLLEGE OF PHYSICIANS; <i>July 3rd, 1862.</i>		
BY EXPENDITURE.		
On account with General Secretary at the date of the last audit	5	3 4
Expenses—printing, publishing, and editorial, of four numbers of Association Journal	132	6 8
Ditto of General Secretary	5	0 11
Stamps, circulars, and sundries—		
Of Treasurer	1	8 6
Of General Secretary	2	2 0
Of Secretary for Ireland	1	13 0
Of Secretary for Scotland	0	6 6
Total	148	0 11
Balance of Treasurer of General Secretary of Secretary for Scotland		
	76	0 10
	6	11 9
	11	4 6
Total balance	93	17 1
Total	£241	18 0
(Signed) WILLIAM LEY, Treasurer.		
LITTLEMORE; July 1st, 1862.		

would suggest that the matter might be submitted to the President. Their names could be struck out by his authority, and that would be an official act.

Dr. Bucknill: You might mention, in general terms, that so many members are in arrear, and not having answered to the applications for payment, their names will be struck off the list.

Dr. Campbell: I was present some years ago when a rule was passed on the subject. What in the world is the use of framing rules, and having them printed, if we are not to act up to them out of feelings of delicacy in mentioning names? We may as well do away with our rules altogether. The rule that I refer to was passed unanimously by the association, and if these gentlemen have brought themselves into it they must take the consequences, and I say, decidedly, that they should be struck off the list. I call it playing with the association. If the rule is there, it had better be carried out; if not, I do not see the use of rules at all. Either stick to them, or do away with them. I beg to second the motion that these gentlemen be struck off the list.

The President: In the Eastern branch of the British Association we take a preparatory step; we read over the names of the defaulters at a general meeting, and then, if there is no notice taken of the matter, their names are struck off. It seems a little milder course to adopt to read their names over before you send them adrift.

Dr. Munro: Would you strike them off in the first or the second year?

Dr. Robertson: In three years.

Dr. Munro: I was a defaulter four or five years. I thought I would run on till the amount came to £5.

Dr. Wood: I would suggest that this matter of defaulters is one that need not occupy our time. It can be safely left in the hands of the committee. It is not desirable that our time should be wasted in a matter of this sort. As, however, there is a distinct motion on the subject, I would say that I hesitate lending my name to any such harsh measure. I can quite understand that the omission to pay has arisen in many cases from inadvertence or carelessness, or want of business habits, and without any intention of shirking the responsibility of membership. Before taking such an extreme step as turning these gentlemen out, I think we ought to give them one more opportunity. Let another letter be sent to them, stating that in the event of their not paying before a certain day their names shall be struck off. The proceeding at present proposed seems to me somewhat harsh. It is true there is a rule on the subject, but that rule has not been acted upon.

Dr. Campbell: I should be glad if Dr. Robertson would read the rule on the subject.

Dr. Robertson: The rule is, "that any member in arrear of his

subscription over twelve months of the expiration of a year, and more than three months after application, shall cease to be considered a member of the Association, provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears." The question, therefore, is distinctly referred to the annual meeting; "if no satisfactory reason for the non-payment is brought forward," it is for the annual meeting to strike these gentlemen off the list. I am strictly within the rule in calling upon the general meeting to perform this unpleasant duty.

The President: If any gentleman has a satisfactory reason to assign, perhaps he will now do so.

Dr. Wood: Before we carry out the rule now, I think we ought to consider how often it has been disregarded. At present, I believe we should come within that rule. I believe it has been my custom to pay my subscription every two years, because I have not been able generally to attend the provincial meetings, and I have usually paid in that way. It might have happened that a special engagement might have prevented me from being here to-day, and I might have gone on for a third year. At any rate I come at present within the provisions of the rule, and if it were strictly enforced, I am no longer a member of the Association. I dare say there are many other gentlemen in the same position, and I would put it to the meeting whether it is fair, seeing that the rule has been a dead-letter so long, that it should now be put into practice so fiercely as is at present proposed. I would propose, as an amendment, "That before the names of members whose subscriptions are in arrear are removed from the list of members, a final notice of one month from this date be given them."

Dr. Munro: I beg to second that amendment.

Dr. Bucknill: I should not object to an arrangement that after such notice has expired, if these gentlemen do not pay, the Secretary should have power to strike them off the list. I think no one will object to such notice being given. I think it is a pity to disturb the law, and yet the Association would regret not to adopt the course recommended by Dr. Wood. I would suggest that the motion and amendment be withdrawn, and that it be left to the Secretary to act upon the suggestion that he should write again to these gentlemen, and then put the law in force. I think it would be a pity to disturb the rule.

Dr. Davey: Any other course than that suggested by Dr. Bucknill is out of order. It is not in harmony with the rules of this Society, at least that is my impression.

Dr. Bucknill: My recommendation is that both the motion and the amendment be withdrawn, and thus to leave the Secretary to act according to the rule, with the understanding that the plan recommended by Dr. Wood, will in this way be adopted.

Dr. Wood: I do not object to withdraw my resolution, but I think we should have some specific rule, and act in accordance with it. There are many gentlemen, perhaps, in arrear one or two or three years, but after application has been made, I think the subscription ought to be paid. If you alter one rule you must alter them all. I have no desire to act harshly towards any member of the Society. At the same time if you have rules you ought to adhere to them.

The motion and the amendment were then withdrawn.

Dr. Robertson: Allow me to mention here that I have received several letters of apology for not attending this meeting, which I ought to have named before, from Dr. Browne, Commissioner in Lunacy, Scotland; Dr. Manley, Dr. Flynn, Wm. Ley, Esq., Dr. Thurnam, F. W. Casson, Esq., Dr. Stewart (Belfast), Dr. Tyerman.

ELECTION OF PRESIDENT FOR 1863.

The President: The next business is the election of a President for the ensuing year, and the place of meeting. I have not yet heard any recommendation brought forward on the subject.

Dr. Robertson: The Committee at their meeting this morning determined to propose the names of two gentlemen to the general meeting for election to the office of President for the ensuing year. The first name they bring forward is that of Dr. Skae, Superintendent of the Royal Edinburgh Asylum at Morningside, and the other name is that of Dr. Harrington Tuke, as a representative of a very important section of the Association, the proprietors and physicians of private asylums; and the Committee further propose, in the event of either of those gentlemen being elected, that the place of meeting next year be in London. We find, as we see to-day, that London is the place where we can get a good meeting. We go into the country, to Liverpool for instance, and get seven members. There is an extreme difficulty in getting a provincial meeting, whereas everybody comes to London. The names proposed by us for President are, Dr. Skae and Dr. Harrington Tuke, with equal recommendation on the part of the Committee. At the same time it is open to any member in this room to propose any other gentleman he pleases for the office of President. The Committee have no wish to press either of their two candidates.

The President: Perhaps we had better decide the place of meeting first.

Dr. W. P. Kirkman: I beg to propose that the place of meeting be London.

Dr. Munro: I beg to second the motion.

[The motion was unanimously adopted.]

Dr. Munro : With regard to the place of meeting, if I can be of any assistance in endeavouring to get you the College of Physicians next year, I shall be very glad to do so. (Hear, hear.)

Dr. Robertson : The way in which we have been received here this morning will certainly induce us to return if we are able.

Dr. Munro : I think the College would be glad again to offer this room to the Association, as far as I can understand the feelings of the authorities in the matter.

The President : If no gentleman has any other name to propose as President, I will take a show of hands on the names of the two gentlemen proposed by the Committee.

Dr. Davey : This is rather a delicate matter to decide by open voting and I think it will be better that the voting should be by ballot.

Dr. Tuke : Proud as I am of the distinction of being nominated, there is one circumstance I ought to mention. The Committee very kindly suggested that I should put myself in nomination, but I objected, on the principle that we carried this rather too far. I should myself, if voting papers were handed round, vote for Dr. Skae, who is a most eminent and deserving man. At the same time, if elected by the suffrages of this distinguished meeting, I should strive to do honour to their choice. It would not be in the least distressing to me to fail with Dr. Skae for a competitor. I am certain, if Dr. Skae is not elected, the only reason will be that he is not present. I believe the proposition of Dr. Davey to be the wiser course, and I should be glad to see it adopted.

The use of the ballot was agreed to.

ELECTION OF TREASURER, EDITOR OF JOURNAL, &c.

Dr. Robertson : The next business, to which we can proceed while the ballot is being taken, is the appointment of Treasurer. Mr. Ley has served the Association for twelve years, and I do not think that we can improve upon our old servant. I beg to move that he be re-elected.

Dr. Bucknill seconded the motion, which was unanimously adopted.

Dr. Williams : I beg to propose that Dr. Bucknill be re-elected
EDITOR OF THE JOURNAL.

Dr. Burnett : I beg to second the motion.

The motion was carried unanimously.

Dr. Bucknill : In thanking you for your continued confidence, I wish to say that it is my intention to carry out a resolution of a previous meeting, that the surplus funds should be devoted to payment for assistance in my editorial work. This has as yet been

done to a very moderate extent, and the Treasurer's balance has been accumulating in consequence. I propose now to engage the regular services of a sub-editor; and I am sure I shall have the approval of the meeting in so doing. (Hear, hear.) I do not ask for any formal approval now, because it was given two years ago.

The President: The next business is the election of our GENERAL SECRETARY. I presume that we shall all desire to re-elect Dr. Robertson.

Several gentlemen rose to second the motion, which was unanimously adopted.

The President: The next business is the election of a Secretary for Scotland.

Dr. Robertson: In thanking you for my re-election to my honorary office here, I beg to propose that Dr. Rorie be re-elected as Secretary for Scotland. He has taken great interest in the Association, and exerted himself in making our objects known throughout Scotland. I beg also to propose that Dr. Stewart be re-elected Secretary for Ireland.

The motion having been seconded, was unanimously adopted.

ELECTION OF NEW MEMBERS.

The following new members were then elected:

- Dr. MUNDY (Moravia), 14, Old Cavendish Street.
- Dr. T. S. CLOUSTON, Royal Asylum, Edinburgh.
- Dr. YELLOWLEES, Royal Asylum, Edinburgh.
- H. JACOBS, Esq., Hoxton House.
- Dr. EASTWOOD, Fairford Retreat, Gloucestershire.
- DUCKWORTH WILLIAMS, Esq., General Lunatic Asylum, Northampton.
- G. W. MOULD, Esq., M. S., Manchester Royal Lunatic Hospital, Cheadle.
- Dr. HARPER, Chester County Asylum.
- Dr. J. CRICHTON BROWNE, Derby County Asylum.
- Dr. J. F. DUNCAN, Farnham House, Dublin.
- Dr. F. SCHOFIELD, Camberwell House, London.
- Dr. HENRY STILWELL, Moorcroft House, Uxbridge.
- Dr. MACREIGHT, The Bungalow, Torquay.
- G. G. GARDENER, Esq., Brook House, Clapton.
- Dr. DE WOLF, M. S., Hospital for Insane, Halifax, Nova Scotia.

Election of President (continued).

The report of the ballot for the election of President for the ensuing year, was as follows:

For Dr. Skae	.	.	.	.	.	19 votes.
„ Dr. Tuke	.	.	.	.	.	18 „

The President declared Dr. Skae to be duly elected.

Dr. Tuke : While I congratulate Dr. Skae on his election, I hope the meeting will perfectly understand that I entered on this matter with a perfect certainty of the result. In the Committee we were anxious that the system of a clique electing a particular man should be abolished ; and I hope the meeting will do me the credit to believe that in coming forward in the way I did, I was not in the least degree opposing Dr. Skae, but merely opposing the system which has been hitherto adopted. As it is, I congratulate the meeting on the election it has made.

Dr. Davy : I beg to give notice that it is my intention next year to submit a resolution to this Association, having for its object a new mode of election of President year by year ; the object being to take the election from the few, and place that duty in the hands of the many. Let me say, in anticipation, that I think I shall be well supported by you all in my endeavour to carry out this innovation. This happens to be an innovation which is a decided improvement, and I trust that I shall be well supported.

ORIGINAL COMMUNICATIONS.

The following paper was then read by

Dr. Mundy on the Cottage Asylum System:—

GENTLEMEN, — I must first apologise to you for venturing to address you in your own language, but the indulgence which you generally and generously grant to foreigners, induces me to hope, you will also extend to me.

I embrace the opportunity which you have kindly given me to address you on a new system of our science, which although it appears to you under various names and denominations, is, in reality, but one and the same thing, and has raised itself by its importance into a question of the day.

I cannot but admit, that many look upon this question *à priori*, as Utopian : others, on the other hand, consider it a question settled by previous debate, call it impracticable, and have given it up altogether. There are indeed but few left who have at once the courage and perseverance to appear as its champions and promoters. If I therefore endeavour to examine the principles of those who look upon reform as "given up," I think I shall be able to discuss with advantage the question, and to do justice to the three different parties. And here let me now ask you, gentlemen, whether it is right to consider a question given up and settled, which has never been debated on its own intrinsic merits, but merely on unsatisfactory examples,