33. Lightning conductors should be placed on the most elevated parts of the building and constructed upon approved principles.

34. Farm buildings, with stables, &c., for visitors' horses, should be provided; and there should be suitable workshops for tailors, shoemakers, carpenters, blacksmiths, painters, &c.

No. 3.—Plans required.

1. One or more sheets of the Ordnance map, containing the county, borough, or district in respect to which the asylum is to be erected; or some other large map in which the situation of the proposed asylum, and all the public roads and footpaths in the vicinity thereof, are clearly and fully defined.

2. A general plan of the land (with the bloc of the buildings and offices), and of the exercise grounds, garden, and road of approach, with the levels of the surface of the ground at the quoins of the building, offices, and fence walls, figured thereon.
[Scale of 100 feet to an inch.]

3. Plans of the basement and drains, the ground, and each other floor of the building and offices; also of the roofs and elevations of the fronts.
[Scale of 16 or 20 feet to an inch.]

4. Elevation of portions of the principal front, and also of any other parts, in which any variation therefrom takes place.
[Scale of 8 feet to an inch.]

5. Transverse and longitudinal sections, or sufficient portions thereof, to show the construction of every portion of the building.
[Scale of 4 feet to an inch.]

6. Plan and section of one separate sleeping room, dormitory, and eating or day room respectively, or of part of the same, showing the method of warming and ventilating each; also of the baths and washing rooms, and waterclosets; and drawings and description of the windows and shutters.
[Scale of 1 foot to ½-an-inch.]

7. A specification giving a concise description of the whole of the intended works and an estimate of the cost of the building.

8. The thicknesses of the walls, and the scantlings of the timbers of the floors and roofs, to be figured.

9. The general system of heating and ventilation proposed to be adopted throughout the asylum to be fully described in the drawings and specifications.

10. Each plan to show the several classes and numbers of patients to be accommodated in the wards, day rooms, dormitories, single rooms, galleries, and airing courts, respectively, to which such plan relates.

By order,
CHARLES PALMER PHILLIPS,
Secretary.

QUARTERLY MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A meeting of the Medico-Psychological Association was held in the Royal College of Physicians, Queen Street, Edinburgh, on Friday, 18th November, 1870. Dr. Skae, of the Edinburgh Royal Asylum for the Insane, occupied the chair. Present —Drs. F. Skae, Clouston, Grierson, Wickham, Bruce Thomson, Cadell, Deas, King, Howden, Rorie, Peddie, Sanderson, Munro, Lowe, Smith, Moir, Boddington, and J. Batty Tuke.

The CHAIRMAN, in opening the proceedings, said he was very sorry that their ex-President, Dr. Laycock, was not at the meeting, and still more sorry for the reason that he was staying away. He had not prepared an address, as he had not been in good health; but he hoped that this meeting would be as agreeable and instructive as previous gatherings had been.

Dr. TUKE, secretary, then read the minutes of last meeting, which were approved of.

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NEXT PLACE OF MEETING.

The CHAIRMAN said the next matter was to decide the place of meeting in the end of April next.

After some discussion it was resolved, on the motion of Dr. Deas, seconded by Dr. Clouston, that the next meeting should be held in Manchester.

LETTER FROM DR. LAYCOCK.

Dr. TUKE then read the following letter and extract sent by Dr. Laycock :—*

Dear Dr. Tuke, 5th Nov., 1870.

I send to you, for the information of the meeting of the Medico-Psychological Association on the 18th inst., an extract from my address as retiring President, the reading of which at the Association's meeting was prevented at the instance of the General Secretary. I think a consideration of the leading article entitled "A Social Blot," published in the "British Medical Journal' for Oct. 22nd last., will satisfy you and others that the matter in question should not pass unnoticed by the Association.

I should have attended myself, but I am told that it transpired at the annual meeting that two of the most distinguished of the Honorary Members and my personal friends died without the fact of their election being communicated to them, and that this neglect was, as to one of them, intentional. This painful circumstance, added to the treatment which the report of the Committee of ex-Presidents received, and other matters which, being personal, I need not mention, prevent me for the present, to my great regret, attending the meetings of the Association.

I am,
Dear Dr. Tuke,
Sincerely yours,
T. LAYCOCK.

Dr. J. B. Tuke,
Hon. Sec. Medico-Psychological Association for Scotland.

Extract from Dr. Laycock's address as retiring President of the Medico-Psychological Association :—

"Nothing more conclusively proves this need [of a better organization of the Association] than the recent attacks through the press on the superintendents of asylums, for which three or four cases of ill-treatment, real or supposed, by attendants, were the ostensible cause. In one or two instances these attacks had probably for their chief object to stimulate the sale of the periodical, but that they were made at all indicated a reliance upon a hostile public opinion, or at least, upon the absence of any sympathy for the physicians and other officers of public asylums. The obituary of the Association includes this year the death of Dr. Meyer, whose fatal illness was ultimately due to an injury inflicted upon him by a patient in 1866. This year shows of one superintendent and brother member who is obliged to absent himself prudently on account of a like injury inflicted by a patient last year. How many officers and attendants suffer in this way in twelve months is not known, but I am satisfied that if a record were kept (as it ought to be) it would be found to be a very lamentable document, and would cover with shame the persons who have made the attacks alluded to. Probably no occupation requires such a combination of varied moral and physical qualities as that of physician and custodian of the insane in asylums, so that the harm done to the insane themselves by these attacks is very great, in so far as they tend to prevent the persons best qualified from entering upon a career so arduous and so thankless. Those who truly sympathise with the said victims of mental disease would best serve them by providing for

* The General Secretary having seen Dr. Laycock's letter has requested us to print the following note :—

"A reference to the report of the meeting in London will show that what now appears to have been a retiring address from the President, was voted not admissible as being a private letter to Dr. Sankey.

"With regard to the two honorary members, Dr. Laycock has not attended the meetings, or he would know that one returned thanks for the honorary members at the dinner at Edinburgh; the other, a personal friend of the Secretary for thirty years, was certainly not treated by him with any neglect.

"H. T."

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them attendants of a high class—indeed, of the highest class as to morals. Brothers and Sisters of Charity would find ample scope in asylums for the exercise of Christian patience under provocation, and for the fulfilment of a sacred duty to humanity, as to which a mere sentimentality is of no avail."

The CHAIRMAN asked whether any remarks were to be made on the extract. He thought it was extremely truthful and correct. He was of opinion that a counter-blast ought to be sounded against those sensational stories against asylum attendants, who were described as walking on the tops of patients and trying to kill them. If the public knew the anxieties, and the trials, and the threats, and the injuries to which asylum superintendents and attendants were exposed its sympathy would probably run the other way. He thought the remarks of Dr. Laycock were exeeedingly judicious, and that the extract ought to be printed in the report of the proceedings.

Dr. LOWE said that Dr. Laycock had greatly weakened his argument by referring to the selling of the Journal. It might be true, but it was unwise. The statement of the fact that the attendants and superintendents were exposed to the most serious trials he thought was very important, and Dr. Laycock had done exceedingly well, as far as that was concerned, but he had weakened his argument by making the references he had done to the Journal.

The CHAIRMAN said that perhaps Dr. Laycock would allow them to put out the part referred to. They could print the whole proceedings in the "Edinburgh Journal."

Mr. HOWDEN, Haddington, said that if Professor Laycock objected to alter his report, perhaps Dr. Lowe's remarks on it might qualify it.

Dr. DEAS said he did not see the logical sequence where the writer suggested, as his remedy for the state of matters, that the Association required to be placed on a proper footing. He did not see the force of the argument, nor what would be gained by that opinion being published.

The CHAIRMAN said he understood that the mode in which Professor Laycock proposed to put medical superintendents on a better footing in relation to the public, was by letting the public know the difficulties they were beset with, the trials they had to undergo; and he thought that if these were generally known, the current of sympathy would extend from the public to them, instead of being against them, as at present.

Dr. DEAS said that might be taken as an appeal *ad misericordiam;* and it was not for them to resort to an expedient of that sort. If by any means a truer knowledge of the real state of matters could be diffused, and that knowledge could be given to the people from another source, it would be all very well; but he could not see that it was for the advantage of medical superintendents to bring before the public an appeal as to the hardships they had to undergo.

The CHAIRMAN—But it is from Dr. Laycock—not one of ourselves. He is an outsider.

Dr. TUKE said he thought that what Dr. Laycock meant was this, that if the Association were placed on a better footing, they would become a greater power, and by this means be able to diffuse the knowledge which he considered necessary to be known through the profession and the country at large. He believed that if they could associate with themselves the members of the general profession, and have a better organisation in England by means of local secretaries, who could bring into the Society members of the general profession and members of the general public, they could do a great deal to promote what Dr. Laycock thought was so desirable.

Dr. DEAS said it seemed to him that if the weight of the Association, as Dr. Tuke suggested, could be increased, it would be more usefully employed in convincing the public and boards of management of asylums how essential it was to prevent the recurrence of such accidents as had been referred to, in the way of having a higher and better class of attendants, and a knowledge of the circumstances diffused.

Dr. LOWE said he could not see it in the light of an appeal. It was only a statement on both sides of the question, and calculated to do a great deal of good. The remarks he threw out were by no means intended to stop the publication of the article.

The subject then dropped.

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PATHOLOGICAL SPECIMENS.

Dr. CLOUSTON said it was not the custom here to show pathological specimens, but it was the custom of most other medical societies; and he thought it might add to the instructiveness of the meetings if they followed that practice. The first specimens he showed were a series of softened bones. The woman to whom they belonged was 73 years of age. She had been partially paralysed on one side for many years. She used to lie on the paralysed side, and he noticed that her clavicle, on which she principally lay, was beginning to bend about a year before her death. That bone took a more acutely angular form till it took the form he now exhibited. The particular form took place from her lying on that side. After she died, he found that the bones were exceedingly soft, and that there was not much bony texture in them. With an ordinary knife they could cut them down like a piece of cartilage. The ribs only stood a weight of 5lbs., while the ordinary rib would stand 50lb. or 60lb. He might mention that the general result of his observations in regard to twenty cases in which he had tested the frangibility of the ribs was this, that there were certain paralytic affections in the last stages of paralysis that seemed to have the effect of altering the nature of the tissue, when it lost its strength and became extremely brittle. So far as he could make out, general paralysis, in the first stages, was not attended by any peculiar brittleness. The second specimen was a specimen of a brain of a person who showed an inability to pronounce certain words. When a word she meant was mentioned, she said, "Yes, yes," but she could not recollect it; and she also forgot some of the consonants, using *l* instead of *r*, while she recognised that she was wrong, and intimated her assent when it was pronounced right.

Dr. BODDINGTON asked whether Dr. Clouston would class the ribs as flexible or brittle? He thought they seemed to bend rather than break.

Dr. CLOUSTON said there was no doubt that if any violence had been applied to the chest of the woman it would have broken it. It was not a frangibility from ordinary old age, in which the ordinary binding matter diminished, but it seemed to be a separate sort.

Dr. TUKE said he would like to ask Dr. Clouston whether he considered the softening of the bones peculiar to the insane; for, although he could not confirm it by actual written proof, his recollection of poorhouse work was a strong tendency on the part of paupers to a weakened condition of the bony system. He recollected one case in which an old woman got out of bed and cracked one thigh across, and the other a few days after. He recollected several cases of fractured bones occurring to men coming home drunk, in which the cause seemed very slight. His opinion was that the breaking of bones was less common in asylums than in other institutions in which the pauper was resident. One reason for that was, that greater precautions were taken in asylums against such accidents. At the same time he thought it would be a good thing to inquire whether the paupers in the asylum were more liable to fracture of the bones than paupers in other institutions

Dr. CLOUSTON said it was not his opinion that the frangibility of the bones was confined to the insane. But chronic disease of the nervous system was very common in those who had mental disease, especially in the cases of those tending to paralysis.

Dr. HOWDEN, Haddington, said he knew a case of a man whose leg snapped through as he walked along the street.

The CHAIRMAN said he thought there was a skeleton in the College of Surgeons in Edinburgh or London where every bone in the body was fractured by spontaneous fracture.

In reply to a question by Dr. BODDINGTON,

Dr. CLOUSTON said that the woman whose bones were so brittle was 73 years of age, and that the brain was that of a woman of 65.

Dr. WICKHAM said that from the result of experiments he had made he did not think that the test by weight was altogether to be relied upon.

THE LATE PRESIDENT.

Dr. THOMSON said it appeared to him that they owed the late President great thanks for the interest he had shown in the Association. He did not know that any vote of thanks had ever been proposed to him; but they were entitled to pass a vote of thanks and express their gratitude for the earnest way he had gone about

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the affairs of the Association in general. He thought they might add to the expression of their thanks to Dr. Laycock that they had also much sympathy with the views he had expressed with regard to the officers connected with asylums. He therefore moved "That the Association express their hearty thanks to Dr. Laycock for the earnest and active manner in which he had held the presidency of the Association, and that they express sympathy with the views contained in the letters he had laid before the meeting."

Dr. Lowe seconded the motion. He understood they would not be committed to the minute details of Dr. Laycock's views.

The motion was unanimously agreed to.

THE HABITUAL DRUNKARDS' BILL.

Dr. Peddie then brought under the notice of the meeting the "Habitual Drunkards' Bill." He said that this was a subject in which many present might remember they had taken considerable interest. Last session the Bill was introduced by Mr. Dalrymple, a member of their own profession, and who seemed to have studied the subject thoroughly. The Bill had been drawn up, he believed, in conjunction with an English barrister, who had given attention to the subject, and submitted to their well-known member of Parliament, Mr Edward Gordon, and to Mr. Baines, an influential member in the North of England. These three names were on the back of the Bill. It was read and then withdrawn, as the object then seemed to be served, by making the thing known and having the subject ventilated. As it was near the end of the session, it was not considered proper to prosecute it further, but Mr. Gordon informed him the other day that it was again to be produced, and that it would be of some importance that the opinion of the profession should be known on the subject. The Town Council here had had it before them many months ago, and petitioned in its favour, and some other Councils had done the same. He thought that the attention of the Society should be directed to the Bill, because if there was any class of men whose opinion was worthy of being attended to, it was the opinion of those who were so closely connected with the treatment of the insane, and who knew what it was to have dipsomaniac patients under their care —who knew the disturbance they caused in the asylums, and the necessity that they should be separated from the ordinary lunatics, which was contemplated by the Bill. He thought it right that a committee should be appointed to consider the Bill, and perhaps at the next meeting of the Society to petition in favour of the Bill. If the minds of the members were made up on the subject they might petition in favour of the Bill at once.—[Dr. Peddie then laid a copy of the Bill on the table.]

The Chairman said he thought it would be proper to appoint a committee to keep the subject under notice

Dr. Peddie said that there would not be another meeting of the Society before the next session of Parliament.

The Chairman—Not till April next.

Dr. Peddie said that it was of importance that if there was to be petitioning at all it should be done soon.

The Chairman said that a committee could be appointed to represent the Association.

Dr. Peddie said he did not wish to commit the Society to any opinion on the Bill, but so far as his own opinion went, it appeared to him that the Bill was extremely well drawn out and met the subject in a very thorough way.

Dr. Clouston suggested that some of the principal clauses of the Bill should be read.

Dr. Tuke then read several of the clauses.

Dr. Peddie afterwards moved that the Association petition in favour of the general principle of the Bill.

Dr. Boddington seconded the motion.

Dr. Deas said he thought that the provisions which Dr. Tuke had read were open to question, because it would be the first case of a statutory enactment in which the law took upon itself to pronounce the actual facts which constituted insanity or unsoundness of mind. It might be questioned whether such an innovation was a wise one. It took the power which had hitherto been held by medical men.

The Chairman—There are two medical certificates required,

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Dr. THOMSON said he thought the petition should distinctly enunciate that already they, as an Association, express their distinct opinion of the necessity of a Bill to recognise insane drinking, and to place such drunkards in a position not to injure themselves or others. He thought it might be as well to appoint a committee to support a petition to Government.

Dr. TUKE said he would not like the Association to commit itself to the details. He observed one part of the Bill which he thought would stultify the whole of it. It was to this effect, that a drunkard might be liberated by a Justice of the Peace, on satisfactory proof being given to the Justice that such a person had recovered. As a great many were connected with the higher classes, it would often take a small amount of evidence to satisfy a Justice of the Peace.

Dr. DEAS—Perhaps some of them might be Justices of the Peace themselves—(laughter).

Dr. THOMSON said he did not think that the liberation should take place without a certificate by two medical men, who would say that the individual was a safe person.

Dr. CLOUSTON said he was not quite sure if it would strengthen the hands of Mr. Dalrymple to recognise a kind of drinking as insanity. There was such a suspicion in the public mind, and especially among lawyers, that they had committed themselves to the theory that all drunkards were insane.

Dr. DEAS said that it was open to any member of the House of Commons to say that medical men had the power to place a person in an asylum if they stated that he was of unsound mind. Either the Bill was unnecessary, or it seemed to him to introduce a most dangerous precedent of a half and half kind of insanity.

Dr. THOMSON said that perhaps a person might have been going about for years destroying himself; and in order to cure that person of the effects of the long years of habitual drinking you must have years of confinement. Now they could not do that under the present system.

Dr. DEAS said he thought it seemed dangerous to commit themselves to the principle that habitual drunkenness was insanity. Let them recognise habitual drunkenness as a fact which required treatment; but don't commit themselves in an Act of Parliament in this way to a sweeping opinion that all habitual drunkenness was insanity.

The CHAIRMAN said it was not habitual drunkenness that was spoken of, but a person who by constant use of intoxicating drink was incapable of self-control and of proper attention and care of his affairs and family—who was dangerous to himself and others—who should be deemed of unsound mind.

Dr. PEDDIE said it was well known that medical men would not certify cases of that mixed character in which a different interpretation could be given, and subject themselves to the annoyance of litigation and public opinion; so it was necessary that such cases should be recognised in some way or other as connected with unsoundness of mind and requiring peculiar measures—measures which could not be taken in the ordinary course of law. Such persons must be treated as of unsound mind if they were unable to control themselves.

Dr. HOWDEN, Montrose, asked whether it would not meet Dr. Peddie's views if they simply passed a resolution that they should consider it desirable that legislation should take place in regard to the class of habitual drunkards, without reference to the bill at all.

Dr. LOWE said he thought it would take many days of discussion to go into the details, but if the Association were to lend its weight to some such measure as was proposed it would be desirable.

Dr. HOWDEN said he was not prepared to give his adhesion to the bill.

Dr. PEDDIE said that unless there was some reference to the present movement such an opinion would come to be very little. It was to support those who were anxious to benefit the community and the public that the thing required to be noticed particularly just now. It had been again and again stated by individuals in the Society that there was a necessity for something being done in cases of that kind; but here was a measure that required to be put down or supported, and consequently this seemed to be the proper time for the profession to speak out on the subject.

Dr. TUKE said that if they could not support the stronger motion, "damning with faint praise," in a matter of this kind, was worse than saying nothing at all. When Dr. Peddie said that public men were coming forward to redress what was a

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great injury, it would be wrong in the Association, which ought to understand the merits of the question, not to come forward. He would be happy to support Dr. Peddie's motion, and he trusted the Association would also feel able to commit themselves to that expression of feeling.

On a division, six voted for Dr. Peddie's motion, and seven for the amendment.

PAPER BY DR. BRUCE THOMSON.

Dr. BRUCE THOMSON read a paper on "*Queries in regard to Criminal Lunatics.*"

The CHAIRMAN said he had listened to the paper with very great interest, as he happened to be conversant with several of the cases referred to by Dr. Bruce Thomson. He gave evidence in regard to several of the homicidal cases, and was very much inclined to agree to the statements made by him. As to the queries at the end of the paper, he thought they might safely recommend the liberation of puerperal patients after the critical period of life if they continued perfectly sane; but in the other cases of homicidal mania he questioned very much the propriety of relieving them unless precautions were taken against their relapsing and showing homicidal influences under the influence of drink or other causes.

Dr. HOWDEN, Montrose, said in regard to one point in the paper, the treatment of dipsomaniacs, he had to put stress on the fact that at present dipsomaniacs were not put under care until they had committed some overt act showing that they were dangerous. In that respect he did not think there was much difference with regard to insane persons. Persons labouring under any of the forms of insanity were not generally put under restraint unless it became almost impossible to treat them at home, and they showed themselves to be in some way dangerous to society. He took it to be very much the same with dipsomaniacs. If they were not dangerous to society, and did not show themselves so, there would be no necessity for putting them under restraint.

Dr. CLOUSTON—Does the remark of Dr. Bruce Thomson in regard to the want of remorse in these patients apply the puerperal patients as well as others?

Dr. BRUCE THOMSON—Yes.

Dr. CLOUSTON said he thought Dr. Bruce Thomson made the same statement in a paper in the last "Journal of Mental Science." It struck him as a very extraordinary circumstance in connection with puerperal patients. Puerperal patients, after they recovered, had all the usual feelings of ordinary women, and one would imagine if they had done anything during madness that they would, according to all ordinary principles, express regret if it were to be regretted. It rather seemed to him that the statement implied that those people were not in the habit of speaking to their superiors in the jail very freely on these subjects.

The CHAIRMAN said he could corroborate Dr. Bruce Thomson's statement in regard to puerperal insanity by one case referred to by him in the paper. It was the case of a woman who, immediately after the birth of her child, fancied the bed was on fire and people were under the bed. While in that state she cut her child's throat. She was immediately sent to the asylum. What she had done appeared to bring her to sanity. On the following day she looked a little anxiously at him, with a tear in her eye, and said she hoped she had not done any harm to her child. That was the only time she referred to the matter while she was under his charge. Nobody could see any symptom of insanity about her; she never referred to the subject again, or expressed any remorse, but seemed anxious to avoid it.

Dr. CLOUSTON.—On what principle could you explain such cases? Do they not recover, puerperal maniacs; or if they recover have they not the ordinary feelings of others? Is it not that they don't like to refer to the subject, and that they really feel remorse?

Dr. BRUCE THOMSON.—This is a thing that has much puzzled me—that of all persons I have come in contact with who have committed murder only three are known to have expressed remorse, and none of these were of the class I am speaking of. I am merely speaking of this as curious. But I may mention that in a work of Dr. Despine he propounded the extraordinary fact that any person who committed murder was a person without a moral sense. He spoke absolutely on the subject. My mind recoiled from the fact that there was not a moral sense in every being, especially where there was a return to sanity or apparent sanity; and I returned to my experience for twelve years with this result—that there was just one man who

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committed murder, and no woman who committed murder, that experienced the most bitter remorse. The brain of a person who could do such a violent act seems to be a different sort of brain from others. There must be a constitutional brain peculiar to those people which prevents them from having an ordinary conscience. In regard to these puerperal women, affection for home, husband, and children seems to have completely vanished. They never long for home, and are quite disposed to remain where they are.

Dr. CLOUSTON said that in one case of puerperal mania that had come under his observation, a woman had done harm to her child, and so soon as she recovered she had a most intense longing to go home. When her children came to see her she was exceedingly fond of them. After she went home she was almost depressed when she learnt the deed of violence she had done to her child; it had not been told her till she was at home again.

Dr. HOWDEN, Montrose, said that, making great allowance for Dr. Bruce Thomson's views in regard to the formation of the brain and the hereditary tendency of crime, it appeared to him that there was another point which was of great importance in the matter, that was the education of criminals; how far, in the class which Dr. Bruce Thomson called the habitual criminal class, it was want of remorse or want of conscience. They had been brought up in such a way from infancy, their conscience not having been developed. that they looked at a criminal act in a different light altogether from others. If these children were taken early enough, and educated morally and intellectually, they might be saved from sinking into that miserable pit of criminality which was such a burden to the country.

Dr. BRUCE THOMSON said he allowed that a great deal could be done by education, but this was a very important fact - that they were an inferior type of people. The impression on the minds of any who looked at the photographs he had in his possession would be, that they were not capable of the sort of education received by the better classes of society.

Dr. DEAS said that with reference to puerperal patients, as far as his experience (which was not much) went, he was inclined to the belief of Dr. Clouston, that the feeling of remorse they had was very strong. He had no experience of such a patient having actually committed a great crime; but there was a fact in connection with the symptoms of puerperal insanity which had occurred in his experience. In many cases it was a common symptom of that insanity for patients to have the delusion that they had committed some crime—either that they had murdered their children or done some harm to them; or that they had been unfaithful to their husbands. In several cases he had observed that the feelings of remorse at imagined crimes were most acute, and that even during the malady, when the feeling of having committed the crime was as real as if they had actually committed it. He thought that might throw light on the subject, and support what Dr. Clouston said, that when they recovered their silence was more likely owing to their desire not to recur to the subject. When suffering from insanity they had no restraint of that sort. In the cases of real crime committed, when patients recovered, he was inclined to agree with Dr. Clouston that their silence was owing to unwillingness to allude to the subject.

Dr. FREDERICK SKAE said that remorse was not a feeling they could expect in the circumstances referred to. If a sane person were to commit a crime, when his passion was soothed, and he saw the thing in its full horror, naturally he would have a feeling of remorse; but if a person is really insane, and while in that state committed a murder, he did not see how, when he came to his senses, they could look for remorse.

At the close of the discussion the meeting adjourned for half-an-hour.

On resuming, Dr. Rorie, Dundee, occupied the chair.

Dr. HOWDEN, Montrose, read a paper on "*An Analysis of the Post-mortem Appearances in* 235 *Insane Persons.*"

The CHAIRMAN considered the subject treated by Dr. Howden a very important one, and felt they were much indebted to him. The question of tumour was one of considerable importance, and in regard to that subject he might mention in particular the case of an epileptic patient, subject to slight attacks, who appeared to be in an ordinary fit, and remained insensible for four days, when he died. On examining the brain he found a tumour on the left side of the cerebellum. He was of opinion that it was there a considerable time before the death of the patient.

Dr. TUKE said he believed that the non-discovery of the actual lesion was very much the result of their imperfect means of investigation. He hoped that in time

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they would be able to come to truth on the subject. Dr. Howden had taken further opportunity of examining the brain in recent cases, and it would be of great advantage to them if he would take the trouble of communicating on some future day the result of that investigation. Dr. Howden, in the course of his paper, made out that there were 55 of his cases in which fatty degeneration of the kidneys was concerned. It was generally laid down as a rule that disease in the kidneys was rare, so much so that Dr. Lauder Lindsay took the trouble to report one case. It would be interesting to know whether the tendency of the diseases shown in these 55 cases of the kidneys was shown in other organs of the body. With these strong facts before them, that in 55 out of 235 cases there should be disease of the kidneys, it seemed that they must have been labouring under great error, and had not taken sufficient pains in the physical examination of their patients.

Dr. CLOUSTON said he was sure they all agreed with the Chairman as to the value of Dr. Howden's paper. Such a paper as that was really worth meeting for, and stimulating any of them to get up statistics. He thought it one of the best objects of their meeting that it would stimulate them to make observations, and draw out such papers containing the actual facts that passed under their observation. He was glad indeed that Dr. Howden had drawn out such a scheme for returning his *post mortem* appearances, and that it would be a very proper subject for a special paper on his part - the best mode of drawing out a scheme whereby the recording of *post mortem* examinations in asylums should be reduced to a system, so that all the facts they observed would be gathered and analysed, and one asylum would have the experience of another to compare with its own. Dr. Clouston described a case in connection with the absorption of the bony tissue of the skull which had come under his observation, and in connection with the origin of cancerous tubercular tumours in the white substance of the brain, said he met with a case lately where a young woman had cancer in the breast; it affected the glands round the arm, the lungs, and in many parts of the white substance of the brain. In the brain substance there were little points of cancer from the size of pin-heads up to small peas. They were really deposited in almost every tissue of the body, and, so far as he could observe, in the actual nerve substance. He was much impressed with what Dr. Howden had said in regard to the two cases in which there were such extraordinary differences in the size of the brain. A French writer went into a large number of examinations he had made, and tried to prove that epileptical convulsions were due to difference in size of the two hemispheres of the brain. Ever since he read that he had weighed the two sides, and he found it was an extreme exception that the two should be exactly alike.

Dr. BODDINGTON endorsed the opinion of those who had preceded him in reference to the importance of Dr. Howden's remarks, and stated a case in which he had found a peculiar condition of the brain.

Dr. CLOUSTON said, in reference to the frequency of tubercles in the case of Edinburgh Asylum, that might possibly have originated from some crowded condition of the establishment in past times. When the diet was not so good, and the asylum was somewhat crowded, the hygienic conditions of the place generally were more favourable than at present for the production of tubercles and phthisis.

Dr. HOWDEN said his object at first was simply to draw out an index which might be useful at any other time for working out a particular subject. It was a thing that might be useful in all asylums where a pathological register was kept. As to the kidney diseases, the *post-mortem* examinations were made in his presence, and he was inclined to think that fatty degeneration was more common than Dr. Tuke alleged; and they could scarcely wonder at that when the number of cases of phthisis in asylums was so great. He failed to trace any connection between the difference in the hemispheres of the brain and epileptic patients. In many cases like those where there were most extraordinary differences, there were no epileptic symptoms at all. As to overcrowding, he didn't know whether Dr. Clouston was correct in referring to that as a most frequent cause of tubercle. That could only be learned by comparing observations in reference to the condition of different asylums.

Dr. BRUCE THOMSON adverted to the crowding of small prisons as tending to the production of prison neck scrofula, and to having examined many cases of the kind where some of them had been ten, and others twelve months in prison, receiving, in a cage, fifteen minutes exercise every day. A man in Jedburgh—a strong, out-door labourer—came out of the prison after being there two or three months with disgusting open sores. That man told him that he had never seen milk in the prison.

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They gave him no cheese. He got tea in the morning occasionally, instead of porridge. These persons failed not to have tubercular deposits in the lungs.

Dr. Howden said Dr. Bruce Thomson had rather misunderstood him in supposing that he alleged overcrowding had nothing to do with the production of phthisis. What he said was, that by investigating the matter in that way they would arrive at a practical demonstration of the fact. It would be more satisfactory if they could ascertain that from pathological rather than theoretical grounds.

Dr. Deas said that within the last few years the Edinburgh Asylum had certainly not been less crowded than it used to be—perhaps more than any other asylum in the country—yet the distinct fact came out from pathological records that there had been a remarkable diminution in the number of cases of phthisis. Whereas the proportion of phthisis used to be something like from 17 to 20 per cent., within the last few years the proportion had only been from about 5 to 7 per cent. Certainly, in that instance, it would not be said there was an increase due to overcrowding, or that overcrowding had anything to do with the matter. Dr. Skae, himself, attributed the reduction of deaths to the greatly improved dietary.

CAUSES OF THE ALLEGED INCREASE OF PAUPER LUNACY.

The programme contained an announcement that a discussion would take place on this subject.

Dr. Tuke said that the gentleman who undertook to take the initiative in this discussion was not able to fulfil his promise, from circumstances over which he had no control. He thought it would advisable for the Association to appoint a small committee to go into the whole subject carefully, tabulate the results of their investigations and lay them before next meeting. It was one on which there were many opinions, and it would be well if they could have a summing up of the whole subject, and could lay the facts before the public in the best way possible.

Dr. Bruce Thomson said that a few queries might be put down for answer, and if Dr. Tuke would do that it would be a means of creating interest in the matter.

Dr. Frederick Skae said that the Commissioners said that pauper patients accumulated at a much greater rate than private ones, and they drew their inferences from it. He did not think they could draw much reliable inference from the statement of that fact. It was an important thing to have pointed out, and perhaps on such a committee as Dr. Tuke had pointed to, it would be a desirable thing to have a medical man not connected with asylums, and practitioners who must know about these cases.

Dr. Howden said there was no evidence whatever as to an increase of lunacy. They heard statements made to the effect that there was a great increase, but they had no facts or statistics. He believed that the apparent increase of pauper lunatics was almost entirely due to the poor and lunacy laws. He did not say that these laws were wrong and should be abolished; but he said that the increase of pauper lunacy, and lunacy chargeable to the public rates, was due to the operation of those laws, and also to the fact that asylums were used as species of jails for sending any troublesome member of society out of the way. The great facility they afforded to poor men for getting rid of their insane relations was quite an obvious reason why patients should accumulate in public institutions, perhaps more so now than in any former period of the history of the country.

Dr. Deas said he had made a statistical inquiry a year ago as to the apparently much larger number of private patients discharged unrecovered as compared with pauper patients, and the inference that a larger number recovered of pauper patients. One important fallacy which struck him on glancing at the tables of the Commissioners was, that they had overlooked entirely the most important element that a very much larger proportion of deaths occurred amongst pauper patients than was put down for private ones; and having arrived at that point it occurred to him that they overlooked entirely the number of private patients removed by their friends when they fell into a bad state of health and became moribund. That rarely took place in regard to pauper patients, but it was often the case with private patients. These cases were reckoned amongst those unrecovered, whereas with pauper patients they went down in the list of deaths. He thought that that would account almost entirely for the discrepancy to which the Board of Lunacy alluded. His own impression was, that from the immense combination of bad social elements

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that prevailed among the lower classes, there was an actual increase of insanity among them, whereas in the case of those above them a better knowledge existed of the laws of health and ventilation, and there was a combination of circumstances the very opposite of what prevailed among the lower classes. Since he made these inquiries he was almost confirmed in the opinion he had before, that there was an actual increase in the amount of pauper lunacy. As to the hint of the Commissioners that medical superintendents were unwilling to discharge unrecovered patients, and preferred rather to allow them to accumulate in the asylums, he thought that was to a great extent an entire fallacy.

Dr. HOWDEN said there were cases in which a working man sent in his relative to the asylum and paid as long as he could. As an experiment he then took the patient out in the hope that he would be able to keep her or him at home. Finding that impossible he applied to the Parochial Board, and the patient was sent in as a pauper. That cut in two ways—it increased the number of discharges of private patients and increased the number of paupers.

Dr. TUKE said that the effect of so many diverse opinions showed the desirability of appointing such a committee as he had proposed. Dr. Howden thought there was no evidence to prove the increase; Dr. Deas said there was an increase, and that was his own impression. There was a third party, who held that the increase of pauper lunacy depended entirely on medical superintendents.

Dr. CLOUSTON said that with reference to the increase of pauper lunacy he had occasion to investigate the matter on a limited scale. He found that it was increasing at a great ratio in the counties of Westmoreland and Cumberland. There was a proposal to enlarge the asylum; he went into the question as far as the two counties were concerned, and facts came out which went against the theory of the actual increase of pauper lunacy. He went through the admissions each year for a period of seven years; the actual numbers each year were increasing, but on analysing them carefully he found that in all the well-marked definite cases of insanity which would have to be sent to asylums there was no increase. Yet the numbers at the end of the seven years were something like one-half more than they were at the beginning. The inference on his mind was that the class of cases were different at the end from what they were at the beginning—that patients had been in the workhouse or with their friends at the beginning, and were in the asylum at the end.

Dr. RORIE (chairman) thought it of importance that the investigation should be gone on with and the subject inquired into thoroughly. He had great doubts whether there had been any actual increase of insanity. The increase was merely apparent and depended on the state of the Lunacy Acts. Before 1857 it was the custom to discharge patients although they had not actually recovered, but at that time a circular was issued instructing superintendents of asylums on no account to send out patients unless actually recovered. He was satisfied that the general cases sent into asylums now was not the same as those sent in twenty or twenty-five years ago. That arose very much from a change in the definition of insanity. Before 1857 the definition of the term was that the person was of unsound mind. After 1857 any person was insane who was certified to be so by two medical men.

Dr. HOWDEN said that in regard to Forfarshire ten years ago there were 137 patients in the asylum chargeable to the parishes of Dundee and Liff and Benvie. At present there were only 131. There were thus actually fewer in these parishes in the asylum while the population had doubled or nearly so. That of course partly arose from the increased accommodation in poor-house lunatic wards; still it showed that the increase, in Forfarshire, in populous parishes had not been very great, if any at all. In Brechin there was only a difference of five in ten years; in Montrose it was exactly the same, and in the rural parishes the increase was about thirty more than the number ten years ago.

Dr. RORIE said that although in the Dundee Asylum there was only an average total of 160 patients since 1866, there had been 150 pauper lunatic patients removed.

Dr. HOWDEN.—There has been an actual increase of eighty throughout the whole county.

Dr. CLOUSTON said that in the county of Cumberland, where the asylum was situated and the access more ready than it was for Westmoreland, the number increased at a much more rapid rate; Cumberland had ceased to increase, and in Westmoreland, where the increase went on more slowly, it was still going on.

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Dr. DEAS thought that if the destination of an equal number of paupers and private patients could be carried out, that would be the only way of arriving at a proper conclusion on the point.

The following Committee was appointed: - A member of the General Board, Dr. Howden, Dr. Tuke, Dr. Robertson, Dr. Clouston, Dr. Deas, and Dr. Rorie.— Dr. Tuke, Secretary.

THE DISCHARGE OF CONVALESCING PATIENTS FROM THE ASYLUM.

Dr. CLOUSTON said that when he suggested this subject to Dr. Tuke for discussion, it merely occurred to him, from some cases falling under his observation, that the idea of some superintendents, that a patient should be kept in the asylum till quite well, and after being quite well, was exaggerated (hear, hear). He was educated in the knowledge that they must not discharge a patient until he was well. Some puerperal cases, when they had attained a certain stage of convalescence, might be sent home with advantage. A characteristic of these cases was a certain return to rationalness, so that there was a strong desire to return to their families. If the desire to take their food, if their natural feelings in regard to their children and husband had returned, they might safely be sent home. There was another sort of cases - cases where, while at the first intelligence was very much impaired, there was a want of sleep and they did not eat well, yet they, in a short time, recovered their mental functions so far as to understand their position in the asylum, and the shock of finding themselves in the asylum was so great, and the desire to return home so great, that they worried themselves day after day. It was very well in some of these cases to send them home—at all events it was worth trying. Recovery had taken place in some cases much quicker at home than by retaining them.

Dr. TUKE said he had been quite unaware what Dr. Clouston's remarks were to have been on this subject, and he felt somewhat disappointed, though agreeably so, that his friend had anticipated him in promulgating the advantages to be derived from discharging patients from asylums before a complete cure had been effected. He had adopted this system in eight cases during the last few months with considerable success. He thought that as soon as the bodily health was re-established and a desire for home was manifested by a patient the best course to be pursued was to send such a case home on probation, provided it was ascertained that his or her comfort could be properly attended to. He believed that the home influence had a direct curative influence, and that recovery would be retarded by detention in the asylum. From the success he had met with he intended to follow up the system in all suitable cases.

Dr. DEAS concurred in the views expressed by Drs. Tuke and Clouston in regard to the importance of tentatively discharging certain patients before they were quite recovered. In cases where the patients took no interest in work, moped and hung about the wards, with no other symptoms of insanity about them except that they were full of listlessness and apathy, he really believed there were many of these that were just the sort of cases which degenerated into permanent dementia. He believed there were many such cases where, if the patients had been taken home at an early stage of the disease, they might have recovered.

Dr. CLOUSTON said that Comte was at one time in danger of sinking into dementia. He was almost given up as incurable, but his wife insisted on removing him from the asylum. He became quite well, and not only so, he elaborated his whole system after being thought to be incurable.

Dr. TUKE said there was another illustration in a number who escaped never coming back again to the asylum.

The discussion then terminated, and the proceedings of the meeting closed.

In the evening the members of the association dined together at the Café Royal Hotel.

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