

THE FOLLOWING PAPER WAS THEN READ :

*On the existing relation between the Lunacy Commission and Medical Superintendents of Public Asylums.* By J. E. HUXLEY, M.D., Medical Superintendent of the Kent County Asylum.

The existence of a right relation between the two bodies named, is of vast importance to the due administration of a great public trust, and of no mean consequence as affecting the honour, safety, and utility of a class of gentlemen (Superintendents) contributing largely and worthily to the public benefit. Of late years, circumstances, both acts and expressions of opinion, proceeding from the lunacy board, have occurred to arouse attention and call for deliberate inquiry into this relation. The profession of Superintendents collectively, have regarded the Commission with respect, and have, on several occasions, sought to confer honour on individual Commissioners (at the same time reflecting it on their own body) by opening the ranks of their association to the admission of Commissioners as honorary members thereof. This mark of respect, the only public token the association have had it in their power to offer, they have offered generously and confidingly, whenever, judging by the antecedents of a new Commissioner, his appointment has seemed a matter for congratulation ; such as the allocation of an eligible man to a handsome place, prospectively to the general good.

The qualifications of medical Commissioners are of two kinds ; one nominal, the other real. The first is that sort of experience which may be picked up in visiting asylums. Here the official status precedes the qualification, and the knowledge gained may be of little value. The second kind is found in a Commissioner who has filled the office of Superintendent, and who has consequently lived in, and directed an asylum. The latter, alone, qualifies a Commissioner to hold practical opinions ; it puts him on an equality, no more, with existing Superintendents. By this standard of comparison may be measured the propriety of his giving and holding opinions on practice and management, in opposition to those of Superintendents. Of the propriety of non-medical Commissioners, holding and offering such opinions, there is no question of degree ; there can be no question at all.

Respect is due to Superintendents from Commissioners. Of whatever standing and experience medical Commissioners

may be, there are Superintendents who surpass them in these qualifications. As the fact of superior office cannot in itself enlarge experience which ceased to undergo development when the public institution was resigned, and became, in fact, stationary at that time, there is some reason for assuming a still more general superiority in knowledge and practice on behalf of Superintendents.

This supposed arrest of practical experience may be accountable for some of the extraordinary medical (!) recommendations which have of late years distinguished the Commission. It may also account for that disposition to equalize management in all places, and to ignore local differences of constitution and health, and local variations in the expression of disease. It may be contended with some colour of reason, that in the lapse of time and discontinuance of constant minute observation, the memory of a quondam Superintendent lets fall many of the essential features of insanity in the mass, firmly retaining only the more prominent ones; and the mind then proceeds to generalise as if these last were all the points to be embraced by a competent system of treatment; and for the same reason, that a medical Commissioner who has not previously been a specialist, cannot gain a true experience; a specialist Commissioner cannot keep his experience progressive and level with that of practising Superintendents.

In the erection of dwellings for the insane, as places adapted to their proper treatment, and in all matters of internal arrangement and economy, who, it may be asked, are likely to have the most competent idea of things needful and serviceable, both in a general sense and, particularly, what may be essential on the ground of local peculiarity? That point being necessarily adjudged to the possession of the Superintendents, is it to be imagined that Superintendents are wanting in integrity, and not zealous for all true interests of their service? Or, is it to be supposed that they are idle and ignorant mercenaries requiring first, the official idea to inform them, then the official spur to keep them in right action? Monstrous hypothesis! nevertheless, one which must logically be drawn from the idea of their function which the Commission too often practically evinces. Let us know if competent medical men, whose zeal and ability cannot be exceeded, are to be dictated to on points peculiarly within their own knowledge and experience: driven and written at, very much like schoolboys undergoing their discipline. Let us know if this is a creditable

proceeding on the part of the Commission, and one of public utility, and if it be, let us accept it at once. But if the Commissioners therein misconceive their proper function, forgetting even self respect, let us recognise such undesirable relation, and, as a body, resist it, in justice not less to the public than to ourselves. We want an unanimous feeling and action in this matter. We are entitled on all the affairs of our business to the highest consideration. We hold the greatest knowledge, and society, as well as our individual status will suffer, if we fail to exact all the respect which that circumstance makes our due.

The theory of the Commission, as it has been displayed in the many points of difference as to practice between Superintendents and that body, must be that the former know nothing. No other theory will explain the frequent opposition in which the two parties are found. Are we, the Superintendents, to accept such a theory? If we are, we shall virtually be confessing, when we recommend to our various boards, this, or, that plan, or, ourselves practice and advocate any particular management which is not so fortunate as to have obtained official approbation, that we do these things in a fanciful way, and by a sort of accident. We shall thus admit that we have neither principles nor experience, and show how much we need the official barrier and goad to our thoughtlessness and apathy.

Passing from general remarks to particular instances, I will take, first, the idea of subduing maniacal excitement by active exercise, as propounded by the Commissioners. Have we jealously opposed this because of its emanation from the Commission; or, because we are averse to a change in our system? Have we not resisted the notion, rather, because we are medical men, pathologically as wise as Commissioners, and therefore, able at once to discover the fact of such a proposal's being as crude and ill-informed in the conception, as it would be medically discreditable to us, hurtful to patients and generally improper in practice.

Again, I take the proposed treatment of patients who are uncleanly, by disturbing them in the night. So highly injudicious on medical grounds would such a system be when applied to many patients, that one is struck to perceive it is the *habit only* which the Commissioners regard, forgetting the patient to whom it belongs. The project is adapted to uncleanliness as an abstraction, and would be wholly unobjectionable for any inanimate object; instead

of being considered in relation to the perversity and disability of human beings under disease.

Thirdly, I may instance the efforts of the Commissioners to deprive asylums of a fitting proportion of separate sleeping rooms, and their complete disregard of the discomfort (to say the very least) of the patients improperly associated, which must ensue. Here, again, no governing theory of treatment is discoverable; but *only* the desire to lodge lunatics in asylums, not to accommodate and medically treat them.

Fourthly, with regard to seclusion. It may have been generally observed that the Commissioners in their notices of visits to asylums, remark on the amount of seclusion recorded, in a condemnatory tone if it is large, and as if this resource should be given up.

Once more, then, we see them pronouncing judgment on a medical matter without medical knowledge. Otherwise they *must* know the great value of seclusion as a soothing means of treatment, and consequently would desire no more to pass a comment on its frequency without a knowledge of the circumstances which may have rendered it desirable, than they would wish to limit the number of doses of any other medical agent; seclusion, properly used, being as strictly a medicine as any drug in the Pharmacopœia.

The above examples of what the Commission are disposed to do medically, should, I think, have the effect of powerful warnings; arresting the attention of Superintendents individually, and of our associated body to the duty of opposing generally all the attempts of the commission at medical suggestion or dictation.

Let me review briefly, a recent act of the Commission, bearing on the moral and social relation between Superintendents and Commissioners. In the inquiry the Commissioners instituted by circular respecting the use of the shower-bath in asylums, an accident merely coinciding with the application of that apparatus, set that inquiry in motion. If the apprehension was right, and demanded, on discovery, the extreme measure the Commissioners sought to institute; where was their knowledge of the practice of shower-bathing in asylums during many previous years? With what a sudden fire for the public weal were they not warmed by the accident of a man whose heart was degenerated in structure, being submitted to the shower-bath and dying soon after! I have said *the accident of a man with a degenerated heart*, which appears to have been the real accident, and a con

tingency, perhaps, not to have been foreseen ; but I must not be understood as advocating the practice of shower-bathing of this sort. Nevertheless, the Commissioners put an engine of severe punishment in motion, before obtaining an accurate knowledge of the circumstances post mortem. Thus they are a semi-medical body in constitution, whilst employing no deliberative process by which their title to that distinction would be established. The whole proceeding strongly displays the real regard of Commissioners for Superintendents, whom they seem not unwilling to victimize in marching after popularity.

Circumstances of this painful kind, not only display a deplorable absence of the right relation between the two bodies ; but, together with the various other medical matters of collision, also show that the Commission is pretending to preside over our affairs, without the necessary qualification and without liberality. That is a course not to be persisted in without public inquiry.

Such pretension may be taken to be the real cause of all the differences of opinion on points of construction and management, which are all, in common with the great mass of asylum questions, more or less of a medical nature. Whilst it may appear that such differences must continue until there shall have been made a complete change in the constitution of the Commission body ; it will also appear, I think, that it is the duty of all Superintendents to exert and continue to exert their united voices and powers, at once, in opposition to those tentative suggestions of the Commissioners which are not upheld by experience, but which seem designed only to give that body the appearance of a supreme authority ; and, at the same time, in support of the true interests of their patients and of science.

The prominent general consideration springing out of my experience of the present adaptation of this body to the work they have to perform is, that the Commission should contain no medical element at all ; but be formed and intrusted only to supervise the working of lunacy law, to ascertain its due fulfilment and to detect and prevent contraventions and abuses under it. True, the appointment to a medical Commissionership is, seemingly, a reward to a good and tried Superintendent as fitting and dignified as it is remunerative ; but medical Commissionerships ought not to exist at all if they are found of less public, than individual profit ; and their dignity will be far less than what should be offered to a retiring, valuable public servant, until the

office shall have been raised in the eyes of the profession and in the public discernment by a relation of mutual esteem between Commissioners and Superintendents. Such a relation cannot begin to subsist until the Commissioners display both knowledge and respect in their official inter-communications.

Whilst then the Commission retains its present mixed character, unanimity of opinion and uniformity of action amongst Superintendents, can alone save the degradation of asylums, and the personal derogation of their chief officers; both of which may be foretold as sure results, in due season, of the present theory and practice of the Commission.

It is a question for the association, whether it is not now called upon, prudently to influence its members who are Superintendents, inducing them to moderate that too ready spirit of conciliation and encouragement, that disposition to repose faith and give honour, before the proof has been obtained that honour and confidence are due. Many circumstances have arisen of late years, which ought to incline Superintendents officially to regard lunacy Commissioners with a feeling approaching to suspicion.

#### COMMITTEE TO WATCH THE PROGRESS OF LEGISLATION IN LUNACY.

Dr. SEATON moved that Dr. Conolly, Dr. Bucknill, Dr. Robertson, Dr. Winslow, Dr. Stevens, Dr. Campbell, and Dr. Wood, be appointed a Committee to watch the progress of legislation upon the subject of lunacy, with power to take such measures as to them may appear expedient, for obtaining information as to the working of the present Laws, and with full power to report to the Association, from time to time, as they may think right.

It was seconded by Dr. STEVENS, who at the same time moved that Dr. Seaton's name be added to the Committee.

The motion, as amended, was duly carried.

A vote of thanks to Dr. Conolly for his services in the chair closed the proceedings.

#### THE ANNUAL DINNER.

The dinner took place at the Hopetown-rooms, Queen-street, at half-past seven, Dr. Conolly, President, in the chair. It was fully attended, there being at least forty

members present. Professors Syme, Simpson, Bennett, Laycock; Drs. Gairdener, Sellar, Maclacan, the President of the College of Surgeons, and Mr. Churchill, the Medical Publisher, were present, as guests of the Association; as also Dr. Lees, of Dublin, and Dr. Foscari, of Turin. Professor Christison, Dr. Begbie, and the Editor of the *Monthly Journal of Medical Science* were unavoidably prevented from partaking of the hospitality of the Association. Grace was said by the Rev. F. L. Robertson, and the several toasts were proposed by Dr. Conolly with his usual elegance of diction. Dr. Douglas Maclacan sung one or two of his charming comic songs during the evening. Excepting the wines\* (which reflected no credit on the Messrs Barry,) the dinner passed off most successfully.

#### VISIT TO THE MORNING-SIDE ASYLUM.

The following day, Dr. Skae entertained the Association at an elegant collation at the Asylum. Several of the Directors of the Asylum were present, to add their welcome to that of Dr. Skae.

In the evening a grand ball took place at the Asylum. The ball-room was decorated with great taste, and the patients appeared in their best ball costume. About 200 of the inmates of the Asylum took part in the festival, and danced, with the most wonderful sane propriety, decorum, and grace, reels and quadrilles,—polkas, waltzes, and mazurkas being properly forbidden within the walls of the Asylum. A highland piper in full costume played in magnificent style, and the general dance music of the band of the Asylum would have done credit to Almack's. Several learned, discreet, sober, and demure members of the Association did not consider it beneath their dignity and position to join in the various dances with the patients. Mary, Queen of Scots, graciously condescended to accept our worthy publisher † as her partner in the quadrille. Three or four of the Professors of the University were present, and appeared greatly to enjoy the festivities. Every person at the ball was much struck with the quiet decorum of the patients. There was not, during the whole of the evening, the slightest approach to anything like singularity of conduct or eccentricity on the part of any one patient present; a stranger, had he not been

\* A similar complaint was made of the quality of the wines supplied at the same house to the British Medical Association.

† This account of the Ball is copied from the Report in the *Medical Times*.

informed of the fact, would never have conceived that he saw before him nearly 300 insane patients enjoying the entertainment so kindly and judiciously provided for them by their excellent and benevolent Physician, Dr. Skae.

During the interval between the dances, some members of the Association amused the patients and general company by reciting various pieces and by singing comic songs. Drs. Davy and Boisragon are entitled to special notice. Dr. Boisragon afforded the company much amusement by singing in character a song descriptive of the wild and plaintive grief of a fair inhabitant of Portsmouth, at the heartless and cruel conduct of the "press gang," who had forced her lover into her Majesty's naval service. The despair of poor "Mary" at having her sweetheart thus dragged from her embraces, was depicted by the learned psychological physician with wonderful skill. A loud burst of applause followed Dr. Boisragon's retirement from the ball-room, but a general shout of "encore" from the patients and their guests induced the worthy psychologist to repeat the song.

C. L. ROBERTSON, HONORARY SECRETARY.

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*On Warm and Cold Baths in the Treatment of Insanity.*

By HARRINGTON TUKE, M.D.

(Continued from No. 26.)

I wish it were possible to state, that all the French physicians are as judicious and humane in their prescription of the douche bath, as M. Leuret appears to be, but they certainly order it too frequently as a means of compelling their patients to work, or with the hope and intention of producing a moral effect, which forcibly remind us of the attempt to wash the black man white, of our early fables. In England the douche would not be recognised as a part of 'moral treatment.' We are at the present day agreed in thinking that intimidation and coercion may make or modify the symptoms of insanity, but can seldom produce permanently good effects; and I think the douche bath is rightly considered to be legitimately employed only for its physical effect as a revulsive, a refrigerant, or a stimulant. There is one other effect of the douche bath, the 'shock' for which it