

must do our best to break it down. The tables on the wall were compiled in the Registrar-General's Office, and took several clerks many days to compile, and I believe are correct. I am sorry for Dr. Bucknill's statement, he is always so fair. If some public asylums give a per centage of 55 cases why do others only give a per centage of 28? There must be some explanation for this. If it be true that we do not do our duty as proprietors and superintendents of private asylums, then let private asylums be shut up and the patients handed over to the gentlemen who are empowered to use unlimited baths and the other appliances we cannot insist upon. Dr. Stocker has pointed out one source of fallacy whereby it may be shown that the public asylum has cured 34 per cent., when the large Metropolitan houses have from the nature of cases sent and removed from them been excluded from showing good figures. Many cases, too, never come under treatment in an asylum at all. Medical men in general practice treat puerperal mania, for instance, and the patients get well—we only get those which they fail to cure; they send to us for a trained nurse, and we may see the patient in consultation or we may not; but the cases never come under official cognizance. Cases from among the poor show a large number of re-admissions, as many as 12 per cent., but in private asylums the per centage is only 8; it indicates at least that in public asylums recoveries are too rashly assumed, added to which the freedom of marriage among the poor adds to the facilities for perpetuating the taint of insanity amongst them by hereditary transmission. In conclusion, I have to thank the meeting for the discussion, and I offer my thanks to Dr. Bucknill for his expression of opinion.

On the motion of Dr. SIBBALD, seconded by Dr. ARLIDGE, a vote of thanks was tendered to the President and Fellows of the College of Physicians for the use of the College.

The proceedings then terminated.

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#### DR. TUKE'S ADDRESS AS PRESIDENT OF THE SECTION OF PSYCHOLOGY

(At the Annual Meeting of the British Medical Association, held in London, August, 1873).

The proper treatment of mental disease must always be considered as involving two distinct divisions. In the one, "moral" management, it is necessary to gain regard and willing obedience, to check wayward impulse, to beat away disturbing fears, to cheer the despairing, to restrain, not by force, but by patience and firmness, the angry and the violent, and to catch the moment in which the swiftly wavering mind may be brought to rest, and its balance permanently retained. The other division embraces the correct employment of hygienic and purely medical remedial agents.

Dr. Conolly was one of the founders of this great Association. Many I now address must well remember his ever kind and courteous manner, his evidently consummate knowledge of his subject, and the fervid eloquence with which he advocated the beneficent system to which his life was devoted. I was myself his pupil, and it is with no irreverence that I venture to dispute an opinion of one so much loved and honoured. But the time is coming when the medical treatment of insanity should assume its proper place; without it, psychology is not a science but an art—we are nurses and not physicians; a wider study of pathology, an increased knowledge of the effect of remedies upon the organism, and a higher standard of education among those specially engaged in treating mental disease, has led to the recognition of the paramount importance of prompt and judicious medical treatment. At the same time, our obligations to the great advocate of non-restraint are none the less; and no physician, however able, can forget those essential principles of gentleness and forbearance in the treatment of the insane which were so earnestly inculcated by Dr. Conolly.

The improvement in the medical treatment of the insane has also a definite history and a recent origin. In 1845, and in subsequent years, Lord Shaftesbury and the Commissioners in Lunacy were instrumental in passing through Parliament several Bills for the benefit of the lunatic poor, especially one providing for their treatment in county asylums, and placing them under the charge of qualified resident physicians. Hence arose a new race of practitioners, carefully trained and selected, and anxious to raise the character and increase the usefulness of their respective

institutions. Accepting entirely the doctrine of "non-restraint," there has been no new remedy or method of treatment that has not received due attention and trial from the medical officers of these asylums. In 1841 the "Journal of Mental Science" was suggested and commenced by Dr. Bucknill. Its pages, and those in other periodicals, and the annual medical reports presented to the Committees of each asylum, attest the zeal and talent of their officers, especially in relation to therapeutics, and a still more satisfactory proof, the report of the Commissioners in Lunacy, demonstrates that a very high and increased rate of cure has been attained.

The treatment of mental disease in private practice has improved in a still greater degree. The Commissioners in Lunacy report that the number of the insane in private asylums has diminished, and although the absolute number of the insane has increased, and must still increase, it is amongst the poorer classes only. The table before you, taken from the last report of the Commissioners, shows that while the ratio of increase in the insane population generally has been from 1.97 per thousand in 1861 to 2.49 in 1871, the increase in the pauper class has been from 3.61 to 5.98 per thousand during the same period.

I think I do not err in ascribing this great improvement to the more general knowledge of insanity as a disease, and its better medical treatment. While it was considered an inscrutable malady requiring recondite knowledge, and peculiar methods of healing, special physicians were sought for, and were, indeed, indispensable; but since the relation between the body and the mind has been better understood, and mental affections are recognised to be nervous disorders, as amenable to treatment as any other corporeal malady, psychical medicine has ceased to be the sole province of a class; the educated practitioner is now more or less acquainted with affections of the brain; the physician engaged in the care of the insane must be well trained in general medicine; they will meet on common ground, in the treatment of those numerous complaints, such as hysteria, epilepsy, and chorea, which depend, as insanity does, upon disorders affecting, primarily or otherwise, the great nervous centres.

It is sufficiently obvious that, in many cases, the knowledge and experience of the physician who has devoted himself to the treatment of a particular form of disease, is of great value, like the *tactus eruditus* of the practised surgeon, the art of controlling and persuading an insane person is a gift which is strengthened by its exercise. I do not assert that in a doubtful case of intellectual aberration the ordinary practitioner is likely to make as correct a diagnosis as the man to whom insanity is the study of his life; or, in a difficult one, that his treatment will be as successful. I say only that, in the majority of brain disorders, medical knowledge is applicable without training in an Asylum, and that the latter is useless unless conjoined with medical knowledge.

In illustration of the union, each day becoming closer, between general and psychological medicine, I would point out the valuable Croonian lectures on insanity, delivered last year by a general physician, one of the vice-presidents of this section, already known for his work on Convulsive Disease. Another of your vice-presidents, whom I am proud to see here to-day, is technically a specialist, if a physician can be so called, whose work on Statistics is a standard one, and whose researches in ethnological science are known wherever science herself is known and loved. Again, Dr. Guy, one of the professors in this College, will read to us to-day a purely psychological paper; and another, Professor Ferrier, is at this moment engaged in a series of scientific experiments, bearing on the nature and treatment of insanity, in conjunction with my talented colleague at the West Riding Asylum. But no better evidence of this happy tendency to treat insanity as a branch of general medicine is the fact that this great Association has made a psychological section an integral part of its useful work. The unremitting work of the general practitioner, the wide extent of his study, and the continued attention which the daily discoveries in medicine render necessary, make it scarcely possible that he should attempt to master all the difficult questions which are involved in psychological inquiries. The difference between the mind and the soul, the action of the will, the relation between insanity and crime, the hereditary transmission of mental disorder, the propriety of consanguineous marriages, the responsibility of criminal lunatics, the philosophy of sleep and dreaming, are special subjects which few physicians have power or opportunity to study as Sir Benjamin Brodie and Sir Henry Holland have done. He may study these if he please; it is not necessary. The one thing essential is, that he should understand something of the practical treatment of mental

disorders; and this year by year has become more widely known. I am convinced that to the more general study of mental disease by the profession generally, to its earlier recognition, and to its improved medical treatment, we owe the gratifying fact that, in spite of the hurry and bustle of this great railroad age, the press of business, the greater wealth of the middle and upper ranks of society, insanity among them is not increasing, and we may well hope that it may be materially diminished.

#### THE CASE OF MRS. PETSCHLER AT THE MACCLESFIELD ASYLUM.

It will be remembered that a woman called Mrs. Petschler, who had been a patient in the Macclesfield Asylum, got a firm of solicitors in Manchester a few months ago to write a long anonymous letter to some of the principal daily papers, making very serious charges against the management of that institution, and its officials. The Committee of Visitors at once requested the Commissioners in Lunacy to undertake a special inquiry into the whole matter. This has now been done by Mr Cleaton and Mr Howard, and the following are the conclusions of their report:—

“According to the evidence submitted to us there can be no doubt that Mrs. Petschler was insane when admitted, and was a proper subject for care and treatment in an asylum. Within the first two months it appeared that some improvement took place in her mental condition, and the Medical Superintendent communicated with her relatives, with a view to giving her a few days' leave of absence, that she might see her children, the separation from whom she deeply felt. The relatives did not adopt this suggestion. Mrs. Petschler subsequently became worse in mind and more under the influence of delusions. Further, she refused to eat meat or potatoes, in accordance with an insane vow which she had made, and could with difficulty be induced to take sufficient nourishment. According to the evidence of the three medical officers of the asylum, under whose care she came, whilst resident there, she was at no time during that period fit for unconditional discharge, and it was not until the month of July that she became, in the opinion of the Medical Superintendent, sufficiently improved to justify him in regarding her as well enough for a month's absence on trial. Some delay, possibly unavoidable, but not attributable to the asylum authorities, occurred, before definite arrangements could be made for giving her this probation, so that she did not leave the asylum until the 21st September. Mrs. Petschler does not appear at any time to have realised the fact that she was insane and required care in an asylum; but she seems to have been mainly and principally aggrieved at having been sent to a *pauper* asylum, and at having to associate with patients beneath herself in station and education. How far circumstances necessitated this course being adopted by her friends (who, it appears, remunerated the Altrincham Union for her maintenance in the asylum) was beyond the scope of our enquiry; but we had abundant evidence that Mrs. Petschler's frame of mind was, throughout her whole residence, powerfully affected by the above-named circumstance. She was indisposed to submit to the rules of the house on the ground that she was not a pauper; a feeling of injury existed, which, coupled with her mental condition, caused her to take mistaken and perverse views of the actions and motives of those among whom she was placed, and from many of whom she received exceptional kindness and consideration. Some annoyances and discomforts which she may accidentally have suffered have consequently been magnified by her into serious grievances and have formed the subjects of complaints for which, we think, there has been no substantial and reasonable cause.

“We have, as far as possible, come to these conclusions from the independent testimony of witnesses against whom it could not be suggested that they might be influenced by interested motives. We specially refer to the evidence that was given us by the two discharged patients Miss R— and Mrs H—, at the same time it would have been manifestly most unjust to have disregarded the concurrent testimony, solemnly given on oath, of a number of most respectable witnesses, simply on the ground of their connection with the Asylum. In many instances they were the only persons, besides Mrs. Petschler, who could have any knowledge of particular circumstances. To all questions put to them they replied in an open and straightforward manner, whilst every opportunity for making the investigation as thorough as possible was afforded by the Asylum authorities. In conclusion we can say, that in the